

PATIENT PUBLIC'S EXPECTATION AND NURSES'
CONCEPTION OF THE NURSE'S ROLE

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BY
DIANE HARTMAN, R.N., B.S.N.

DENTON, TEXAS

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TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

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Date

To the Provost of the Graduate School:

I am submitting herewith a thesis written by

Diane Hartman, R.N., B.S.N.

entitled Patient Public's Expectation and Nurses'

Conception of the Nurse's Role

I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nursing.

Rose M. Nasiradomy
Major Professor

We have read this thesis and
recommend its acceptance:

Lois Hough
Quenda M. Hughes

Accepted

Leslie H. Thompson
Provost of the Graduate
School

DEDICATION

This thesis is dedicated to three generations of very special people in my life that I love.

To my mother, Mara, who expressed, "you can do anything you want to do!"

To my father, Bob, who said, "be happy!"

To my children, Robert Jacob and Ashley Nicole, whom I hope I serve as a role model that learning is a life-long experience.

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The problem of the study was to examine the patient public's expectation and the nurses' conception of the nurse's role. A descriptive study was conducted to determine the correlation between the patient public's expectation and nurses' conception of the nurse's role.

The Demographic Questionnaire and the Hartman Role Expectation Questionnaire were utilized to collect data from both nurses and patients. The sample size consisted of 30 registered nurses and 30 patients from a 900-plus bed, acute care, nonprofit hospital in a city with a population of approximately 140,000 persons. The findings indicated that there was a significant correlation between the patient public's expectation and nurses' conception of the nurse's role ($\underline{r} = .885$, $\underline{p} = .002$).

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CHAPTER I

INTRODUCTION

The practice of professional nursing is changing at an accelerated rate because of breakthroughs in medical research and technological advances. This changing environment has caused both nurses constantly to examine their role conception and the patient public to evaluate its role expectations of the nurse. Whenever there is a disparity between the nurse's role conception and the patient public's role expectation of the nurse, role conflict will evolve. The potential for role conflict arises whenever occupational roles undergo a period of rapid change.

Such role conflict can cause patients to become dissatisfied with the nursing care they receive and can be a primary factor in nursing job turnover. Murray (1983) contended that one reason nurses leave their jobs is "their own self-image conflicts with the public's role expectation of the nurse" (p. 29). It is, therefore, important to determine if there is a correlation between the patient public's expectation and nurses' conception of the nurse's role.

Problem of Study

The problem of this study was to determine if there was a correlation between the patient public's expectation and nurses' conception of the nurse's role.

Justification of the problem

The justification of nursing's existence depends upon how society perceives the nursing role. Demand for nursing services reflect the value that society places on the nursing profession. Nursing's role is reflected by the image it projects and image is influenced by role expectation. Society is concerned with acquisitions of characteristics or behaviors that have particular relevance for the performance of adult social roles that persons will enact with respect to their status and position within that society (Hardy & Conway, 1978).

The social context of nursing indicates that nursing is an essential part of society (American Nurses' Association (ANA), 1980). "Nursing can be said to be owned by society, in the sense that nursing's professional interest must be perceived as serving the interest of the larger whole of which it is a part" (ANA, 1980, p. 3).

In order for nurses to perform their role adequately they must understand what is expected from that role. Rheiner indicated that one must know what the role

expectations are, including the rights, duties, and responsibilities (Rheiner, 1982). Nurses must know what behavior characteristics will be needed to fulfill the nurse's role.

Individuals who cannot fully satisfy all of the demands of their roles must adjust through a process which continuously evaluates and selects options in an effort to reduce conflict (Rheiner, 1982). To enhance both patient satisfaction with nursing care and nurses' job satisfaction, nurses need to determine how their role is perceived by the patient public and themselves, and if there is any discrepancy in that role expectation.

Theoretical Framework

The theoretical framework for this study was role theory as described by Rheiner (1982). Role theory represents a "collection of concepts and a variety of hypothetical formulations that predict how actors will perform in a given role, or under what circumstances certain types of behaviors can be expected" (Hardy & Conway, 1978, p. 17).

According to role theory, society and its institutions are a framework wherein individuals can act out their roles. The social structure assigns each

position, the role occupant, and the individuals with whom the occupant interacts, a set of behaviors.

Rheiner (1982) listed three factors that define any specific role: (a) role expectation, (b) role conception, and (c) role performance. The first factor, role expectation, includes the habits which the role set anticipates of the focal person. The focal person refers to any individual whose role is under consideration. Rheiner (1982) identified the role set as members of an organization who have meaningful contact with an individual in his performance of a given role. Role expectations reflect and motivate the focal person's performance of his role. The result is that the significant others become role senders as they communicate their role expectation.

The numerous acts which make up the process of role sending are not merely informational. They are influence attempts, directed toward the focal person and intended to bring out conformity with the expectations of the senders. Such acts are called role pressures. Some of the pressures may be directed toward the accomplishment of formally specified responsibilities and objectives of office. Others may be directed toward making life easier or more pleasant for the senders themselves. (Kahn, Wolfe, Quinn, & Snoek, 1964, p. 20)

Through interaction with significant others, the role taker produces, discovers, modifies, and defines his given role. Therefore, for the focal person to perform his role

adequately he must receive certain information about role expectation (Rheiner, 1982). First, one must know the expectations of the role set, that is, what are the rights, duties, and responsibilities of the role. Second, the person must know what activities should be carried out to fulfill the responsibilities of the position.

The second element, role conception, is an individual's own picture of his role (Rheiner, 1982). The way an individual defines role is a function he continuously develops throughout life. Cultural and environmental contacts have influenced roles. The individual's self-conception restricts how he will perceive and enact in any given role. What the role sender expects, desires, and then tries to persuade the focal person to do is not necessarily what that person will do. When there is a discrepancy between the role sender's expectations and the focal person's conception, the focal person responds by accepting some stimuli and rejecting others.

The third component, role performance, is the "intersection between the self-concept of the individual and the role expectations of the social systems" (Rheiner, 1982, p. 21). How a given person enacts in a role is constantly affected by the social system. When the role

occupant fails to meet social expectation, the role set applies pressure to the focal person to conform.

If there is a discrepancy between society's role expectations and nursing's role performance, there will be a role conflict causing role set pressures to develop. Society may apply pressure to nursing to force it to conform. This pressure may take on various forms such as withholding rights and rewards, punishing, or even ostracizing nurses. Therefore, this study was conducted to determine if there is a discrepancy between the patient public's (society) expectation and nurses' conception of the nurse's role.

Assumptions

The assumptions for this study were:

1. All people perform roles.
2. There are certain expectations for specific roles in society.
3. If role expectations are not the same for the role sender and the focal person, conflict will occur.
4. The participants who consented to answer the questionnaire responded honestly and to the best of their ability.

Hypothesis

The null hypothesis for this study was: There is no correlation between the rank order of the 10 behavior characteristics representing the patient public's expectation and nurses' conception of the nurse's role.

