

NURSES' PERCEPTIONS OF THE IMAGE OF THE PROFESSION OF
NURSING

by

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Chapter I

AIM OF THE STUDY

The purpose of this study was to understand the evolution of nurses' perceived image of nursing from the time nurses begin their career and through various phases of nursing experience. The image of nursing as perceived by nurses and by the public affects recruitment of new nurses and retention of experienced nurses (Buerhaus, 2000, Irvine & Evans, 1995, Nevidjon & Erickson, 2001). There is a projected deficiency of 800,000 nurses by 2020 (National Center for Health Workforce Analysis, 2002) that has been attributed, in part, to low enrollments and graduations from nursing programs, as well as nurses leaving the profession. Furthermore, several studies revealed that nurses are leaving the profession within five years of entry into practice (Aiken, Clarke, Sloane, Sochalski, Busse, et al. 2001; Federation of Nurses and Health Professionals, 2001; Sochalski, 2002). A poor professional image as perceived by nurses fails to attract well-qualified students to a career in nursing and also contributes to the high turnover of nurses (Irvine & Evans, 1995).

Problems with image perception may affect broader problems within health care. According to the American Association of Colleges of Nursing (AACN) (2003), there has been a slight increase in the number of undergraduates enrolled in nursing programs (16%); however, the AACN further reported that enrollment in graduate nursing programs is declining. Nursing faculty are required to obtain masters and doctoral degrees to be adequately prepared to

teach in nursing education. Reduced numbers of nurses prepared at the graduate level promises to further compound the nursing shortage with a shortage of nursing faculty. Nurses are likely to advance their education in nursing if they perceive that their reason for choosing nursing as a career is valued.

In their study, Baer and Frederickson (1995) reported that when nurses are asked to identify their reasons for choosing nursing, they consistently rank “desire to help people” highest. Baer and Frederickson further found that this ranking is true regardless of whether the nurses graduated recently or 50 years ago. On average, 76% of these nurses stated that they would choose nursing as a career again if they had to make the choice. These nurses placed a high value on their commitment to caring. Over the course of the career of the nurses in this study, there may have been factors that have influenced their perception of the image of nursing and their decision to remain in nursing. The current shortage of nurses to care for patients, and nurse faculty to educate the next generation of practicing nurses posed the question “What happens over the course of the nurse’s career that influences their decisions to remain in nursing and to further their career in nursing.”

The Phenomenon

The phenomenon that was studied was the evolving image of nursing as perceived by nurses from just prior to entering the nursing profession and at various phases of their career as nurses. There were several questions that were

addressed in this study: how do nurses perceive the nursing profession? How does nurses' perceived image of nursing change over the course of their practice? What factors are influential in changing nurses' perception of nursing? Nurses' perception of their professional image and any changes that were noted were addressed in this study.

Nurses' perceived image of nursing might be related to the public's image of nursing. In his classic work on image, Boulding (1956) stated that even though society makes the image and the image makes society, a person's image is the property of that individual. The American public has recently learned how important image perception is when the idea of "dress down Friday" was introduced by corporations. The plan was to portray large corporations as people friendly. This concept appeared to have affected the professional self-image of the employees, as there was a 50% decrease in employees' commitment to the job and a 35% increase in complaints regarding provocative actions and lateness during this initiative. In addition, the public reacted negatively to this image, as these companies reported a 63% increase in customer complaints (Dress Down Friday, 2004). Behaviors by nurses and their commitment to the job may be affected by their perception of their profession.

Business professionals have recognized the importance of the concept of image perception and many of them have hired image consultants to promote their companies' images (Reinten, 2004). One law firm has obligated their employees to attend a seminar where they hired Ralph Lauren and Esquire magazine to teach about acceptable apparel (Dress Down Friday, 2004).

Foucault (1994), in his significant work on image perception, acknowledged that there are innumerable explanations behind any image. He stated, "So many diverse meanings are established beneath the surface of the image that it presents only an enigmatic face" (p. 20).

Image perceptions are influential in decision-making. The Surgeon General's Report (2001) cited media portrayal of the image of the Marlborough Man as having a major impact on male audiences. The tough looking cowboy on horseback smoking a cigarette appeared to convince many men to smoke, because the incidence of cigarette smoking increased when these commercials were in vogue. Female audiences were also targeted with such images as that of a sophisticated woman smoking with the caption "You've come a long way baby." The Surgeon General's Report stated that these and other advertisements that related smoking with the image of a successful modern woman led to an increase in the number of female smokers. More recently, the high incidence of youths who smoke has been attributed to image marketing of Camel cigarettes. This prompted a major campaign, through the use of advertisement, to change young people's perception of the image of smoking.

Boulding (1956) stated that messages an individual receives interact with that person's image and are capable of changing their image. Organizations such as the New York Department of Health, the American Cancer Society, and the World Health Organization created images in their advertisements that deglamorized smoking. These advertisements, together with anti-tobacco marketing geared to young people in certain states about the dangers of

cigarette smoking, appeared to have worked, as the incidence of cigarette smoking among high school students in those states has declined 43% (Center for Disease Control, 2004).

Image perception is an important phenomenon that affects what a person does. Boulding (1956) stated that image is a critical factor in expectations and actions and nursing image is no exception. In her study about librarians' perception of the image of the library profession, Dupree (2001) suggested that when a person is convinced of the value of their profession, they remain and succeed in the profession, exude confidence that their profession is valued by their peers and society, and by their actions, encourage others to join the profession. Nurses' perception of the image of the profession may be a determining factor in their decision to remain in nursing, to promote nursing as a rewarding and exciting career, and to pursue advanced degrees in nursing.

Justification for the Study

Currently, there is a critical nursing shortage in the United States, and around the world (International Council of Nurses, 2003; United States Bureau of Labor Statistics, 2003). There have been increased concerns about the problems of recruitment of adequately prepared Registered Nurses and retention of experienced nurses. The reports from the United States Bureau of Labor Statistics (2003) indicated that there are not enough Registered Nurses to meet the demand for skilled nursing care. They further reported a projected deficiency of one million nurses by 2010. This cyclical crisis occurred in the '60s, '70s, '80s,

90s and now in the 21st century. Retention of experienced nurses and recruitment of qualified nurses are essential to break the cycle of nursing shortages. As previously cited, the image that nurses have of the profession affects recruitment and retention.

Studies that have been conducted on the image of nursing have mainly focused on the public's image of nursing (Cunningham, 1999; Kalisch & Kalisch, 1987; Meier, 1999). I found no recent studies on the image of nursing from the nurse's perspective. This study explored nurses' perceived image of nursing as it evolved from that of a student nurse just prior to entry into the profession to the image as perceived by the experienced nurse. Factors that nurses believe have influenced changes in their perception of the image of the profession were also investigated.

Naegele and Stolar (1960) stated that the importance of an image lies not so much in its truth as in its consequence. The decision to enter nursing, to remain in nursing, and to further a career in nursing may be the consequences of nurses' perception of the image of the nursing profession. The American Association of Colleges of Nursing (2003) reported that even though enrollment in Colleges of Nursing has increased in some schools, it is not enough to meet the demand for new nurses. The survey also found that the numbers of graduates from masters and doctoral degree nursing programs have been steadily declining.

According to the Federation of Nurses and Health Professionals (2001), within the next five years one out of every five nurses currently working is

considering leaving the patient care field for reasons other than retirement. Aiken, et al. (2001) reported that 33% of nurses under 30 years of age planned to leave their jobs within a year. Sochalski (2002) reported that almost 136,000 nurses are working in professions other than nursing. Nursing is predominantly a female profession, yet only one-half as many women select nursing as a career as compared to 25 years ago (Buerhaus, 2000). Even though there has been an increase in the number of males who choose to become nurses (National Survey of Registered Nurses, 2003), a recent study found that male nurses are leaving the profession at twice the rate of female nurses (Sochalski, 2002). The study also reported that these nurses are leaving the profession within four years of graduation from nursing school. This is an alarming trend that underscores the need to explore possible reasons for this exodus.

Kimball and O'Neil (2001) reported that one factor that contributes to the nursing shortage is general dissatisfaction of nurses with the professional image of nursing. Nurses' image of nursing may influence their decision to remain in nursing, to leave nursing entirely, or to promote nursing. Hopkins (2001) found that only 54% of nurses surveyed said that they would recommend nursing as a career option to their children. There may be mitigating factors that occurred during the career of these nurses that influenced their image of the profession.

The issue of nursing's image is so significant that several strategies for improving the nursing shortage have been directed at improving the public's image of nursing (Campaign for Nursing's Future, 2002; Nevidjon & Erickson, 2001; Nurse Reinvestment Act, 2002; Nurses for A Healthier Tomorrow, 2002;

Nursing's Agenda for the Future, 2002; Sigma Theta Tau, 1998). Nursing organizations have campaigned to have the media portray nursing to the public in a more positive light through such means as the successful effort to cancel the television show "Nightingale," which mostly portrayed nurses in a sexual light. There is an ongoing major advertising campaign funded by the Johnson and Johnson Company to improve the public's image of nursing (Discover Nursing, 2003). This multimedia initiative to promote careers in nursing includes television commercials, a recruitment video, a website, and brochures. Previous solutions to improve the image of nursing have not been effective for the long term as evidenced by the recurrent cycle of nursing shortages. One factor may be that efforts to improve the image of nursing have focused on the public's image of nursing instead of nurses' image of the profession.

Nurses' perception of the image of the profession is important in their decision to stay in nursing and to recommend nursing to others. Understanding how nurses perceive the image of their profession and how and when their perception is likely to change may lead to supportive interventions, such as mentoring, which can be utilized during stressful times. Yoder (1995) observed that precepting and mentoring play an important role in nurses' intent to stay in nursing.

The Image of Nursing within the Context of a Qualitative Study

Insight into the nursing shortage and overall quality of patient care is grounded in understanding the beliefs and values of the nurses who provide

patient care. However, there is a paucity of research that identifies how nurses see themselves within their image of the profession. Nurses' perception of the image of their profession is poorly understood, but is relevant to obtaining insight into the issues of recruitment and retention. Lincoln and Guba (1985) emphasized that qualitative design is necessary when the realities and viewpoints of the study participants are not known or understood at the outset of the study. A goal of this study was to understand a phenomenon that has the potential to improve the nursing shortage and patient outcomes.

Nurses' perceptions are best studied through qualitative methods since the findings must accurately reflect the viewpoints and experiences of the participants. Lincoln and Guba (1985) stated that qualitative design reflects the researcher's need to have the investigation based on the realities and viewpoints of those under study. Since little is known about how nurses perceive their own professional image, the findings should be of interest not only to nurses in practice, but to nurse executives and nursing school faculty so that necessary changes that may enhance nurses' perception of their profession can be implemented in educational programs and in practice.

Assumptions and Biases

It was assumed that senior nursing students and practicing nurses would be able to articulate their perceptions of the image of nursing and would be honest in their responses. It was also assumed that image is an essential component of nursing perceptions.

In qualitative research, the researcher is the instrument and has values and biases. Because qualitative research is subjective, I needed be aware of my values. This was important because of “the intensely personal nature of the data collection and data analysis experience” (Polit & Hungler, 1999, p. 241).

Researchers are able to conduct more valid and reliable studies when they analyze their own biases and ideology before collecting data (Lincoln & Guba, 1985).

My bias was the driving force of interest in conducting this study. It was a result of my experiences with nurses whenever I guide nursing students during their clinical practicum. Some nurses lack interest in promoting the profession as one that is as valued as other health care professions. In addition, many friends who are nurses and doctors fail to encourage nursing as a career for their loved ones. They admit that only if their loved ones do not get into a premedical, pharmacy, physical therapy, or some other program in the health field will they support his or her choice of nursing as a career. The image that nurses hold of their profession may be influenced by the public and by persons significant to nurses.

The Research Method

A qualitative method was chosen for this study because it allows the researcher to understand a phenomenon that has not been explored using research and because the complexity of the concept of image requires in-depth exploration. In order to understand a phenomenon, one should know the facts

surrounding the phenomenon. This study explored what perceptions practicing nurses and senior student nurses have of the image of the nursing profession, what changes occurred in their perceptions and what factors might have influenced any changes. A qualitative approach lends itself to the “what” of the research question (Creswell, 1998). Creswell further stated that when the topic needs to be explored, the qualitative method is the most appropriate.

The phenomena explored were: nurses perception of nursing just before they begin their nursing career; any change(s) in their perception of nursing during their career; how their perception changed; factors that influenced any change(s); and their current perception of the image of the nursing profession. The interviews supplied in-depth and detailed information on the phenomenon. Denzin and Lincoln (1994) stated that a detailed view is necessary in order to understand the phenomenon. The information from the nurses’ perspectives provided their realities of the image of nursing. According to Lincoln and Guba (1985), the design of qualitative studies supports the researcher’s aim to have an investigation based on the realities and viewpoints of the study participants. In addition, in-depth interviews of senior nursing students allowed me to gather information about the images of nursing from the perspective of those who are just about to enter the profession. A goal of qualitative studies is “to develop a rich understanding of a phenomenon as it exists in the real world and as it is constructed by individuals within the context of that world” (Polit & Hungler, 1999, p. 242).

Significance

The perception of image of the nursing profession from nurses' perspectives is poorly understood and there is a dearth of literature on the subject. Studies that have been conducted about the public's image of nursing have concluded that the public has a vague and outdated image of the profession (Cunningham, 1999; Kalisch & Kalisch, 1987; Meier, 1999). The stereotypical image of the profession by the public may have an impact on how nurses are treated and on how nurses perceive the status of the profession. This study was significant because it focused on the image of nursing from the nurses' perspective, and it explored how nurses' images of the profession evolve over the course of their career.

Image theory guided this study, but this research is expected to add to theory by exploring nurses' image of the profession and factors that influence their perception of the profession. With emphasis on their perception of image and changes over time, through reflection, nurses can become aware of how they perceive the profession and gain insight into the forces that influence their everyday practice. It is therefore, significant to explore the image of nursing from the perception of nurses in practice and to understand factors that shape nurses' view of the image of the profession. As an added way to understand problems of recruitment and retention, there is a need to understand further and in depth how nurses perceive nursing and whether their perceptions change over time.

Nurse executives should be concerned with issues that affect the image of

the profession in order to create strategies aimed at motivation of staff, recruitment of nurses, and retention of quality staff. The findings of the study could not only be used to develop recommendations for strategies to retain experienced nurses, but also to create policies aimed at improving nurses' perception of their professional image. In addition, recruitment of bright students into the nursing profession, and retention of experienced nurses may be enhanced.

One essential role of nurses is education of patients and their families. Patient teaching is an integral part of the caring relationship that takes time and commitment on the part of nurses. Patient education helps patients to manage their condition so that there is less likelihood that they will be readmitted for complications. Nurses need to value this professional caring that is characteristic of nursing, in order to enhance their perception of their professional image.

The significance of this study applies not only to nurses and to administrators in health care organizations, but to nurse faculty as well. Patients are being discharged early, and nurses are not expected to perform the rituals and routines they learned in school. Boulding (1956) stated that image is a factor in expectations. Therefore, nurse educators must realize the importance of incorporating into their nursing programs, the realities of contemporary nursing that promote transferring care of patients, through education, to the patients and their families. This study may also prompt nurse educators to reflect on the need to model emotional intelligence and interpersonal skills, in addition to examining nursing curricula to make suitable changes such as development of realistic

expectations among their graduates.

The shortage of nursing faculty is a significant factor in the nursing shortage. The American Association of Colleges of Nursing (2003) reported that nursing schools turned away more than 11,000 applicants due to insufficient number of faculty. The report goes on to say that masters and doctoral programs are not producing a large enough pool of potential nurse educators to meet the demand. The findings of this study may provide evidence of incidents that discourage potential academicians, so that efforts can be aimed at increasing the pool of nurse faculty. Findings from this study could also be used to develop effective strategies that enhance nurses' interest in teaching. In addition, graduate nursing programs could use the results to encourage and facilitate students to pursue a career in nursing education.

It is relevant and timely to investigate how nurses perceive their profession as well as factors that influence changes in nurses' perception, and to propose sustainable solutions to enhance nurses' perception of their professional image. Factors that revitalize nurses' perception of their professional image may become evident as a result of this study.

Summary of the Chapter

Chapter I included a discussion on the topic to be explored and a description of the phenomenon of nurses' professional image. Justification for the study, the image of nursing within the context of a qualitative study, and the reasons for choosing the qualitative method for this study were explained. My

assumptions and biases were also discussed. The Chapter concluded with the significance of the study to the profession of nursing.

Chapter II will include a brief review of relevant literature concerning factors pertaining to the image of nursing. The theoretical framework that guides the topic being studied will be incorporated into Chapter II as well as the image of nursing as seen in the literature. The experiential context of nurses as it relates to the image of nursing will conclude Chapter II.

Chapter II

EVOLUTION OF THE STUDY

The image lies behind the actions of every individual. It accounts for the growth of every cause. To recognize the image is to begin to understand the scientist, the believer, the crusader, the soldier.

Boulding, 1956.

Recognizing the image that nurses have of the profession will lead to a better understanding of nurses and their professional identity and roles. This chapter will include relevant literature on the image of nursing from a historical and literary context. Boulding's (1956) theory, which guided this study, as well as media portrayal of nursing's image, will be addressed. My experience will conclude this chapter.

Historical Background

The source of nurses' image of nursing cannot be discussed without reflecting on the history of the profession. Historically, nursing arose from the quality of nurturing that has always been associated with women. The reputation of nurses has run the gamut from women of ill repute, to members of religious orders, to genteel women. However, the historical context of nurses' image is usually traced back to the time of Florence Nightingale who is recognized as the founder of modern nursing. While fostering the nurturing role, Nightingale tried to establish nursing as an organization suitable for respectable women. However,

during Nightingale's time, respectable women were expected to be passive, submissive, and obedient to male authority and her focus was on those characteristics (Hughes, 1980). Nightingale's legacy may be the most important factor influencing today's image of nursing.

Pre-Nightingale Era

For much of recorded history, care of the sick was done by women inside the home while men cared for their injured outside the home. During the Middle Ages, the sick were cared for by members of religious orders. Throughout the 16th century, when many monasteries and convents closed as a result of the establishment of Protestantism, there were not enough people to care for the sick. Therefore, women who committed crimes were enlisted to perform this job in lieu of jail, and this practice continued until the 18th century (Hamilton, 1996).

In societies that remained Catholic, however, care of the sick continued to be administered by those in the religious orders and eventually, Protestant religious organizations became involved in this practice (Marks & Beatty, 1972). Nightingale used the religious model when she established her training schools. She transformed the image of nursing from an occupation fit for prostitutes to that of a respectable profession. Nurses' training continued according to the religious model, but the pay was low, hours were long, and conditions were poor. In many parts of the world, and indeed the United States, nurses still continue to work long hours with poor staffing conditions and low pay relative to the work performed (University of Toledo, 1995). In summary, the image of nursing and nurses, prior to the time of Nightingale, was of servitude while caring for the sick.

Nightingale Era

Florence Nightingale served during the Crimean War and endorsed the practice of sanitation. She instructed nurses to clean wounds, wash soiled sheets, and generally keep the injured soldiers clean. Nightingale was well educated in the liberal arts and sciences and was able to document the fact that as a result of her initiatives, soldiers' health improved. Nightingale founded her own nursing school and sought to elevate the status of nursing, as a learned discipline, by training the nurses in the knowledge and skills necessary for health promotion and healing of illness (Nightingale, 1860). In their classic study on the images of nursing, Kalisch and Kalisch (1987) analyzed symbols of the past and concluded that aspects of the image of Nightingale with the lamp, which conveys the image of the nurse as selfless and devoted, remains today.

The historical role of gender also shaped the professional identity of nurses and thus, the image of nursing. During the Nightingale era, roles were gender defined. The professional role was attributed to men and the role of women as wives, mothers, and homemakers. Women were not expected to pursue education. Education was for those who belonged to the professions, which were closed to women at that time (Ehrenreich & English, 1973). Nursing is still perceived as a female profession although there is an ongoing campaign to recruit more men into the profession.