Definition of Terms

The following terms were identified for this study;

1. Nurse--a person who is licensed by the state as a registered nurse and who works in a specific 900-plus bed, acute care, nonprofit hospital located in the midwestern region of the United States.

2. Patient--a person who is admitted to the specific 900-plus bed, acute care, nonprofit hospital located in the midwestern region of the United States and who is undergoing medical treatment. This person must be over 18 years of age, be able to read and write English and be well oriented to person, place, and time, as determined by nurses on the unit.

3. Patient public's expectation of the nurse's role--the patient public's view of the nurse's role as indicated by ranking 10 behavior characteristics listed in the Hartman Role Expectation Questionnaire.

4. Nurses' conception of the nurse's role--nurses' own perception of role as indicated by their ranking of 10

behavior characteristics listed in the Hartman Role Expectation Questionnaire.

Limitations

The following limitations may have influenced the outcomes of this study:

1. The age, sex, and educational level of the patients varied.
2. The age, sex, educational level, and years of experience of the nurses varied.
3. The sample was limited to those who were willing to participate in one institution.
4. There was no control for visitors or roommates in the subjects' hospital rooms while the subjects were completing the questionnaires.

Summary

If there is a discrepancy between the patient public's expectation and nurses' conception of the nurse's role, then role conflict may evolve and role set pressures may develop. The stress which results from a role conflict affects both the self-confidence, values, and beliefs of the nurse, and these factors directly contribute to nursing job satisfaction and the patient's degree of satisfaction with the nursing care received.

Therefore, this study was conducted to determine the relationship between the patient public's expectation and nurses' conception of the nurse's role.

CHAPTER II

REVIEW OF THE LITERATURE

This study examined the relationship between the patient public's expectation and nurses' conception of the nursing role. In reviewing the literature the present investigator could not find any previous studies which dealt with this specific topic. This review focused on literature sources concerning nursing image and nursing role. References on nursing image were included because they provided insight into the public's expectations of the nursing role, while literature on the nurse's role was included to provide an understanding of nurses' conception of the nursing role.

Nursing Image

According to Kalisch and Kalisch (1982a), "Images are mental representations that influence how people see all aspects of life, including nurses and nursing; they help people in achieving tangible goals, making judgments, and expressing themselves" (p. 4). Images involve two facets, public image and self image (Simmons & Henderson, 1964). To portray with images is to symbolize, and symbolism is basic to communication. With symbols people enter into

the communication process and are able to exchange with one another (Kalisch & Kalisch, 1986).

Nursing image is a product of stereotypes of nurses, media portrayal of nurses, appearance of nurses, and familiarity with nursing duties. Each of these components plays an important role in shaping the public's perception of the nursing image. Nurses can utilize this information in establishing means to improve the image of nursing.

Stereotypes of Nurses

Stereotypes have played an influential role in formulating the image of nursing. Muff (1984) pointed out that nurses have been stereotyped in the following ways: angels of mercy, handmaidens to physicians, women in white, battle-axes, and torturers. Savage (1983) listed the following common nursing stereotypes: they are female, they work on acute medical and surgical wards, they are poor, they are born not made, they exist to carry out physicians' orders, and they have nothing to do with education, research, management, or politics. He contended that nursing retains, at least partially, an inherited image that belongs to the late 19th century. Kalisch and Kalisch (1982a) found in their mass media review of the last 150 years the following five nursing types that are characteristic of five consecutive time

periods: (a) angel of mercy (1854-1919), (b) the girl Friday (1920-1929), (c) the heroine (1930-1945), (d) the mother (1946-1965), and (e) the sex object (1966-1982).

Some authors have written that the old stereotype of the nurse as the physician's handmaiden predominantly influenced the public's perception of the nurse's image (Chapman, 1977; Hughes, 1980, Lee, 1979a, 1979b, 1979c). Benne and Bennis (1959b) contended that this image exists because the public views the nurse as always at the bedside of the patient. Benne and Bennis (1959b) stated that "this may be an untutored image but it is nevertheless a reality" (p. 380). Lewin (1977) claimed that the hospital nurse was viewed as the passive, subservient handmaiden of the demigod physician. Lee (1979c) explained that the handmaiden image was a result of sex stereotypes that characterize the physician as the strong, aggressive male who dominates the medical world and the nurse as the gentle, passive female who is considered a servant in his domain. In Lee's research, it was found that 74.1% of the physicians and 65.9% of consumers surveyed still envisioned the nurse as the physician's assistant.

In the same study, Lee (1979c) found that 86% of the respondents viewed nurses as professionals, and while

these same respondents stated that nursing was primarily a woman's profession, they asserted that nursing was the most prestigious of the female professions. Lee's study revealed that more than 75% of the respondents characterized nurses as responsible, knowledgeable, caring, competent, skilled, efficient, neat, and dedicated. Lee (1979c) concluded that "the less affluent, nonprofessional segments of the population hold the nurse in greater esteem for the service she renders in her traditional role, and show less concern about the professional status," (p. 25) while the "affluent, more sophisticated segments of society recognize that the nurse is a true professional but they do not rate nursing as a prestigious career" (Lee, 1979c, pp. 25-26).

Meleis and Dagenaise (1981) contended that nursing has been predominantly a female occupation and it is still stereotyped by the nurturing roles of wife and mother. These researchers found that the nurse is "expected to serve the patient and the physician, and to be caring, supportive, altruistic, and sacrificing" (p. 163).

Media Portrayal of Nurses

It has been concluded that the mass media has played a significant role in shaping the public's image of nurses and the nursing profession (Hughes, 1980; Kalisch,

Kalisch, & Clinton, 1982; Kalisch & Kalisch, 1982d). Kalisch and Kalisch (1986) contended that the mass media has had a decisive effect on the formation of public attitudes and behaviors and that it has had an enormous impact on the formation of the public's image of nursing largely at the unconscious level. Kalisch and Kalisch (1980) stated that "the mass media gave prestige and enhanced the authority of individuals and groups by legitimizing their status" (p. 12). Hughes (1980) stated that "the mass media has not only reflected but has also directed public opinion about the nurse and the nursing profession" (p. 55). Hughes contended that the nursing image has been a distortion of reality based on mythical beliefs and traditional ideas that have gone unchallenged for an inordinate length of time by the public and by many nurses.

Kalisch and Kalisch performed several studies to determine the nursing image that was portrayed in the various forms of mass media: news media (1980), television (1982d), motion pictures (1982b), novels (1982c), newspaper articles (1985), and the entertainment media (1986).

Kalisch and Kalisch (1982d) studied the image of nursing on prime-time television for the period from 1950

to 1980. They felt that this study was important because they believed that television is the single most important source of information in the United States. They concluded from this study that contemporary nursing practice has not been adequately portrayed in the largely fictional world of television broadcasting and that during the past 15 years the popular image of the nurse has not only failed to reflect changing professional conditions, but it has also assumed strongly derogatory traits that undermine public confidence in and respect for the professional nurse. In their content analysis for personal attributes, they found that "physicians demonstrated higher levels of ambition, intelligence, risk-taking, rationality, adeptness, aggression, self-confidence, and sophistication" (p. 265), while "nurses scored higher only on obedience, permissiveness, conformity, and flexibility" (p. 265). This study revealed that when evaluating their primary values "physicians scored higher on achievement, integrity, intelligence, power, self-sacrifice, duty, humanism, and family" (p. 265) while nurses scored higher only on serenity.