By attracting middle class women, who seized the opportunity to become members of a respected group, nurses acquired a prestigious image. Florence Nightingale urged nurses to be the best they can as morally upright women

without taking on the characteristics that are typically male (Nightingale, 1860). In keeping with what was expected of a “lady” in the Victorian era, Nightingale emphasized good moral character, docility, and following orders in male physician dominated hospitals (Ehrenreich & English, 1973). Even though they went through training to become nurses, nursing was not recognized as a profession because training was not considered an education. In spite of that, nursing was perceived as a respected occupation.

Post-Nightingale Era

Nursing education in America was based on the Nightingale model of apprenticeship whereby students gave their service in exchange for training (Nursing in America, 1990). As nurses’ training continued to be provided in hospitals, the medical profession controlled nursing standards and education. Nurses were trained to be support personnel to physicians. Eventually, nursing education moved into University settings, and produced nurse leaders who took over control of nursing education from the medical profession. They added to the value of nursing as a legitimate profession that required educated individuals.

In 1888, Isabel Hampton, a Teachers College graduate from the first nursing program to be offered within a University, became the first superintendent of the Nurses Training School at Johns Hopkins University. Isabel Hampton’s work, seeking recognition and professional organization of nursing as a profession, led to founding the first two major organizations for nurses, now the American Nurses Association and the National League of Nursing. The image of nursing as a profession that required higher education continued to advance at

Teachers College, which became a center for nursing education (Nursing in America, 1990).

As nurses became better educated and organized, and the role of women's equality emerged, the image of nursing continued to evolve as a profession that not only cared for the sick and needy, but as one that fought for changes in the health care arena. Lillian Wald is credited with establishing the Henry Street Settlement House where nurses provided bedside care and health education to the poor immigrant population who were living and dying in squalid conditions. She is also credited with founding the National Association for Public Health Nurses (Nursing in America, 1990). Inspired by the feminist movement, Margaret Sanger started the Planned Parenthood Movement. "Support for nursing perspective can be found in the work of those who value feminism and humanism" (Mason, Leavitt, & Chaffee, 2002, p. 9).

The profession continued to make great strides as more nursing programs moved to University settings. During World War II, nursing was viewed as a highly skilled profession as educated nurses provided trauma care, critical care, rehabilitation, and other aspects of skilled, nursing care. The most popular image of nursing was during this time when nurses were seen as heroines (Kalisch & Kalisch, 1987).

Nurses sought higher education as the demand for access to health care increased. During the 1960s, Nurse Practitioners, because of their advanced education, had the credentials to meet the health care needs of society (Nursing in America, 1990). The role of the nurse as primary care provider contributed to

the image of nurses as not only caring and compassionate, but skilled and knowledgeable to provide care with a high degree of independence and autonomy. As the role of nurses changed, the image of nursing as a research-based academic discipline requiring scholarly pursuit was reinforced within the nursing profession. Nurses were inspired to become better educated and today nurses are obtaining doctoral degrees in nursing such as the Ed.D., Ph.D. and relatively new Doctor of Nursing Practice degree.

Despite the struggle to improve nursing's image, gender and the Nightingale apprenticeship model continued to influence the image of nursing. As recently as the 1960s, some nurses followed the orders of physicians and administrators with docility (Davies, 1995). Meier (1999) observed that the public still has the lingering image of nursing that reflects the task-oriented, subservient role. Today however, nurses are skilled in decision-making and have autonomous control over nursing decisions, by virtue of the Nurse Practice Act. The image of nursing has evolved from that of a para-profession with limited education to that of a profession, requiring specialized education, which contributes significantly to the health care of the population. Increased education, responsibilities, and accountability for their professional decisions play a major role in projecting a positive image of nursing. Boulding's (1956) theoretical formulations regarding image gives significance to the concept of image.

Image Theory

The image of nursing was explored using Boulding's (1956) theory on

image as a framework. According to Boulding, the bases of image are subjective knowledge structures. Subjective knowledge structures are what a person believes is true. This is the person's image of the world and is the basis of human behavior. Boulding theorized that a person's image is influenced by incoming messages and how those messages are interpreted. Messages are interpreted through a refined learning process that comes through the senses by way of a value system. The value system consists of the inventory of images that an individual experiences, which allows the individual to interpret messages received.

Boulding (1956) explained that the concept of image occurs in a very rudimentary form in lower life in the form of homeostasis. Biological organisms change to maintain equilibrium when the environment changes. This is the value system of that organism. Boulding compared these changes to that of a thermostat that acts to regulate the temperature of the environment. If the temperature conforms to the value at which the thermostat is set, it does not act. The thermostat changes in response to the interpreted message from the environment, by out-putting a message to the burner. The message put out is not based solely on the message received, but how that message is interpreted. In applying this concept to individuals, a person's image is influenced by the effect of the message, which that individual interprets based on their value system.

According to Boulding (1956), human beings, at the highest level of the biological hierarchy, have the capacity for language, so the interpretation of messages received is complex. Humans are aware of cause and effect, of

contiguity and succession, of cycles, and of repetition. Human beings are aware of the past, present, and the possibilities of the future. Therefore, humans are able to experience the image of time, space, and relationships. The image of the future is filtered through a value system that influences the individual's value image. Value image is based on an accumulation of values that the individual internalizes. Nurses' image of the profession may be related to the value that nurses place on the profession of nursing. This study was based on value image.

Boulding (1956) posited that the subjective knowledge, what a person believes to be true, consists of images of value that are mediated by the person's value system and is the basis of human behavior. What a person believes to be true is influenced by messages monitored by value scales, whereby the individual ranks various components of their entire image on a scale of better to worse. Value scales within a person are essential in determining the effects of incoming messages by a person. For example, if a person interprets a message as negative, these values are reflected in behavior. Boulding further stated that messages the individual receives interact with the person's image and are capable of changing the image. Subjective knowledge can be changed, thereby resulting in behavioral change.

Nurse's image of their profession may change based on the messages received. The messages that nurses receive about the profession may also influence behavior. Nurses may resist acceptance of a message that is different from their image of value, but as Boulding (1956) stated, a much-repeated message that comes with unusual power and authority is able to break through

the resistance and alter the image.

Boulding (1956) classified image as (a) spatial, (b) temporal, (c) relational, (d) personal, (e) value, (f) emotional, (g) conscious, subconscious, and unconscious image, (h) certain and uncertain, clear and vague areas, (i) correlation of the image with some external reality which may be real or unreal, (j) public and private image. Boulding explained that images that come from messages received or initiated can be shared. Therefore, in a cyclical fashion, the image makes society, society makes the image, and individuals are what the image makes them. The message creates the image and people tend to remake themselves in the image that others have of them. The question then is: Does the public image of nurses affect nurses' perception of their professional image?

Boulding (1956) stated that the image of what a person believes to be true is the property of that individual and it governs the individual's behavior. Therefore, the self-image of the nurse is the property of the individual nurse. Boulding further stated that images can grow and develop. Images can also be revised, modified, altered, added to, or changed completely. One question that this study addressed was: How does nurses' perception of their profession change over time?

Literary Context

A review of the literature lends relevance to the problem of image perception. The concept of nurses' professional self-image is related to their professional identity. Segesten (1998) noted that professional identity is part of

professional self-image. Teaching and librarianship are similar to nursing in that those professions have been historically female. Socialization into the profession and recognition of professional knowledge have been identified as factors that enhance teachers' professional identity. Steffy (1989) observed that teachers who do not continually experience a process of reflection and renewal of professional knowledge could experience isolation and withdrawal. Steffy concluded that professional socialization influenced how well teachers adapted to a stressful workplace. Sachs (1999), in her study on teacher professional identity, reported that relationships with each other and parents of students promote teachers' professional identity. Sachs suggested that where teacher knowledge and expertise are recognized and rewarded, professional identity gives rise to public and professional discourse by the teachers, as well as new forms of associations among the teachers.

In several studies about librarians, the authors reported that image perception by librarians and by the public have been based on negative stereotyping in the media. Dupree (2001) concluded that librarians perceive that they are not valued and thus have a poor professional identity. Dupree emphasized that in an effort to combat their negative image, librarians inadvertently reinforce their professional insecurity, which is perpetuated, through their writings, to library science students, thus repeating the cycle of professional insecurity. Hall (1992) suggested that uncomplimentary depictions of librarians are responsible for the negative stereotype that remains in the minds of the public and of librarians. Hall claimed that only librarians themselves could change

this perceived stereotype.

Image has also been studied as it relates to business professionals. Dannels (2000) studied business professionals as they functioned in the job, and observed that, as students, they may have learned how to be professional but did not easily translate what was learned into developing a secure professional identity. Parrott's (2004) study on employees' intention to change jobs based on image revealed that image factored early in employees' decisions to change jobs. Stark (2002) used image theory to study how trusting decisions are made in the workplace and concluded that the focus in deciding to trust is a search for violations of expectations rather than support for expectations.

Little is known about nurses' perceived professional self-image as it relates to their professional identity. Nurses' image has mostly been studied from the perspective of the public's perception. One value of this study is the contribution to understanding beliefs, values, and motivations of nurses.

Nursing Studies

Over the years, nurses have been stereotyped in the literature. These stereotypical images have defined what nurses do in the minds of the public. In their classic study, Lower and Scott (1988) examined the differences of opinion about nurses' image among nurses, physicians, and the public. They found that nurses gave the most negative responses about nursing (28%) as compared to the public (12%). Physicians gave 100% positive responses, indicating that they have a higher opinion of nurses than nurses themselves. These perceptions by nurses about their professional image may still be evident today.

Gray (1999) surveyed Registered Nurses in California for their perception of how the public viewed nursing. Gray reported that 23% of nurses perceived that the public saw them as handmaidens to physician, while 33% perceived nurses in the professional role. In their study of nursing image as perceived by professionals who are not nurses, Huffstutler, Stevenson, Mullins, and Hackett (1998), concluded that most of the study participants had a positive image of nurses.