Kalisch et al. (1982) found that

nurses were depicted as working in acute care settings, entering nursing for altruistic reasons,

predominantly acting as a resource to other health care professionals, not using problem-solving and evaluation skills, deficient in administrative abilities and remiss in providing physical comforting, engaging in expanded role activities, patient education and scholarly endeavors. (p. 358)

They contended that since the 1960s, the trend in the quality of nurse portrayals on television has declined and that this has created a current crisis in communicating the world of nursing to the public.

Kalisch and Kalisch (1982b) investigated the image of the nurse in motion pictures. They used a content analysis to evaluate 204 English-speaking motion pictures released between 1930 and 1979 where nursing was the major theme. The results revealed that the professional image of nurses peaked during World War II, then a steady decline began in the 1960s and intensified in the 1970s as the nursing profession was denigrated and satirized in many important and influential films. They concluded that this negative image should be of concern to nurses since it undoubtedly influences the attitudes of patients and policy-makers alike and it can subtly inhibit nurses' own aspirations.

Kalisch and Kalisch (1982c) analyzed how the nursing image was portrayed in 207 novels from the 19th century to the 1970s. They found that nurses in these novels were almost always female, single, childless, under 35 years of

age, and white. They stated that time and time again the characteristic image of the nurse in novels has been one of a young woman looking for romance and adventure who was carrying out the often unpleasant but essential job of supporting the magnificent work of the physician. In investigating personality attributes they found that nurses scored higher only in obedience and kindness while physicians were more confident, sophisticated, ambitious, intelligent, aggressive, and rational. It was concluded that the nurse's image is currently at an all time low in novels because of the association of nursing with sexual promiscuity and the identification of nursing as a technical occupation rather than as a profession.

Kalisch, Kalisch, and Belcher (1985) analyzed newspaper articles about nursing that appeared from 1978 to 1981. They used a model to show the effects of key nursing issues on the image of nursing, utilizing ridge regression to determine the direction and magnitude of the effect that each key issue had on the image of nursing. They determined that newspaper articles that depicted nurses in clinical settings and playing a major role are the most important factors in projecting a positive image of nursing. Based on the results of this study they forecasted that the image of nursing will improve in

newspaper articles because of a projected increase in the number of articles that will depict a nurse in a more positive manner.

Kalisch and Kalisch (1986) completed a comparative analysis of nurse and physician characters in the entertainment media. This study revealed the results of a content analysis of 670 nurse and 466 physician characters portrayed in novels, motion pictures, and prime-time television, published or produced from 1920 to 1980. They found that when compared with media physicians, media nurses were found to be less central to the plot, less intelligent, less rational, less individualistic, and less likely to value scholarliness, achievement, and exercise clinical judgment. They concluded that there was a steady and unmistakable decline of the nurse's image in the mass media and that the central role that the nurse actually plays in the delivery of health care was not presented to the public via mass media.

Appearance of the Nurse

Appearance is an important determinant of the public's image of the nurse and the nursing profession. Kalisch and Kalisch (1985) contended that clothing is a form of nonverbal communication that stimulates judgment or behavioral responses in others. They stated that

clothing helps others categorize nurses and that clothing sets the stage for further interaction. In his study, Lee (1979c) found that 78% of his respondents claimed that they could distinguish nurses from other members of the health team. Kalisch and Kalisch (1985) felt that nurses should understand the image that clothing projects and that nurses should dress like professionals in order to project a positive image.

Appearance stereotypes of the nurse have been supported in the mass media. Hughes (1980) contended that the media has created the mythical image of the ideal nurse which was portrayed as "pretty, preferably young, cool and calmly efficient, clean and crisp in her uniform, and possessing a pleasing personality" (p. 62). Strafford (1947) characterized nurses as a "starched white figure moving romantically in hospital wards and operating rooms" (p. 74).

The white uniform and the cap appear to be the distinctive symbols of the nurse's appearance. Lee (1979c) concluded from his survey of 600 people that two distinguishing marks of a nurse are the uniform and the cap. Gulack (1983) found in a survey of 6,000 nurses that the three most important items of clothing that reflected a professional image were, in order of priority, the

uniform, the lab coat, and the cap. One-third of the baccalaureate and master's prepared nurses viewed the cap as an adjunct to the professional image of the nurse. The majority of diploma and licensed vocational nurses looked favorably upon the nurse's cap as a symbol of the professional nurse.

Little (1984) stated that the white uniform and the cap are current symbols which describe the public's image of the nurse. She stated that giving up the uniform is a way for nurses to hide from professional commitment and accountability and it tells the public that nurses are not ready to assume the professional role. Little perceived that nurses need to continue to wear the traditional white uniform.

Public's Familiarity With Nursing Duties

A factor that impacts the public's perception of the nurse's image is familiarity with nursing duties. Lee (1979c) found that only 6% of his respondents indicated that they formulated the image of nursing based on television portrayals, while the vast majority derived their image of nursing from personal experiences in hospitals. Lee (1979b) also concluded that the lay public who has had an opportunity to observe nurses in action "are more inclined than the rest of the public to

recognize a collegial relationship between doctors and nurses" (p. 43). Benne and Bennis (1959b) contended that the public's image of real nursing was reinforced by continuous contact with nurses performing their assigned duties.

The American Nurse, published by the American Nurses' Association (1985), surveyed 602 adults concerning attitudes about health care and found that nurses should be allowed to increase their areas of responsibility and that health care costs could be lowered if nurses performed more services. This article also concluded from the results of the survey that nurses were trained to play a larger role in providing health care services, nurses are qualified to serve as information sources, and that respondents expected to hear from nurses about the ways that they plan to expand their areas of responsibility.

Bonawit and Whittaker (1983) determined that there was: (a) lack of knowledge (or perceptions) from non-nurses about autonomous nursing activities (such as planning care, discussing patient care with patients, and other health professionals, and teaching patients); and (b) there is little perception among the non-nurses that nurses have "serious dialogue with other health

professionals or patients or family about patient care" (p. 54).

Positive and Negative Nursing Image

Some authors have reported that the public's image of the nurse is negative while others have contended that the public view the nurse in a more favorable manner. Lee (1979c) contended that nurses have an "absolutely spectacular" (p. 21) public reputation and that they are almost universally regarded as professionals. He stated that the public believes that nurses are compassionate, competent, skilled, caring, responsible, dedicated, and kind. Lee found that in regard to prestige, nurses are second only to physicians, lawyers, engineers, and executives and that they outrank all other health care personnel except physicians and pharmacists in public respect.