Several authors have compared the historical roots of nursing to today's image of the profession (Hughes, 1980; Kalisch & Kalisch, 1987; Muff, 1984). Hughes (1980) attributed the image of nursing to its Victorian roots. The images Hughes identified included a "calling", associated with self-sacrifice of the nurse, which led to exploitation of nurses. According to Hughes, the image of the "born again caregiver" promoted the idea that a nurse is born not made, therefore, education was limited, which led to the apprenticeship model in hospital-based nursing schools. Hughes also identified the image of "marriage and motherhood" where nursing was seen as temporary employment as nurses went into the profession to marry a physician. Hughes suggested that these nurses were content with poor pay and working conditions and this also led to the image of nurses as handmaidens to physicians. These associations of nurses with negative images may continue in the minds of nurses today.

Muff (1984) studied nursing image and concluded that nursing stereotypes are more a result of culture. The images Muff described were similar to those of Hughes (1980). Muff claimed that stereotypes are caricatures that carry a moral

judgment. The media portrayed these derogatory images in their depiction of nurses, thus reinforcing the negative stereotype of the profession.

Kalisch and Kalisch (1987) conducted extensive research on the image of nursing in the media, motion pictures, books, and television, concluding that ideas about social occupation groups are derived from stereotypes. "The popular image of nursing at any given time is the result of a cluster of nurse stereotypes our culture uses to construct a synthetic reality" (p. 5). They described images similar to Hughes (1980) and Muff (1984).

Through its depictions of nurses, the media has been influential in shaping the public's perception of nursing. Kalisch and Kalisch (1987) stated that images can generate positive, neutral, or negative responses and these images may affect consumer decisions, human behavior, human relationships, and even labor shortages. This is considered to be significant in light of the current nursing shortage. Lack of knowledge about what nurses do likely creates an image problem for nurses.

Growth of the media is pertinent when studying the image of nursing. In the 90s, several television shows featured nurses in a somewhat professional light. Shows such as "ER" were representative of this. However, these shows still poorly depicted what nurses do in the emergency department. Recently, nurses' images in mass media have had some aspects of the nurse as skilled, decision-makers, although still somewhat subordinate to physicians. From 1992 to 1993, media coverage of nursing increased by 300% and 95% of the coverage was positive (Trotter Betts, 1996). This positive image was a result of initiatives by

key nursing organizations to improve the way nurses were portrayed on television.

Today, nursing in the media is practically non-existent. “Even though nurses in New York and many other States collected supplies and volunteered at hospitals and emergency care sites hours and days after the terrorist attacks, their contributions generally went unnoticed in the media” (Schmidt, 2001, p. 1). This is likely to reinforce nurses’ perceptions that their professional knowledge and skills are not valuable or valued by others. Nurses’ roles have evolved to the extent that nurses play a significant role in the health care arena. They are educated to make critical decisions and to provide highly skilled care. Realistic coverage of nursing by the media can only serve to promote a positive image of the profession.

Experiential Context of Staff Nurses

A nursing student makes a conscious choice to become a nurse. Once the program of nursing is chosen, the career path is towards becoming a Registered Nurse. My experiences as an instructor of nursing, who interviews prospective students, have indicated that seldom have students signified to me that their career choice was a result of a recommendation from another nurse. Some of their reasons for choosing nursing were usually because of their desire to care for the sick, to restore health, and to prevent illness. Generally, their desires resulted from having cared for an ill relative or from working as a volunteer in a hospital where they observed compassionate care being administered. This

sentiment is also documented in the literature. Chitty (2001) found that nursing students are motivated by altruism and that their image of the nursing profession is of one that requires a commitment to caring. The value that nurses place on professional caring gives meaning to their profession.

My experience with practicing nurses working in the hospital has provided me with diverse images of nurses. As a nursing instructor, I frequently interact with staff nurses on the nursing units because they are the ones most accountable for patient care and they are the best judge of which patients are appropriate for the students. I am always dismayed by those nurses who express frustration about finding meaning in their work. Staff nurses give direct patient care and the meaning of their work lies in what they do for the patient. At times, their frustration leads them to display a disconnection from the patients as well as the students. McNeese-Smith (2000) stated that 24% of the nurses in her study reported being disengaged from the job.

I have also had the experience of working with nurses who portray a positive image of the profession and I seek those out as role models for the students. These nurses defy the negative image of nursing portrayed in the media. They are such advocates for their patients that they are hesitant to have students care for their patients, not because they see the student as a nuisance, but they are concerned that their patient's care might be compromised. Only when I reassure them that I will be there to ensure that this will not be the case, do they allow students to care for their patients. Their assessment, decision making, interpersonal, and teaching skills exemplify professionalism. However, I

find that these nurses downplay their important role; they do not seek advanced positions because they feel that their skills are ordinary. They are reluctant to pursue higher education and to publish their professional experiences, as they do not place importance on their knowledge and problem solving-skills related to the well-being of society.

As I follow students' progress throughout their course of study, when graduation time nears, they seek advice on the preferred area of practice they have grown to love. I witness their eagerness, at graduation, to begin their career and I am heartened at the thought of another batch of enthusiastic nurses. I have found that most of these graduates want to be bedside nurses and look forward to fulfilling their desire for a life-long career in nursing.

When I reflect on my own reasons for entering the nursing profession, it is not any different from current students. I have always embraced the idea of taking care of the sick as my motivation for being a nurse. I saw myself as the caregiver of patients who were passively dependent on me. In the '60s, hospital training schools, where I was educated, emphasized this service mentality. Today, nursing students' ideas of caring go beyond this notion. The concept that caring includes empowering themselves as well as patients is the motivating factor for students of nursing. Students express that they are motivated by a desire to care for others, but they see caring as an active role of advocating for patients' well-being as opposed to the passive role of serving the patient. Boughn and Lentini, (1999) pointed out that as students get closer to the end of nursing school, the emphasis is on empowering others and themselves.

As I speak to some of those previously enthusiastic students during the course of their career, the enthusiasm is replaced by the desire for a “better career.” What is it that occurs during their day-to-day work experience that may cause nurses to alter their views about the profession? Boughn and Lentini (1999) found that student nurses are motivated by the expectation that they will be able to exercise power in their career. However, in most health care settings, nurses have limited opportunities for exercising power. The image that nurses hold of the profession of nursing may be influential in nurses’ desire to remain in nursing.

Summary of the Chapter

This Chapter began with a historical context of nursing, followed by a review of the literature relating to image theory, and the literary context of nursing image. My experience, which served as a catalyst for this study concluded this Chapter. The following Chapter will encompass the methods used for this study.

Chapter III

METHODS

This study explored nurses' perceptions about their professional image as well as the evolution of changes in their perceptions. In this chapter, the method that was used to conduct this study, the rationale for choosing this specific method, and an outline of the background of this method will be discussed. Data collection and storage procedures, data analysis, reliability and validity, and protection of human subjects will also be addressed in this chapter. The chapter will conclude with the limitations relating to the method and the anticipated timetable.

The Qualitative Method

The phenomenon of concern was the evolution of the image of nursing as perceived by nurses. This phenomenon is poorly understood and I found no recent studies relating to this phenomenon. A qualitative approach was appropriate because it allowed me to explore and to listen to what senior nursing students and practicing nurses say about the image of nursing so that a deeper understanding of meanings of the image of nursing can be obtained. Qualitative design is appropriate as it allows the researcher to investigate a phenomenon by listening to the participants' descriptions of their experiences as it occurs for them (Jencks, 1995).

Using critical incidents and in-depth interviews, this study explored nurses'

perceptions of their image of nursing prior to entering into the profession and through various phases of their professional experience. Incidents that contributed to any changes in their images of the profession were also described. By identifying how the nurses' perceptions of the profession change, and understanding some of the factors that contribute to changes in their perception of nursing image, the profession may be able to develop supportive interventions that will help nurses transition through any crisis with image perception.

A qualitative approach allowed for flexibility and sensitivity as senior nursing students and practicing nurses reflected on how they perceive the image of nursing. Individual semi-structured, face-to-face interviews with study participants using open-ended questions provided rich, detailed descriptions of their perceptions. Semi-structured interviews are defined as those organized around areas of particular interest, while still allowing for considerable flexibility in scope and depth (Polit & Hungler, 1999). By interacting with the study participants, I was able to examine the full context of their realities. According to Boulding (1956), a person's image is their reality; it is what they truly believe. "Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied. Such researchers emphasize the value-laden nature of the inquiry" (Denzin & Lincoln, 1994, p. 8).

Creswell (1998) described the researcher as the key data-collection instrument who "builds a complex, holistic picture, reports detailed views of informants, and conducts the study in a natural setting" (p. 15). The researcher

describes and analyzes the information obtained from critical incidents and in-depth interviews. Polit and Hungler (1999) declared that a critical incident is a technique of gathering information about the behavior of individuals by examining a specific incident related to the topic being investigated. Polit and Hungler further stated that the study participant writes about a factual incident that had a noticeable impact on the topic under study.

Rationale for Choosing Qualitative Method

A qualitative approach for this study was selected as a way to understand how nurses perceive their professional image and to explore what changes occurred in their perceptions of the profession. According to Polit and Hungler (1999), qualitative researchers usually explore a topic that is poorly understood. Because of the nature of the research questions, a qualitative approach is appropriate. Creswell (1998) stated that when the research questions seek answers to the “what” and “how”, qualitative design is indicated to understand what was discovered and what is the meaning of the discovery. A qualitative method of inquiry is also required when the topic needs to be explored, as this provides a detailed description of the phenomenon. Focusing on the nurses’ views is seen as providing insight and knowledge about events that have an impact on nurses’ perceptions of their image of the profession.

Goal of the Qualitative Method

The goal of this qualitative approach was to understand the perceptions that nurses have about nursing image and to explore how these perceptions

change over time. Employing semi-structured interviews using open-ended questions allowed senior nursing students and practicing nurses to provide rich value-laden data that facilitated illumination of their perceptions. Because the researcher is the primary collector and analyst of the data, the research is more intense and thus richly descriptive, leading to greater insight and knowledge about the phenomenon (Marshall & Rossman, 1999).