More than two-thirds of the 6,000 nurses who answered Gurlack's (1983) RN survey are convinced that nursing's image is changing -- for the better. The respondents contended that nursing has come a long way, but it still has a long way to go.

Simmons and Henderson (1964) presented two positive images of a nurse. The first was the image of the humanitarian and altruistic person, more or less competent

and endowed with sympathy, compassion, and an exceptional capacity for establishing rapport with other people. The second image was that of the professional--well-trained, technically efficient, and cool-headed--an individual who can be relied upon for able performance within her specialty and with relatively independent feelings.

Several authors, however, have reported that the public views nursing in a confining manner and that this negative connotation is based on stereotypes that have been supported by the mass media (Chapman, 1977; Curran & Winder, 1985; Hughes, 1980; Kalisch & Kalisch, 1980, 1983; Kalisch & Kalisch, 1982a, 1982b, 1982c, 1986; Kalisch et al., 1982; Lee, 1979a, 1979b, 1979c). Lee (1979b) concluded from his survey that nursing's image was practically at a standstill. He found that physicians want this image to remain that way while consumers are interested in changing the nursing image only if it will reduce the cost of health care.

Measures to Improve Nursing's Image

A negative nursing image adversely affects the nursing professional in several ways. First of all, it impedes the expansion of the nursing profession into more nontraditional areas (Curran & Winder, 1985; Hughes, 1980; Kalisch & Kalisch, 1983; Kalisch & Kalisch, 1982d, 1986;

Lee, 1979b, 1979c). Secondly, it affects the quality and quantity of individuals who choose nursing as a career (Curran & Winder, 1985; Kalisch & Kalisch, 1983; Kalisch et al., 1982). Thirdly, it affects the allocation of scarce resources by policy makers (Curran & Winder, 1985; Kalisch & Kalisch, 1983; Kalisch et al., 1982). Fourthly, the public is deprived of the knowledge of vital services that nurses provide (Hughes, 1980; Kalisch & Kalisch, 1983). Finally, it affects the self-image of nurses and undermines their self-confidence, beliefs, and values (Kalisch & Kalisch, 1983; Kalisch & Kalisch, 1986).

There are several strategies that authors have proffered to improve the nursing image. One of the most widely proposed strategies is the utilization of the mass media to portray a more accurate, positive image of nursing (Kalisch & Kalisch, 1982d; Kalisch & Kalisch, 1983, 1986; Kalisch et al., 1982; Muff, 1984). Hughes (1980) indicated that the nurses must communicate to the public through the mass media the valuable services they have to offer in the area of health care. Kalisch and Kalisch (1986) stated that it is essential for the future of health care in this nation that "the mass media begin to light the way for nurses" (p. 193). Kalisch and Kalisch (1983) recommended the following four step

strategy for dealing with the mass media to improve the nursing image, "getting organized, monitoring the media, reacting to the media, and fostering an improved image" (p. 45). They recommended that in order to influence the mass media nurses should accomplish the following actions: communicate by sending letters of praise or protest to all influential media groups, use picketing and boycotts if necessary, build strong media contacts by educating media executives, offer consultation services, use awards and prizes to reward positive media efforts, honor talented nurse authors, and promote health information articles and programs.

Curran and Winder (1985) asserted steps toward a positive nursing image:

Understanding image formation is important to change the public's perception of nursing. The idea is not to create an image of nursing but rather to communicate to the public an accurate, positive, professional image of what nursing is. As nurses are responsible for their own professional destiny, they must take the first steps to create a positive image. Credibility and positive image go hand in hand. For nursing to achieve a positive image, nurses must portray positive images in dress, word, and action and stop paying the price for their negative image. (p. 253)

Kalisch and Kalisch (1982) suggested a need to "create a new ideal nurse image for the 1980s and 1990s--the Careerist--an intelligent, logical, progressive, sophisticated, empathetic, and assertive woman or man who

is committed to attaining higher and higher standards of health care for the American public" (p. 21).

Several authors have suggested that nurses can improve their public image by first improving their own self-image (Curran & Winder, 1985; Lee, 1979b; Muff, 1984). It has been suggested that nurses should become more assertive and use their political power to improve their image, and nurses should strive to upgrade the nursing profession by demanding that nurses achieve and maintain clinical competence (Lee, 1979; Muff, 1984).

Nursing Role

This section of the literature review focuses on nurses' conception of the roles of nurses. First, a discussion of the development of role will be presented. Secondly, the nurses' conception of desirable nursing behaviors will be explored.

Development of Role

Role can be defined as a function of numerous factors. Role is defined as "the cluster of functions that come to be expected of a given class of workers within positions that they typically occupy in the

organizations or social systems in which they work" (Benne & Bennis, 1959a, p. 196).

Hardy and Conway (1978) also described role as a position, a set of expectations, or a set of behaviors. They stated that "role may be defined to mean a position in a social structure, a set of expectations associated with a position in a social structure, or a set of behaviors associated with a position" (p. 11).

Mead (1934) stated that it is the organized community or social group which gives the individual his/her feeling of self. As part of the organized community or social group the individual begins to perceive the attitudes of other group members towards himself/herself and toward one another in the social acts in which he/she participates. The individual then begins to perceive his/her role in the group based on the attitudes and role demands of the other group members.

Hamilton (1986) used expectations and behavior when addressing the nursing position. A role is defined mainly by the expectation of how an individual will behave in that role. These expectations are external, distinct from one's own identity and personal needs. When role and identity mesh well, expectations and personal needs are likely to harmonize. Hamilton (1986) concluded that the

fit should never be total, as a part of the individual should remain aside from the role.

Benne and Bennis (1959a) indicated that the role of the professional nurse is determined by four principle sets of expectations which are determined by: (a) the nurse's employer, (b) by the immediate peer group, (c) by reference groups outside the nurse's immediate work station, and (d) by the nurse's own image of nursing. Role development perception in nursing is influenced by a variety of expectations placed on the nurse by different groups with which he/she interacts during the educational process and in the work setting (Benne & Bennis, 1959a).

Brophy (1971) conducted a study to determine the relationships between (a) self-concept, (b) role-perception congruences, and (c) length of professional nursing experiences. The study used Hanlon's Q-sort for the instrument and used a random sample of 50 registered, full-time staff nurses. The most important finding was a significant negative relationship between ideal self-concept, role perception congruence, and length of nursing experience. Brophy suggested that this relationship may exist because the young nurse views the evolving role of the ideal nurse differently than the older practitioner.

Benne and Bennis (1959a) studied the relationship between what nurses expect of themselves, their own image of nursing, and their own actual behavior. The study concerned ideal and actual behavior in 17 different areas. The general hypothesis was that the more discrepancy there is between the ideal and actual behavior, the lower is the satisfaction with their behavior. Items with the most discrepancy between the actual and the ideal concerned: (a) the writing of records; (b) time spent in clinical administration (too much time spent); (c) the reason why nurses decided to enter nursing (ideal nurses entered nursing for idealistic reasons, when actually most nurses went into nursing for practical reasons); and (d) whether a nurse should follow administrative channels for work communication (the ideal nurse should go through channels, while the actual nurse does not always use formal channels).

Nurse's Conception of Desirable Nursing Behaviors

Gulack (1983) viewed the essence of nursing professionalism as "an amalgam of competence, high ethical standards, medical knowledge, and compassion" (p. 29). Other individual characteristics of nurses mentioned by nurses in Gulack's survey included communication by

interacting with others with dignity and self-assurance, knowledgeable and grasping of the nursing process, well groomed, trustworthy, able to confide in, capable, having a sense of humor, courteous, cheerful, self-directed, serving others without regard for monetary compensation, hands-on-experience, and dedicated. Professional characteristics included autonomy, independent functioning, political influence, and ending of dependence on physicians for legitimacy.

One independent function that Gulack did not address was patient teaching. Redman (1980) stated that

importance is an understanding of how teaching came to be a tool of nursing, of what it is expected to accomplish, and of the ways in which nurses now function as teachers. Such a perspective helps to delineate what the role of teaching in nursing can be. (p. 1)

Lee and Garvey (1978) admitted there was a slight increase in organized nurse-teaching for patients.

Wilson-Barnett and Osborne (1983) contended that nurses should include teaching in their patient care. Teaching can (a) help provide patients with information to reduce stress prior to surgery, (b) prepare them for convalescence, and (c) help patients to understand their treatments and illness.

Summary

In reviewing the literature, the present researcher could not find any previous correlational studies which dealt with the patient public's expectation and the nurses' conception of the nursing role. This review of literature has included literature regarding nursing image and nursing role. The references on nursing image provided insight into the public's view of the nursing role while the literature on nursing role provided an understanding of nurses' viewpoints of their role. The nursing image is a product of stereotypes, media portrayal, appearance, familiarity with nursing duties, positive and negative nursing images, and measures to improve nursing image. The role section consisted of development of the nursing role and information on nurses' conception of desirable nursing behaviors.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The chosen method of study was a descriptive, correlational study. According to Polit and Hungler (1983), the aim of the descriptive survey is to describe the distribution and frequency of the data obtained from a sample that is chosen to represent a population. This study examined the 10 behavior characteristics listed in the Hartman Role Expectation Questionnaire. The data obtained from this questionnaire were used to compare the patient public's expectation and nurses' conception of the nurse's role.

Setting

This research study was conducted in a large institution in the midwestern region of the United States. This institution was a 900-plus bed, acute care, nonprofit hospital in a city with a population of approximately 140,000. The data were collected from the nurses and patients at that hospital. The nursing station was the place used to collect data from the nurses. The data from the patients were collected in their rooms in the hospital.

Population and Sample

The population for this study consisted of all the patients and registered nurses in the setting, who were available during the period that the data were collected and who met the criteria. Criteria for inclusion in this study were: (a) nurses had to be licensed as registered nurses by the state; and (b) patients had to be admitted to the hospital for medical treatment, over 18 years of age, able to read and write in English, and well oriented to person, place, and time as determined by the nurses on the unit. The sample consisted of 30 patients and 30 nurses who agreed to participate in the study. This sample was obtained throughout the hospital by convenience sampling.

Protection of Human Subjects

Implementation of this study began with permission initially obtained from the thesis committee. The subjects' human rights were protected in accordance with the guidelines established by Texas Woman's University for research involving human subjects (Appendix A). This study met the requirements for Category 1 in the Guidelines for Research Involving Human Subjects and did not require review by the Human Subjects Review Committee. Written permission was obtained from the

participating hospital (Appendix B) and from the graduate school (Appendix C).

Every participant in the study was informed of the purpose of the research with an explanation read to each nurse subject (Appendix D) and patient subject (Appendix E). All questions were answered. Participants were assured of anonymity when they participated in the study. Subjects were instructed not to sign their names on the questionnaires in order to maintain anonymity.

The questionnaires returned from the nurses were identified by the letter N in the lower right hand corner. The questionnaires returned from the patients were identified by the letter P in the lower right hand corner.

The completed questionnaires were destroyed following the completion of the study. Group data were reported for the study. The results of the study were made available to the nursing administration and the study institution.

Instruments

Three instruments were used for data collection: The Hartman Role Expectation Questionnaire and two Demographic Questionnaires. Due to the inability to find a tool that would determine behaviors reflective of the nurse's expected role, the researcher designed the Hartman Role

Expectation Questionnaire (Appendix F). The instrument included 10 items that were to be placed in rank order. Participants were asked to rank behaviors in order of importance, number 1 being the most important behavior and number 10 being the least important behavior.

Validity for this instrument was established through an extensive search of the literature. The researcher derived a total of 12 behavior characteristics to reflect the nurse's role. Ten behavior characteristics were subsequently selected because Polit and Hungler (1983) indicated that it is best not to have more than 10 alternatives in a rank order questionnaire since it is difficult for respondents to keep a large number of options in mind.

The initial 12 behavior characteristics chosen were: communicates effectively, exhibits competent nursing skills, uses nursing knowledge in practice, provides emotional and psychological care, projects an attractive professional appearance, demonstrates ethical behavior in carrying out nursing functions, displays a compassionate caring attitude, exhibits the ability to be autonomous and self-directed, acts as a patient advocate and demonstrates leadership ability.

Four of the behavior characteristics came from a nursing journal, RN (Gulack, 1983), which had over 6,000 nurses respond to a survey on professionalism. The four qualities cited by the greatest number of nurses as being the most important in the nursing profession were competence, high ethical standards, medical knowledge, and compassion. These items are reflected in the Hartman Role Expectation Questionnaire as demonstrates ethical behavior in carrying out nursing functions, competence in nursing skills, uses nursing knowledge in practice, and displays a compassionate, caring attitude.

To determine the remaining behavior characteristics, a second review of the literature was done. The researcher found that six of the remaining eight behavior characteristics were most frequently mentioned. These six behavior characteristics were included in the questionnaire: ability to communicate, provides emotional and psychological care, projects and attractive professional appearance, ability to be autonomous and self-directed, acts as a physician helper, and initiates teaching. The two behavior characteristics that appeared least often in the literature were: patient advocate and demonstrates leadership ability.

The second and third instruments, The Demographic Questionnaire for Nurses (Appendix G) and Demographic Questionnaire for Patients (Appendix H) were designed to describe the two samples. Separate questionnaires were given to the nurses and patients. The nurses were asked four questions regarding age, sex, highest educational level, and years of nursing experience. The patients were asked three questions about age, sex, and highest educational level.

Pilot Study

To establish clarity of the instructions and the questionnaire, a pilot study was conducted. The sample for the pilot study consisted of five registered nurses and five patients who were not included in the final study sample. The instrument was administered to the pilot subjects. The respondents (both nurses and patients) were then asked the same questions. These questions were about the length of time, problems encountered, word difficulty, and comments or suggestions about the questionnaire. It was determined that it took 5 to 10 minutes to complete the questionnaire. None of the participants believed the words were difficult to understand. No comments or suggestions for change were indicated as a result of the pilot study.