Background of the Method

There is a basic set of beliefs or paradigm used by qualitative researchers to guide their inquiries. According to Lincoln & Guba (1985), these beliefs are related to the issues of ontology, epistemology, and methodology.

The question that the ontological paradigm addresses is the nature of the reality. The participants have their own perceptions; therefore, they construct their own reality. Their reality must be addressed by the researcher who must “report these realities, rely on voices and interpretation of informants through extensive quotes, present themes that reflect words used by informants, and advance evidence of different perspectives of each theme” (Creswell 1998 p.76). I recorded all of the interviews and kept a memo of assumptions, and the context of the interviews. I realized that each participant’s reality might be different from my own and from each other; therefore, all observations and nuances were documented for analysis.

The epistemological question refers to the relationship between the researcher and what is being studied (Lincoln & Guba, 1985). The intimate relationship between researcher and the researched emphasizes the value-laden

nature of the study. Because of the length of time spent with each individual participant during the interview process, I tried to be aware of my own biases and made every attempt to keep it out of the interactions. I reported my biases and values as they surfaced during the interview.

The methodological question refers to the strategy used for data collection, analysis, and interpretation (Lincoln & Guba, 1985). I interviewed each participant individually to explore their perceptions of the image of nursing. Broad general questions were asked at the beginning and as categories developed, the questions asked were more refined. I looked for themes that emerged within the context, and analyzed the information in order to interpret the data.

Description of the Method

The choice of qualitative research method influences the way the data are collected. The aim, description of the sample, the setting, access, and procedures for interviewing used in the qualitative approach all facilitate movement from the philosophical assumptions to data collection.

Aim

Qualitative design is aimed at explanation and understanding the phenomena. As a Registered Nurse, I was able to take an insider perspective, which provided a detailed, rich, value-laden description of the perceptions of the nurses. The ethical dilemma that may occur from this method is discussed later in the study. This qualitative design aimed to contribute to the practical concerns of nurses working in hospitals.

Population

The population was limited to Registered Nurses and student nurses from the metropolitan New York area. Nurses qualified for the study if they were currently employed in a hospital. The nurse participants all work in teaching institutions located in urban settings in Eastern United States. Nurses who have completed at least a Baccalaureate Degree were considered as long as they were working as nurses. I restricted the Registered Nurse subjects to those who are responsible for direct patient care. I believed that the nurses in the New York metropolitan area would comprise a diverse group based on ethnicity, age, nursing education, and gender. Table 1 illustrates the gender distribution of study participants. Ethnic distribution of nurse participants were as follows: three African Americans, three Caucasian American, one Asian American and one Hispanic American. The student nurse subjects were in their final semester of their senior year of a generic Baccalaureate degree nursing program, and were not connected to the school where I am employed. Student participants were attending a University in a setting similar to the nurse participants. Ethnic distribution of student participants included one African American, one Hispanic American, and three Caucasian Americans.

Sample

In qualitative research, the researcher selects participants choosing a small sample size (Creswell, 1998). The intent is to select individuals who can provide information-rich data as opposed to generalized findings. I had access to nurses

through colleagues who work in various acute care institutions. Initially, a purposeful sample of eight Registered Nurses working in various acute care hospitals in the New York metropolitan area were selected from a pool of nurses referred by colleagues. After I explained the study, these individuals were invited to participate in the study. A cross section of nurses were chosen. Two nurses from each of the following phases of experience were selected: one to four years, five to ten years, 11 to 20 years, and upwards of 20 years of experience. The sample size was sufficient and enough to fill the categories as themes were being repeated. Subsequent sampling of Registered Nurses was not required since saturation of categories occurred with the initial participants.

A purposeful sample of four student nurses was also selected from a generic Baccalaureate Nursing program. I met students at a Sigma Theta Tau induction ceremony. After I explained the study, a sign-up sheet was provided for those who were interested in volunteering for this study. In addition, these students volunteered to introduce me to other students who were not being inducted. A purposeful sample of four students were selected because they were in the last semester of the final year of a baccalaureate nursing program. I believed that that these participants would provide the most accurate insight into perceptions of the image of nursing just prior to entry into the profession. After the initial four students were selected, more participants were selected until the analysis of the data revealed no new significant data; that is, saturation of categories occurred (Polit & Hungler, 1999).

Setting

The interviews took place in a setting that was mutually convenient to the participants and to me. These sites included my office, the work site, the home of one participant, a coffee shop, and a library. These sites were all chosen by the subjects. Providing a convenient site ensured the participants' willingness to meet with me.

Access

I recruited participants from among nurses recommended by colleagues. Nursing colleagues offered to introduce me to nurses who were interested in participating, so as to explain the study. I obtained contact information from the interested individuals who fit the criteria. A follow-up introductory letter was sent (Appendix A) as well as phone calls and/or e-mail to confirm their willingness to participate and to set up site selection and convenient times for the interviews.

As a member of Sigma Theta Tau, I was able to meet student nurses who were being inducted into this nursing honor society. These students also offered to refer other students who they felt might be interested in volunteering for the study. The students were provided with an introductory letter (Appendix B) and all students contacted me by e-mail. For those who expressed interest, a follow up phone call was made to make an appointment to meet. At this meeting, the study was explained and it was made clear to the students that participation was strictly voluntary and that they may withdraw from the study at any time. They were also informed that no faculty member from their school was involved with

this study. Those who agreed to participate in the study were asked to sign an informed consent after it was explained to them.

Data Collection Procedures

Data collection procedures involved the use of semi-structured interviews, notes of direct observation, tape recordings, and critical incident reports. The initial questions were open-ended, and future questions evolved based on what was learned during the discussion. After collecting the data, the information was organized into themes and categories to examine the data in depth and in detail. The questions proceeded from general to specific with the use of an interview guide (Appendix E and F). Occasionally, during the flow of the interview, the questions were modified.

An important feature of qualitative research is the researcher being the key instrument in data collection. The format chosen for the data collection included critical incidents, tape recordings, as well as in-depth, face-to-face, semi-structured interviews on a one-to-one basis to gain each individual participant's perspective of their image of nursing. I was careful with my choice of words, body language, and appearance so as not to introduce any biases during the interview process. The interviews were audiotaped in order to capture all the details of the verbal interaction.

Critical incidents were obtained by asking study participants to write a description of an incident that had a noticeable impact on the way they perceive the image of nursing. In addition, they were also asked to describe their image of

nursing prior to the specific incident and after the incident (Appendix D).

As suggested by McCracken (1988), for the purpose of putting the nurse subjects at ease, the interviews began with the brief biographical question: "How long have you been working as a nurse?" This was followed up by the "grand tour" questions, which are broad opening questions, (Appendix E) to obtain large amounts of detailed information from the participants. The student nurses were initially asked, "What prompted you to choose nursing as a career?" This was followed by "grand tour" questions (Appendix F). As information was obtained, McCracken suggested using "floating prompts," which allow the respondents to expand on their answers. Floating prompts, such as repeating key words, were utilized throughout the interview. As the process continued, the questions were narrowed based on the data obtained. I was careful to obtain all the important data with follow-up questions and prompts. Additional subjects were interviewed until saturation occurred. The point of saturation occurs when little new information is obtained by interviews and it is difficult to predict ahead of time when that point is reached (Lincoln & Guba, 1985). The interviews lasted anywhere from one hour to 90 minutes. After one hour, I requested permission from the interviewee to continue the interview until the questions that were integral to the study were answered.

Memos were written during the interview process and followed up as soon as possible after the interview in order to capture details of the interview. These acted as audit trails that were used analytically to construct details of the context. Streubert and Carpenter (1999) stressed the importance of an audit trail to

document confirmability of findings. The audit trail also allowed me to reflect on my thought processes as clearly as possible as “reflection is possible when we distance ourselves from the context of our own activity” (Dilthey, Rudolf, and Frithjof 1996, p. 235). All of the interview sessions were tape recorded after verbal permission was obtained.

The initial interview began with an explanation of the study, the meaning of the informed consent, and permission to tape-record the sessions. At the end of each interview, the participant was told that they would be contacted for further questions, clarification, or additional information as the transcripts are analyzed. The follow up interview included a review of the transcript of the first interview for clarification and validation of accuracy of interpretation. Additional questions that were integral to the study were asked.

Immediately after the interview, data were transcribed from the audiotapes by me and memos were analyzed. The information obtained was used to direct future questions when that became necessary. The interview process continued with the additional subjects interviewed until no new information was obtained. The additional subjects were obtained from the original list of interested participants.

At the first interview, study participants were asked to write up the critical incident, which was collected soon after the initial interview. The data was analyzed, and categories and themes generated. The information obtained was examined against the research questions and interpreted. Findings are presented as part of the data. I maintained a journal from the onset of the study

and documented my reflections on any assumptions that came to light during the course of this study.

Data Storage

All data has been retained throughout the study by me. Audiotapes, transcriptions, computer discs, and memos are stored in a locked cabinet and once the written report is approved by the dissertation committee, all data that were collected for capturing details of the interviews will be destroyed.

Data Analysis

The process of analysis included organization of the data, generation of categories and themes, and presentation of the data. The process of organizing and generating categories and themes is continuous and interpretive (Coffey & Atkinson, 1996; Hutchinson, 2000). The interviews, thoughts, and impressions have been incorporated into the data. The interpretive process consisted of identification of the meaning units of the data, coding the data by assigning labels to the units, and clustering the codes into categories (Miles & Huberman, 1994).

Creswell (1998) suggested beginning with “reading through all the collected information to get a sense of the overall data” (p. 140). Audiotapes were transcribed, notations made in memos were added to the transcribed notes, and the entire data was reread to become familiar with the data. As the process of data analysis continued, I made summaries of the data and took the information back to the informants for verification, as suggested by Creswell. Coding of data

then began.

Coding is an important step in the qualitative approach to reduce data (Creswell, 1998). Codes are labels for assigning units of meaning to the information (Miles & Huberman, 1994). This helps the investigator to conceptualize differences or similarities. Following the coding, the information was further reduced by sorting into categories.

After identifying themes and patterns, I interpreted the data and evaluated the findings against the research questions. Interpretation involves making sense of the data, and making the lessons learned explicit (Lincoln & Guba, 1985).

Protection of Human Subjects

Ethical considerations include protecting the study participants from harm and guaranteeing their confidentiality. Participants were informed of the purposes of the study, written consent was obtained and confidentiality was assured prior to the start of the interviews.

Informed Consent

A thorough explanation of the study, verbally as well as written, was provided to the participants. They were informed that taking part in the study was voluntary and that they could freely withdraw at any point. The interview process, written forms, and the expected amount of time were verbally explained.

I received certification from the National Institute of Health after completing the Human Participants Protection Education for Research Teams (Appendix G). The study proposal was submitted for approval to Teachers College Institutional

Review Board (IRB). After IRB approval was obtained, the data collection process began. There were no more risks to the study participants than is normally encountered in a general interview. Permission to tape record the interviews was obtained from each participant.

Validity and Reliability

In qualitative research, trustworthiness is the term used to establish reliability and validity. Four criteria were used by Lincoln and Guba (1985) to establish trustworthiness: credibility, transferability, dependability, and confirmability.

Credibility refers to the truthfulness of the data. This is what Streubert and Carpenter (1999) refer to as validity. Lincoln and Guba suggested strategies to establish credibility such as prolonged engagement and persistent observation. In-depth face-to-face interviews lasting as long as the participants were comfortable were used. I also made notes about any thoughts, observations, and possible biases. All data were transcribed within a few days after the interviews. I compared all meanings with transcripts to see if they fit with the perceptions of the participants to establish validity. I took the information back to the informants for feedback to establish that the perceptions of the subjects were accurately captured.

Transferability refers to the generalizability of the data. According to Lincoln and Guba (1985), the researcher must determine whether the findings of the inquiry can be repeated if the inquiry were replicated with the same or similar

subjects in the same context. All raw data regarding the context, interactions and processes during this study have been retained; including notes I made relating to decisions about the study design.

Lincoln and Guba (1985) stated that demonstrations of credibility are sufficient to establish dependability. Morse (1991) stated that Lincoln and Guba used the term dependability when referring to the reliability of the data. Reliability refers to what actually occurs and what is recorded. Data collection methods and data analysis strategies must be explicitly and publicly described to insure reliability (Marshall & Rossman, 1999). Great care was taken to use the participants' own words and descriptions as are recorded on the tape. I personally transcribed all the data to insure reliability. Memoing provided an audit trail in addition to the transcripts and tapes. These are all available in accordance with the Human Subjects Committee guidelines.

Confirmability refers to the objectivity and neutrality of the data. Lincoln and Guba (1985) stated that confirmability removes the emphasis from the objectivity of the investigator and places it on the data. It examines whether others would find the same categories in the data. Descriptions of themes and categories were analyzed by an outside auditor who compared categories with the data. According to Lincoln and Guba, an audit trail illustrates dependability of the process of inquiry, and the products of inquiry are supported by the data. I maintained an audit trail by memoing, maintaining drafts of data analysis, and saving all transcripts and tapes.

Limitations

The findings of this study are limited in generalizability only to study participants as is usual with any qualitative study. The participants were RNs working in an urban institution located in Eastern United States and are not representative of RNs who are not participants of this study. The student RNs were seniors in a baccalaureate nursing program and can only be generalized to those subjects who participated in this study.

Anticipated Timetable

The study was completed within two years after approval was obtained from the Teachers College Institutional Review Board. I conducted the interviews at a time that was convenient to the participants and made an appointment for follow-up interviews as soon as possible after previous interviews, to ensure continuity of thought processes.

Summary of the Chapter

Chapter III included an introduction of the qualitative descriptive method, description of the method, data collection and storage procedures, and analysis of the data. Reliability, validity, protection of human subjects and limitations were stipulated. The Chapter concluded with the anticipated timetable. The following Chapter will include a description of the study participants, and interpretation and analysis of the data, with verbatim examples of participants' responses.

Chapter IV

RESULTS

This study explored nurses' perception of their professional image, changes in those perceived image as well as factors that may have influenced any changes in their perceptions. This chapter presents a description of the student nurses (SRN) and Registered Nurse (RN) participants, followed by interpretation and analysis of the data. The first section of the data deals with SRNs' perceptions, followed by RNs' perceptions. The final section consists of significant factors that influenced nurses' image of the profession.

For SRN participants, five student nurses in the last semester of their senior year of a generic baccalaureate nursing program were selected for this study. The original plan was to interview four students; however, saturation was not reached after a fourth interview, so a fifth participant was added. After the fifth student interview, saturation was achieved and data collection with SRN participants was concluded. The students were between 21 and 30 years of age. The genders of two SRN participants were male. Nursing was the original major in college for only one of the five students. It is significant to note that all but one of the SRN participants worked part-time as nursing assistants (PCA), and one worked as an Emergency Medical Technician (EMT) while attending school full-time (Table 1).

Semi-structured interviews were conducted in the following venues - a school library, a conference area at school, and at one of the participant's home.

Table 1

Demographics of Participants

Education	Gender	Experience	Area of experience
Nursing Student	F	School	Clinical Practicum
Nursing Student	M	Nurse Assistant	Medicine/Surgery
Nursing Student	M	EMT	Trauma
Nursing Student	F	Nursing Assistant	Medicine/Surgery
Nursing Student	F	Nursing Assistant	Medicine/Surgery
Bachelors degree RN	F	1 year	Maternal/Child Health
Bachelors degree RN	F	2 years	Medicine/Surgery
Masters degree RN	F	8 years	Medicine/Surgery
Bachelors degree RN	F	9 years	Medicine/Surgery
Bachelors degree RN	F	14 years	Medicine/Surgery
Bachelors degree RN	M	14 years	Emergency Department
Masters degree RN	F	21	Maternal/Child Health
Masters degree RN	F	21	Intensive Care Unit

All of the participants were eager and responded freely and openly, yet thoughtfully to questions I asked. Follow-up interviews were conducted at my

home. Participants were also requested to write about a critical incident that described an experience that had a significant impact in their image of the profession of nursing. Critical incident reports were hand delivered to me or sent via e-mail.

The eight RN graduate nurses who agreed to participate possessed at least a Bachelors degree and had anywhere from 1 to 21 years of experience (Table 1). There were seven females and one male. The nurses worked in a variety of areas including the intensive care unit (ICU), maternal- child health (MCH), medicine/surgery (Med-surg), and emergency department (ED). The interviewees all chose the sites for the interviews; these included a coffee shop, conference areas at work, hospital cafeteria, and at my office. All of the areas were relatively quiet with very little interruption ensuring anonymity and confidentiality. The interviewees appeared relaxed and comfortable and spoke informally and openly. There was no-one within audible range during the interviews, so privacy was ensured. Critical incident reports were e-mailed or simply mailed with a stamped self-addressed envelope that I provided.

The purpose of this study was designed to understand the image of nursing as perceived by nurses from their career commencement to their current stage of experience, and to examine how those perceptions change over time. The interviews explored how nurses perceived their professional image, how nurses' perceived images of nursing changed over the course of their career, and factors that influenced any changes. Interviews typically lasted between 50 and 90 minutes, during which time, I took notes to capture my thoughts and biases. Data

were transcribed verbatim immediately after the interviews or no more than 2 days later. As the interviews were analyzed, further questions arose, prompting formulation of new questions to clarify data (see Appendix G and H). After preliminary data analysis, I returned to the individual participants for clarification, expansion, or further illumination of the original interviews and analysis.

Data were read, interpreted, and re-read several times. Moving back and forth between the data, themes that reflected similarities and differences about the image of nursing among students and practicing nurses emerged. As significant responses were extracted from the interviews, it became clear that it would be of value to analyze statements from SRNs and RNs separately. The themes were then examined and those that were closely related were grouped into sub-categories (See Table 2).

From the overall data, the sub-categories that represented nurses' images of the profession were examined for patterns of similarities and variations. Major categories evolved and the sub-categories were then classified into three broad categories that reflected study participants' images of nursing (see Table 3).

Following the methods for control for validity as described by Eisner (1991), a doctorally-prepared nurse, who has been in practice for 27 years and currently serves as a Director of Nursing in a large teaching hospital, agreed to audit the data. This individual has authored several publications, has presented at numerous conferences, and currently teaches at a university in New York.

Table 2

Themes of Nurses' Image of Nursing Classified into Sub-categories

Themes	Sub-categories
Values, helper, patient advocate, collaboration, decision-making, critical thinking, knowledge, autonomy, commitment, responsibility, expectation, holistic caring, doing the minimum, task-oriented, nursing presence, intrinsic rewards	Caring for patients
Education, recognition, respect, influence, guidance, encouragement, feeling valued, frustration, disappointment, public image, physicians' image	Others' image
Satisfaction, appreciation, expectations, functions, time, stress, paperwork, burnout, frustration, dissatisfaction	Workload of nurses
Educated, surprise, expectation, respect, continuous learning, inadequate education.	Educational preparation
Experience, respect, recognition, confidence, competence, self-worth, critical thinking, expertise, pride, reality-based, skepticism, do no harm, fear of failure	Clinical preparation

(Table 2 continues)

(Table 2 continued)

Themes	Sub-categories
Commitment, values, experience, caring, empathic, making a difference, areas of practice, role-model	Compassion
Mentorship, time, encouragement, judgmental, appreciation, hope, areas of practice, administration, nurse/nurse relationship, behaviors of nurses, older vs. younger nurses, leaving the profession, abandonment	Support

Table 3

Sub-categories of Nurses' Image of Nursing Classified into Broad Categories

Sub-categories	Categories
Caring for patients Other's image Workload of nurses	Role of nurses
Educational preparation Clinical preparation	Nursing knowledge
Compassion Support	Attitude of nurses

The auditor read four interviews, two from the student nurses and two from the practicing nurses, and compared the names assigned to the themes and categories with the data. The auditor and I discussed discrepancies between the data and the names of themes and categories until agreement was reached. In the final analysis, the overall categories that emerged identified the image of nursing as perceived by nurses from just prior to commencing their career to their current stage of experience.