Data Collection

After permission was obtained from the graduate school and the hospital, data collection began. The researcher approached nurses in the hospital until a total of 30 nurse respondents was obtained. The nurses suggested patients in the hospital who met the criteria of the study. The researcher approached these patients until a total of 30 patient respondents was obtained. Questionnaires were distributed to nurses and patients who were willing to participate in the study.

Nurses were given questionnaires and an explanation and asked to complete the questionnaires during their shift time. The nurses were instructed to give the completed questionnaires back to the researcher, who remained in the general area. The researcher placed the completed questionnaires in the box marked "Nurse's Role Expectation Box."

The researcher distributed and explained the questionnaire to the patients in their hospital rooms. Pencils were provided to participants to complete the questionnaires.

The respondents were instructed to rank order the behavior characteristics included in the questionnaire according to how they currently felt and to answer the

demographic data in an appropriate manner. The researcher stayed in the hospital rooms to answer questions or to assist the patient with the questionnaire as necessary. These questionnaires were picked up by the researcher when they were completed.

Treatment of Data

Descriptive statistics were used to describe the demographic characteristics of the subjects. The Spearman rho test was used to test the hypothesis which proposed there was no correlation between the rank order of the 10 behavior characteristics representing the patient public's expectation and nurses' conception of the nurse's role. The hypothesis was tested at the .05 level of significance.

CHAPTER IV

ANALYSIS OF DATA

A descriptive correlational study was conducted to determine the correlation between the patient public's expectation and nurses' conception of the nurse's role. This chapter offers an analysis of the data and a summary of the findings.

The instruments used to collect the data were the Hartman Role Expectation Questionnaire and the Demographic Questionnaires. The Hartman Role Expectation Questionnaire consisted of 10 items, to be placed in rank order, which reflected the behaviors of the nurse's role. The data from Hartman's Role Expectation Questionnaire were analyzed using Spearman rho. The Demographic Questionnaires gathered data concerning the nurses' age, sex, highest educational level, and years of nursing experience. Data on the patients concerned age, sex, and highest educational level.

Description of Sample

The sample group consisted of 30 registered nurses and 30 patients from a 900-plus bed, acute care, nonprofit hospital in a city with a population of approximately 140,000. The subjects were a convenience sample of

licensed registered nurses working in the hospital and patients admitted to the hospital for medical treatment. Data were collected during the day (approximately 10 a.m. to 3 p.m.). Twenty questionnaires (10 for nurses and 10 for patients) were answered each day, for 3 days in April 1986. Data on each of the demographic variables for nurses and three demographic variables for patients follow.

Age

Distribution of the subjects by age range fell into six categories. The age of the nurses included 8 (27%) who were between the age of 18-30 years, 14 (47%) between 31-40 years, 7 (23%) between 41-50 years, 0 (0%) between 51-60 years, 1 (3%) between 61-70 years, and 0 (0%) over 70 years (see Table 1). The ages of the patients included 9 (30%) who were over 70 years, 7 (23.3%) between 51-60 years, 7 (23.3%) between 61-70 years, 4 (13.3%) between 18-30 years, 2 (6.7%) between 31-40 years, and only 1 (3.3%) in the 41-50 year old age group (Table 1).

Sex

There were more female than male respondents in both the nurse and patient groups. There were 29 (97%) female nurses and only 1 male nurse (3%) (Table 2). There were

Table 1

Age Range of Subjects

Age in years	Nurses (<u>n</u> = 30)		Patients (<u>n</u> = 30)	
	Frequency	Percentage	Frequency	Percentage
18-30	8	27	4	13.3
31-40	14	47	2	6.7
41-50	7	23	1	3.3
51-60	0	0	7	23.3
61-70	1	3	7	23.3
Over 70	<u>0</u>	<u>0</u>	<u>9</u>	<u>30.0</u>
Totals	30	100	30	99.9

Table 2

Gender of Subjects

Sex	Nurses (n = 30)		Patients (n = 30)	
	Frequency	Percent	Frequency	Percent
Female	29	97	16	53
Male	<u>1</u>	<u>3</u>	<u>14</u>	<u>47</u>
Total	30	100	30	100

16 (53%) female patients and 14 (47%) male patients in the sample (Table 2).

Education

The largest number of the nurses, 22 (74%), were diploma graduates. Four (13%) of the nurses held associate degrees in nursing while the same number held a bachelors degree in nursing. There were no representatives with associate degree in another field, bachelor's degree in another field, master's degree in nursing, master's degree in another field, doctorate degree in nursing, or doctorate degree in another field (Table 3). The majority of the patient sample, 18 (60%), were high school graduates. Grade school was the highest education reported by 7 (23%) of the subjects. Three (10%) respondents received a bachelor's degree. One (3%) respondent reported a master's degree and 1 (3%) respondent held a doctorate degree. There were no respondents with associate degrees (Table 3).

Experience

The participating nurses with the highest years of nursing experience, 10 (33%), were in the 6-10 years group. Six (20%) nurses had 1-5 years of experience while the same number held 16-20 years of nursing experience.

Table 3

Level of Education of Subjects

Education Level	Nurses (n = 30)		Educational Level	Patients (n = 30)	
	Frequency	Percentage		Frequency	Percentage
Diploma	22	74	Grade school	7	23.3
Associate degree in nursing	4	13	High school	18	60.0
Associate degree in another field	0	0	Associate degree	0	0.0
Bachelor degree in nursing	4	13	Bachelor degree	3	10.0
Bachelor degree in another field	0	0	Master's degree	1	3.3
Master's degree in nursing	0	0	Doctorate degree	<u>1</u>	<u>3.3</u>
Master's degree in another field	0	0			
Doctorage degree in nursing	0	0			
Doctorage degree in another field	<u>0</u>	<u>0</u>			
Total	30	100	Total	30	99.9

Five nurses (17%) reported 11-15 years of experience. Three (10%) of the nurses were in the over 20 years of nursing experience group. There were no (0%) nursing representatives in the less than 1 year work experience group (Table 4).

Findings

The respondents (nurses and patients) in the sample were asked to use the Hartman Role Expectation Questionnaire to rank order from 1 to 10 the behavior characteristics that reflected the nurse's expected role. The highest rank was 1 and the lowest rank was 10. When respondents rated a behavior characteristic as 1, that behavior characteristic was awarded 10 points, a rating of 2 was awarded 9 points, while a 10 received a 1 point value. Subsequently, the total of all the accumulated points from 30 nurses and a separate total for 30 patients were totaled next to the behavior characteristic listed. This point value was then rank-ordered for both the nurse and patient samples.

The rank-order of behavior characteristics in the Hartman Role Expectation Questionnaire selected by the nurse and patient sample is presented in Table 5. The first ranking, "Exhibits competent nursing skills," was selected by both the nurse and patient samples. The next

Total 4

Years of Nursing Experience of Nurse Subjects

Nursing experience in years	Nurses (<u>n</u> = 30)	
	Frequency	Percentage
Less than 1 years	0	0
1-5 years	6	20
6-10 years	10	33
11-15 years	5	17
16-20 years	6	20
Over 20 years	<u>3</u>	<u>10</u>
Totals	30	100

Table 5

Comparison of Patient Public's Expectation and Nurses' Conception
of the Nurse's Role

Nurse's role	Nurses' Rankings	Patients' Rankings
Communicates effectively	4	4
Exhibits competent nursing skills	1	1
Uses nursing knowledge in practice	2	2
Provides emotional and psychological care	7	6
Projects an attractive professional image	10	7
Demonstrates ethical behavior in carrying out nursing functions	5	5
Displays a compassionate, caring attitude	3	3
Exhibits the ability to function in an autonomous and self-directed manner	6	9
Acts as the physician's helper	9	8
Provides patient teaching	8	10

four rankings were also the same for both the nurse and patients. The discrepancy in the ranking occurred in the 6th through 10th ranking. The least important characteristic in the nursing viewpoint was, "projects an attractive professional image," while the patients selected "provides patient teaching."

The hypothesis was tested using Spearman rho. The null hypothesis stated: There is no correlation between the rank-order of the 10 behavior characteristics representing the patient public's expectation and nurses' conception of the nurse's role. The analysis of the correlation between the rank-orders showed $r = .885$, $df = 8$, $p = .002$. Therefore, the null hypothesis of no correlation was rejected. This indicated that the rank-orders of the 10 behavior characteristics representing the patient public's expectation and the nurses' conception of the nurse's role were significantly related.

Summary of Findings

In this chapter, the sample utilized in this study has been described along with a presentation of the findings. The largest percentages of the nurses sampled were: (a) between 31-40 years of age (47%), (b) female (97%), (c) diploma level of education (74%), and (d) had

6-10 years of nursing experience (33%). The greatest number of the patients sampled was (a) over 70 years of age (30%), (b) female (53%), and (c) possessed a high school level of education (60%).

The hypothesis was tested utilizing Spearman rho. The null hypothesis stated: There is no correlation between the rank-order of the 10 behavior characteristics representing the patient public's expectation and nurses' conception of the nurse's role. The analysis of the correlation between the rank-orders showed $\underline{r} = .885$, $\underline{df} = 8$, $\underline{p} = .002$. Therefore, the null hypothesis of no correlation was rejected.

CHAPTER V

SUMMARY OF THE STUDY

This investigation was conducted to determine if there was a relationship between the patient public's expectation and nurses' conception of the nurse's role. The null hypothesis was tested using a Spearman rho test. This chapter presents a summary of the investigations along with accompanying discussions and conclusions. Implications for nursing as a result of the study are presented and recommendations for further study are identified.

Summary

This study used a descriptive, correlational design and was implemented in a 900-plus bed, acute care, nonprofit hospital in a midwestern city with a population of approximately 140,000. The purpose of the study was to determine if there was a correlation between the patient public's expectation and nurses' conception of the nurse's role. This study was based on Rheiner's (1982) framework of role theory. Data were gathered utilizing the Hartman Role Expectation Questionnaire. A convenience sample was selected and consisted of 30 registered nurses and 30 patients.

Two demographic questionnaires were used to collect data to describe the sample. The greatest number of the nurses was between 31-40 years of age (47%). The greatest number of patients was over 70 years of age (30%). The distribution of subjects according to sex revealed that most of the sample were females. The nurse sample was 90% female, and the patient sample was 53% female. The majority of the nurses (74%) held a diploma degree as their highest level of education. The majority of patients (60%) reported their highest level of education as high school. The highest frequency of nursing experience (33%) was 6-10 years.

Out of a ranking of 10 items on the Hartman Role Expectation Questionnaire, both nurses and patients agreed on the ranking of the first five behavior characteristics: 1--exhibits competence nursing skills; 2--uses nursing knowledge in practice; 3--displays a compassionate caring attitude; 4--communicates effectively; and 5--demonstrates ethical behavior in carrying out nursing functions. There was, however, a discrepancy in the ratings of the five final behavior characteristics. These characteristics were ranked by nurses in the following order from 6th to 10th, 6--autonomous and self-directed, 7--providing emotional

and psychological care, 8--provides patient teaching, 9--acting as a physician's helper, and 10--projecting an attractive professional image. Patients on the other hand ranked these characteristics in the following manner:

6--providing emotional and psychological care;

7--projecting an attractive professional image; 8--acting as a physician's helper; 9--being autonomous and self-directed; and 10--providing patient teaching.

The null hypothesis stated that there is no correlation between the rank order of the 10 behavior characteristics representing the patient public's expectation and the nurses' conception of the nurse's role. The Hartman Role Expectation Questionnaire reflected attitudes about the nurse's role. The null hypothesis was tested using Spearman rho. The analysis of the correlation between the rank-orders showed $r = .885$, with $df = 8$, and $p = .002$. Therefore, the null hypothesis of no correlation was rejected.

Discussion of Findings

Rheiner (1982) declared that if there is a discrepancy between society's role expectations and nursing's role performance, there will be a role conflict causing a role set pressure to develop. The same role conflict would not appear to exist for this sample as the

literature would indicate. This may be due to the improved media portrayal in newspaper articles, depicting the nurse in a positive manner as forecasted by Kalisch et al. (1985).

A positive portrayal was also found by Lee (1979c) and Benne and Bennis (1959b). Lee (1979c) said the image of nursing comes from personal experience in the hospital. Benne and Bennis (1959b) contended that the public's image of real nursing was reinforced by continuous contact with nurses performing their assigned duties. They asserted the public derives its image of nurses from interactions. It is possible that the patient sample in this study has had positive contact with nurses.

Literature sources have stressed the importance of the professional image of the nurse (Gulack, 1983; Kalisch & Kalisch, 1985; Little, 1984). The nurses in the present study rated the projection of an attractive professional image as least important of the 10 behavior characteristics that reflect the nurse's expected role.

Bonawit and Whittaker (1983) determined there was a lack of knowledge from non-nurses about autonomous nursing activity. Nurse subjects in this sample ranked the ability to function in an autonomous manner, number 6, higher than patient subjects who ranked it, number 9.

This shows that there is a slight discrepancy between the way nurses and the patient public views the autonomous role of the nurse. One reason for this could be that the autonomous activities of the nurse are not as obvious to the public as the technical tasks which are seen performed (Bonawit & Whittaker, 1983).

Several authors (Chapman, 1977; Lee, 1979a, 1979b, 1979c; Hughes, 1980; Lewin, 1977) indicated the public perceived the nurse as the handmaiden to the physician. In this study, the patient sample ranked "acts as a physician's helper" slightly higher than nurses ranked this behavior (8th versus 9th).

Conclusions and Implications

For this study sample the patient public's expectation and nurses' conception of the nurse's role was found to have a relatively high degree of congruency.