Student Nurses' Image of Nursing Prior to Entering the Profession

This section of the study focused on the images of nursing that participants perceived as they entered a nursing program and just prior to graduation, to provide baseline information, and to highlight changes in their images that occurred during nursing school. SRN participants were in their final semester of a generic baccalaureate nursing program. Their responses reflected a retrospective perception as well as their current image of nursing as they are about to graduate and enter the nursing profession. The graduating baccalaureate nursing students described their images of nursing in terms of the role of nurses, nursing knowledge, and the attitude of nurses.

Role of the Nurse

The category identified as "Role of the Nurse" included data that described the work that nurses are expected to perform in the hospital, the actual work of nurses, and how nurses' work is perceived by nurses and by others. The study participants reported that they entered nursing school with a positive image of

nursing. They indicated that they were attracted to the image of using hands-on activities to help and care for the sick. Those activities that the SRN participants attributed to the role of the nurse included such basic tasks as bathing and cleaning patients and dispensing medications. Themes of a task-oriented helper were echoed by all of the students. KG stated:

I thought it was just bathing patients and cleaning up after them and stuff like that. I didn't realize it was also suctioning, giving out meds and stuff like that, and you also have to do a lot of caring for patients and helping people.

JL explained:

I thought nurses just gave medications, and I knew they helped people, but I wasn't exactly sure how they helped people. I had a vague idea that it meant medications, needles and white hats.

BM acknowledged, "I didn't realize how much there was to it. My image at the time was like bedpans and urinals." Similar thoughts were verbalized by other SRN participants.

As students progressed through nursing school, their views of nursing evolved from that of a mostly task-oriented job, to one of an esteemed profession with total patient care as the focus. They frequently referred to the holistic aspect of nursing care. CE stated:

Nursing is a great profession. It means that you have to give holistic care. It's not like doctors. We have to really care for the patient, the patient's mind and body. It is all of the patient, not just the disease that they came into the hospital for.

As SRN participants began to recognize the importance of nurses' role in the health care arena, the values of patient advocacy surfaced often during the interviews. KG voiced this notion as she described her experience when she

shadowed a nurse during her clinical practicum. She explained that the nurse:

...really figured what was wrong with the patient and she really told the doctor what the patient needed to have done to them, what was wrong with the patient, and she was right. ... She was really a big advocate for the patient.

SRN participants repeatedly referred to nursing skills and nursing presence that are needed to safely care for patients. As JL observed, "It's much bigger than what people see on the outside." She goes on to say:

Someone's life is in your hands even though people think the patient's life is in the doctor's hands, but the doctor is not always there, it's the nurses that are the ones watching the patient and if the nurse is not there to help the patient in any way they can, they can really hurt the patient.

BM expressed, "There's so much more, so much critical thinking that you don't realize takes place until you actually start doing it." This realization of the complexities of nursing care fed into SRN participants' exasperation that the intricacies of nurses' roles were not recognized by others.

The public's image of nursing had an impact on these students' images of nursing in that they expressed how they were often forced to defend their choice of nursing as a career. SRN participants made references to their own superficial image of nursing prior to entering nursing school, as well as their families' and friends' inaccurate images of nursing. According to these students, others' images of nursing did not reflect a high opinion of the profession of nursing. The data showed that while in school, they struggled to explain the complexities of the role of the nurses to individuals whom they perceived looked down on the profession. This was an endeavor that frustrated most of the study participants. As KG stated:

Not enough people realize that it's a profession...a lot of people don't realize what nurses really do. My boyfriend thought it was just a retarded profession, but, whatever...others look down at nurses.

JL observed:

Nursing...doesn't get as much recognition it needs to get...I have to prove to them that it's a four year program and it's really hard... Most people think that nursing is, you go to the doctor's office and they stick a thermometer in your mouth without even looking at you, and they ask a few questions and walk out of the room. That's what most view of the nurse.

NK talked about family members who, "...laughed at me...look down on me..." when he decided to go into nursing. They accused him of, "...taking the easy way out."

As SRN participants discussed the work of nurses, they repeatedly referred to the overwhelming amount of paperwork that required nurses to choose between performing various non-nursing functions and patient care. This, they echoed, eventually takes its toll on nurses causing "burnout" and patient neglect. The SRN participants' frequent references to nurses suffering from, what they termed, "burnout," was attributed to nurses having to carry out too many non-nursing functions. KG observed that nurses, "...spend more time taking care of paperwork than the patients...and this leads to ...burnout."

JL noted that nurses are, "...too busy to be nice...they are so busy they suffer from burnout." She continued, "You don't have a lot of time to do all you want to do for the patients." CE found that:

It's a really stressful job, so you can only do what you can and sometimes the paperwork is more important to the hospitals, so the nurses have to do the paperwork and the patient suffers.

BM stated:

...I think a lot of them are overworked and I think a lot of them are burned out. Probably has to do with the workload...the ones who have been nurses for a few years, they are really burnt out. They do their job but they don't put any of the little extras into it.

NK talked about:

...work overload in the hospital, short staffing, it's a lot of stressful situations. Family members coming down on nursing staff...with no time to really interact with patients.

SRN participants often talked about nurses who are good role-models;

however, they repeatedly mentioned those they observed doing the minimum. JL stated:

...I think some nurses do what they're supposed to do, even exceeding their role. They do more than they're supposed to do, more than the basic, more than what they need to get by, not to get into trouble. Then there are the others who do only the basics and give nurses a bad name. They don't do anymore than they have to. The lazy ones, the mean ones, the ones that are really mean to the patients. Then there are the ones who really listen to the patient, they really care and are really on top of everything like the symptoms and everything.

As the data indicated, SRN participants' images of nursing, based on nurses' roles, changed during their nursing education from the image they had when they first entered school.

Nursing Knowledge

An aspect of nursing identified by participants in this study is the image of the nurse related to formal education, skills, experiential knowledge, and competent nursing practice. SRN participants in this study described nursing education as extremely and surprisingly comprehensive. They reported that unrealistic clinical preparation provoked fears of failure and lack of self-

confidence as they are about to become new graduate nurses. This lack of self-confidence was evident as most of the SRN participants stated that they were “scared” they would not have the knowledge that was expected of them as nurses. They all voiced similar concerns that most new graduate nurses were not clinically well-prepared for the realities of the nursing world.

Nursing education was a major factor in SRN participants’ positive image of the profession. As one student pointed out, “It’s a very highly educated group of people.” Four of the five SRN participants indicated that they changed majors in college, to nursing, because they were not doing well in their original majors. They reportedly chose nursing because they perceived nursing as a respected occupation, though not a highly educated one. This, combined with their pre-nursing school image of nursing as task-oriented, convinced them that they would be able to complete their nursing education effortlessly. Students again and again expressed surprise and pride at the scope of nursing education. They learned that a sound knowledge base together with proficient communication skills are required by nurses to assess, plan, implement, and evaluate care in today’s complex clinical environment. JL explained:

...it’s really hard and you have to know a lot as a nurse...my image of nursing is better than when I started nursing school. It’s a more sophisticated view of nursing.”

In nursing school she discovered that, “...if you don’t find a fit in one place, there are a million other fits.”

KG displayed an enhanced view of nursing based on her education when she observed:

You have to study hard...I didn't realize how nurses and doctors really collaborate together on a patient, but they have different objectives...The education is the main part and the education is pretty hard...I didn't know...nurses are the main caregivers, I thought it was much less of a role than it really is.

She described her education as, "...a pretty hard thing to do." She learned that, "...you can get your masters, get your doctorate and really get a good education." BM concurred:

It's a very highly educated group of people. I didn't know that before I got into nursing school. I figured you learn a few skills. But there's so much more, so much critical thinking...

CE acknowledged

I didn't know it was so involved. But my professors really told us from the beginning that we'll have to work hard and we'd learn a lot by the time we finish, and they were right...It's a lot of education. That's one of the things about nursing. A lot of people don't know all the education it takes to become a nurse.

As SRN participants were about to enter the profession as new graduate nurses, they had an image of a new nurse as highly educated, but not well prepared educationally for the realities of nursing. Their images of unprepared new graduate nurses were expressed as they repeatedly voiced their fears. BM stated:

When you're in nursing school they give you one or two stable patients that have like two or three medications... we're going out there and all we get to take care of is one or two patients. We're all scared...we're going out there, I'm going to be in charge of people...

CE confessed:

I'm scared...I have to know so much and I'll have so much responsibility...you don't get more than two or three patients as a student, I know that they'll give us more...

KG claimed that her professors in nursing school:

...make it all seem wonderful and nice, they don't really tell you about what real nursing is all about. They make you think that if something is not right, just go and fix it and everything will be OK. But that's not so.

Even though SRN participants described schooling as surprisingly difficult, and claimed that they learned a lot, they maintained that they did not feel that they were well prepared clinically to practice competently.

Attitude of Nurses

A major category that evolved from this study was the attitude of nurses. Study participants described the quality of nurses' interactions with each other and those with whom they come in contact during the course of their work. Recurrent themes that surfaced included nurses' lack of support and compassion. Study participants expressed the notion that nurses' attitudes may be related to length of time in practice. New nurses expected that senior nurses would not support and mentor them, and senior nurses perceived new nurses as not committed to caring about patients. All of the RN participants reported that they were committed to their patients. However, some of them reported that they viewed nurses, especially older nurses, as uncaring towards patients. RN participants described their orientation experiences with their preceptors as not supportive, and they perceived that that teamwork among nurses was not often present.

The category of nurses' attitude was a factor in determining how these SRN participants viewed the profession as they were about to start their career.

Clinical rotations of senior students, while observing nurses in practice, contributed to their images of nursing. SRN participants saw nurses who were compassionate as well as those who lacked compassion when caring for patients. Throughout the interviews SRN participants frequently compared differences in attitudes between older and younger nurses. BM stated:

The young nurses really try hard. They think they can make a difference and change people's lives. They work hard and are really efficient, and then you get the ones who have been nurses for a few years, and they are really burnt out. They do their job but they don't put any of the little extras into it, and that's really unfortunate...