The greatest discrepancy between the patient public's expectation and nurses' conception appeared to be in the area of autonomous nursing functions.

Based on these conclusions, the following implications were derived:

1. In order to continue to seek greater congruency between the patient public's expectation and nurses' conception of the nurse's role, nurses should present a

professional nursing image at all times and encourage the media to present a positive image of nursing and to project the nurse in autonomous roles.

2. Education the patient public in the autonomous roles of the nurse.

Recommendations for Further Study

Recommendations for further study include:

1. A replication of this study be made with a larger sample.

2. Replication of this study using a different population, such as people outside the hospital.

3. Additional studies to be made in order to increase the reliability and validity of the Hartman Role Expectation Questionnaire.

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APPENDIX A

Research Review Committee Exemption Form

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: Diane Hartman

_____ and entitled:

Patient Public Expectations and Nurse Conceptions
of the Nurses' Role

Has been read and approved by the member of (his/hers)
Research Committee.

This research is (check one):

Is exempt from Human Subjects Review Committee
review because classified as Category I research

_____ Requires Human Subjects Review Committee review
because _____

Research Committee:

Chairperson, Beth Vaughan-Wrobel

Member, Rose Neswinski

Member, Onaida M. Hughes

Date: 9/30/85

Dallas Campus Denton Campus ___ Houston Campus ___

APPENDIX B
Agency Permission

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____
GRANTS TO Diane Hartman
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.

Patient Public Expectations and Nurse Conceptions
of the Nurses' Role

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 _____

January 6, 1986
Date

Diane Hartman
Signature of Student

Signature of Agency Personnel

Scott C. Sawyer - Woodland, Ed.D.
Signature of Faculty Advisor

*Fill out & sign 3 copies to be distributed: Original-student; 1st copy-Agency; 2nd copy-TWU School of Nursing

APPENDIX C

Graduate School Permission



Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

April 9, 1986

Ms. Diane Hartman
405 Harwood
Lebanon, MO 65536

Dear Ms. Hartman:

Thank you for providing the materials necessary for the final approval of your prospectus in the Graduate Office. I am pleased to approve the prospectus, and I look forward to seeing the results of your study.

If I can be of further assistance, please let me know.

Sincerely yours,

A handwritten signature in cursive script that reads 'Leslie M. Thompson'.

Leslie M. Thompson
Provost

tr

cc Dr. Beth Vaughan-Wrobel
Dr. Anne Gudmundsen

APPENDIX D

Explanation to Nurse subjects

Oral and Written Explanation to Nurse Subjects

Dear Nurse Participant:

I am a graduate student from Texas Woman's University and I am conducting a study on the role expectations of nursing. I would like for you to serve as a participant. Permission has been obtained from the hospital administrator to approach you as a possible participant. The benefit of the study is that your opinion will be utilized to determine how nurses perceive the nurse's role. There are no risks involved.

You will be asked to rank 10 behavior characteristics relating to the role conception of nurses and to complete a demographic sheet with four general questions about your age, sex, educational level, and years of nursing experience. It will probably take you less than 10 minutes to complete this project. Completion of this questionnaire will indicate your written permission to participate in this study.

If you decide to stop participation in this study you are free to withdraw at anytime. The decision to participate or not to participate will have no influence on your job. Since you will remain anonymous, please do not sign your name on the questionnaire. Nothing else is required of you once your questionnaire is completed and placed in the box marked "Nurse's Role Expectation Box." I will be available to answer any questions concerning this study.

Thank you for the time given to this project.

Sincerely,

Diane Hartman, B.S.N., R.N.
Graduate Student
Texas Woman's University

APPENDIX E

Explanation to Patient Subjects

Oral and Written Explanation to Patient Subjects

Dear Patient Participant:

I am a graduate student from Texas Woman's University and I am conducting a study on the role expectation of nursing. I would like for you to serve as a participant. Permission has been obtained from the hospital administrator to approach you as a possible subject. The benefit of the study is that your opinion will be utilized to determine how patients (the public) perceive the nurse's role. There are no risks involved.

You will be asked to rank 10 items relating to the role behaviors of nursing and to complete three general questions about your age, sex, and level of education. It will probably take you less than 10 minutes to complete this project. Completion of this questionnaire will indicate your written permission to participate in this study.

If you decide to stop participation in this study, you are free to withdraw at any time. The decision to participate or not participate will not influence your hospital stay. Since you will remain anonymous, please do not sign your name on the questionnaire. Nothing else is required of you once the questionnaire is completed and handed back to me. I will be available to answer any questions concerning the study.

Thank you for the time given to the project.

Sincerely,

Diane Hartman, B.S.N., R.N.
Graduate Student
Texas Woman's University

APPENDIX F

Hartman Role Expectation Questionnaire

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE CON-
STRUED AS YOUR INFORMED CONSENT TO ACT AS A SUBJECT IN
THIS STUDY

Hartman Role Expectation Questionnaire

Please place in rank order from 1 to 10 the following behavior characteristics that reflect the nurse's expected role. Number 1 should be the one that you believe is the most important, number 2 the second most important, and so forth until you have completed number 10 which will be the least important.

- _____ Communicates effectively
- _____ Exhibits competent nursing skills
- _____ Uses nursing knowledge in practice
- _____ Provides emotional and psychological care
- _____ Projects an attractive professional image
- _____ Demonstrates ethical behavior in carrying out nursing functions
- _____ Displays a compassionate, caring attitude
- _____ Exhibits the ability to function in an autonomous and self-directed manner
- _____ Acts as the physician's helper
- _____ Provides patient teaching

APPENDIX G

Demographic Questionnaire for Nurses

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE CON-
STRUED AS YOUR INFORMED CONSENT TO ACT AS A SUBJECT IN
THIS STUDY

Demographic Questionnaire for Nurses

General Information

Please complete the following statements by checking the one answer that applies to you. Do not sign your name.

Your age in years to your last birthday:

- 18-30
- 31-40
- 41-50
- 51-60
- 61-70
- over 70

Your sex:

- female
- male

Your highest level of education:

- Diploma
- Associate degree in Nursing
- Bachelor degree in Nursing
- Bachelor degree in another field
- Master's degree in Nursing
- Master's degree in another field
- Doctorate degree in Nursing
- Doctorate degree in another field

Your years of nursing experience:

- less than 1 year
- 1-5
- 6-10
- 11-15
- 16-20
- over 20

APPENDIX H

Demographic Questionnaire for Patients

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE CON-
STRUED AS YOUR INFORMED CONSENT TO ACT AS A SUBJECT IN
THIS STUDY

Demographic Questionnaire for Patients

General Information

Please complete the following statements by checking the one answer that applies to you. Do not sign your name.

Your age in years to your last birthday:

- 18-30
- 31-40
- 41-50
- 51-60
- 61-70
- over 70

Your sex:

- female
- male

Your highest level of education:

- Grade school
- High school
- Associate degree
- Bachelor degree
- Master's degree
- Doctorate degree