NK observed older nurses influencing newer nurses as he explained:

...nurses who...don't want to spend time with the patient...are the nurses who've been in it for awhile. The new nurses that just come out of school, I think the older nurses are the weight that drag on them. 'Cause when they come out of school they go by the book, and the older nurses are like, naah you don't have to do that, that's how you do it in school, but this is the real world, that's not the way we do it here, and before you know it, they are just acting like the old nurses, and that's a negative influence.

CE added:

I think when the older nurses see the younger nurses so perky, they don't like it. They think it's like back in their day when you weren't allowed to be so friendly with the patients...I know nurses who are kind and gentle, usually the younger ones though, and they're good nurses.

KG observed, "...older nurses are burnt out depending on the hospital they're working in. They hate it because they care more about the hospital than about the patient... She agreed that, "...there are some nurses who are wonderful, amazing, and you strive to be like that."

SRN participants learned in school that nurses provide care to meet the

holistic needs of patients. These students reported that they enjoyed spending time interacting with patients and expected that as nurses they would continue this therapeutic use of self. They frequently expressed hope and expectation, yet doubt that they would get the support from other nurses that would allow them to perform in this role. NK felt that "...there are nurses who don't like nursing, but they are in it for the money." He complained that nurses "...even get mad with me when I spend time talking with the patient." He believed this is an important aspect of nursing that nurses do not value enough, as he stated:

...even if it's a two minute conversation...if you don't have somebody to talk to your stress levels build up and they're so happy when they know somebody is gonna talk to them, to explain their problems to, to offer advice...it makes them feel a lot better, and they recover faster.

The notion that nurses do not support other nurses was a recurrent theme that surfaced. BM was "...hopeful that I will get a new mentor who will help me to adjust," even though he felt that:

Nurses do not support the new nurses....not every nurse is gonna be out there helping. There are mean and nasty nurses; there aren't a lot of good ones out there.

CE saw nursing in a more positive light as she explained:

The nurse is there all the time and should be able to spend time to talk with the patient...the nurses teach...teaching goes along with the patient problem...Usually it's the nurse who has to break down everything so the patient can understand....I expect to continue to be cheerful and to spend time with the patients and to apply the holistic approach...

She however, felt that other nurses, "...don't think I'll be a good nurse just because I'm so happy with the patients. It makes me almost don't want to be a nurse." She's determined that, "...I'll make sure people know that there are good,

kind nurses.”

JL believed that nurses:

“...who make a difference are those who talk to the patients more and explain things to the patient...I don't want to not...connect with anybody and helping them...I'd rather be sitting with a few patients for long periods of time and really helping them when they need the help.

She commented that nurses, “...don't have a lot of time to do all you want to do for the patient, but you should take the time you need.” She continued:

I don't see too many nurses in the hospital who have impressed me...the ones that I see, they seem like they don't really care, I'm not impressed with them, not too many are impressive.

SRN participants reported that nurses were not encouraging in promoting the profession. KG acknowledged, “There are a lot of nurses who say, don't go into the profession, I get that all the time.” KG also claimed that, “...nurses try to talk me out of it all the time...” NK admitted that nurses try to talk him out of becoming a nurse when he stated:

So there are the nurses talking me out of it that say, you sure you want to do this? You don't want to be cleaning up after people all your life, you'll retire with a bad back...all of them try to talk me out of it. I tell them it's for me; it's what I want to do.

SRN participants reflected on their observation of among practicing nurses as they interacted with patients. They reported they were impressed by nurses who collaborated with physicians, and participated in critical decision making. However, they stated that, as students, many of the nurses they saw did not appear to have the sense of commitment and teamwork that they expected to see.

Nurses' Image During the Course of Their Career

Data related to nurses' image during the course of their career were obtained from interviews with Registered Nurses (RNs). These RNs had a range of nursing experience from just over 1 year to as much as 21 years, and provided direct care to patients. RNs at various stages of experience reflected on their images of nursing from the time they entered the profession to currently. Data are organized from the newest members of the profession to the most senior RN participants. For many of the RN participants, nursing was not their first career choice. According to these RNs, when they did decide to become nurses, it was a desire to care for patients that was the motivating factor.

The RN participants all acknowledged that they began their career with an ideal image of nursing. They stated that they entered the profession believing that they would be able to care for patients holistically as they were taught in nursing school. Nurses in this study professed their love for the profession of nursing and claimed that it can be a rewarding and honorable profession. However, most voiced that they seldom felt rewarded, and they all admitted that most of the nurses they knew did not view the profession as honorable.

The topic of nurses' images of the profession during the course of study participants' career yielded the same three broad categories as SRN participants. These were the a) role of nurses, b) nursing knowledge and c) attitude of nurses. Classification of themes, sub-categories, and broad categories are illustrated in Table 2 and Table 3.

Role of the Nurse

RN participants described how they perceived their roles as patient advocates, educators, managers, and providers of care. The frustrations and stresses associated with nurses' inability to perform roles they were educated to carry out were perceived as causing burnout. In addition, RN participants described heavy workload demands, especially required paperwork, as contributing to perceived lack of safe, quality patient care. In terms of providing compassionate care, participants claimed that they saw many nurses who they perceived did not perform that role effectively. They voiced frustration that the public may also have the same perceptions of nurses. Only the two RN participants who worked in maternal-child health nursing, voiced satisfaction with their ability to carry out their nursing functions. It is interesting to note that one of those nurses is a new nurse and the other is one of the more experienced nurses.

Collaborating with other members of the health profession, especially physicians, provided evidence to RN participants that nurses' work was respected by others. However, RN participants agreed that assuming additional responsibilities, such as mandatory overtime, were not recognized by nurse administrators.

CJ had been a nurse for 1 year and worked in a maternal-child health unit. Nursing was a second career for her. She stated that her image prior to entering nursing school was positive based on what she saw as a volunteer in a hospital. However, she explained that while in nursing school, "No particular nurse stood

out like, wow she's great or she's wonderful, wow look at how she interacts with the patient." She saw her nursing role as a patient advocate and educator as the most rewarding aspect of patient care. In describing the satisfaction she felt as a resource person and educator, she stated:

...they were afraid to ask the doctor you know, he was in a hurry so I didn't get to ask him this, can I ask you this, so that was a sign of...satisfaction for me. When they would ask a question and I actually could answer them, or send them somewhere to get the information, so that they would get a better understanding as to what their doctor was telling them, or trying to tell them but felt that he or she did not have the time to tell them.

She excitedly continued:

There's nothing more satisfying than seeing a mother's face light up when you tell her what to expect from her baby and it happens...that interaction with the patient just reinforces to me that I'm doing the right thing...it is the best profession. I could not get gratification like that, I would say, in any other profession.

WC worked in an orthopedic unit and had been a nurse for two years. She admitted that she went into nursing because she did not know what course she wanted to pursue in College. She stated that she began her career expecting that she would be able to, "...to save the world." WC stated, "I knew it was hard work, but I thought I would get to care for the patient and they would be so happy to have the nurse there to take care of them..." She noted:

I like to care for patients if they show they appreciate it. But sometimes the patients are mean; they don't appreciate what we do for them...I think it's a great profession. There are a lot of rewards to being a nurse. I feel really good when a patient gets better and leaves better than when they come in.

HG had been a nurse for 8 years and worked in a neurology unit. She acknowledged that the image of nursing is deteriorating "I think nursing has

changed a lot over the past couple of years...” She continued, “When I first came into nursing, it was much more of a caring environment.” She described her role as a patient advocate:

I think as far as the patient is concerned, I take care each patient individually when I give care to them, and I make sure I explain everything to them properly so they do understand...I treat them as though they were family...you put a lot of caring for the patients and I think you're rewarded by the patient.

HG echoed what the other study participants indicated, that nursing presence was an important aspect of nursing care. She stated that nurses feel positive about nursing when the, “...nurse has ample time to give care, to spend time with the patient...” She declared that today nurses are not, “...able to give the kind of care that should be given to these patients...they're not able to care for the patient the way they want to...”

NG, a nurse who worked in an intensive care unit, had been in practice for 14 years. She, “...personally don't feel the image of nursing is what it should or could be.” She professed that her image of nursing is positive because nurses, “...influence a lot of people, we have a great impact on people, on patients and families and people look up to us for guidance...” NG described her holistic nursing care when she stated that she:

...looks at the whole patient, their needs, their wants, emotional issues, and as nurses we are trained to do that. We can make a difference, whether they fight, encouragement, even patients in coma, we talk to them, what have you, and I've seen patients come out and they don't necessarily remember everything we've said, but they do remember hearing your voice, they do remember.

She emphasized her commitment to her patients:

...I think of it as if it was my family; how I would like to be treated,

and no matter what, that's how I practice...even if you're having a bad day, you have to be able, when you walk into that room, be able to, even with difficult events, to be able to put that aside, and when you walk out of that room, if you want to pull your hair out, that's OK. But you can't let your emotions get in the way of what you're doing, how you respond to the patient; cause they're sick, they don't wanna know that you're having a bad day, they don't wanna know that you're frustrated with them, that's not their issue.

She described her sense of satisfaction as she stated:

It actually makes me feel kind of good because it makes my practice that much better. I feel...great when I see patients come back and ask for me by name, look for me...to me that means I did something right.

JO worked in the ED and had been a nurse for 14 years. He stated that from the time he first went into nursing his image of nursing had been:

Terrible, I felt terrible about it. It hasn't improved much...I perceived it as...a group of people who were highly dissatisfied with what they were doing and took their frustrations out on everyone around them and not acting in a very professional way. ... My experiences are consistently negative from staff and even from some of my instructors in school. So I was not happy with the image as I perceived it to be over the years, it hasn't changed that much. So I would say it was negative and it's still negative.

The caring role that he viewed as a critical aspect of nursing was "...when you really advocate for the patient. I find that's the only time I feel like a nurse...my God it is a very important job." He goes on to say that patients:

...want nurses to be there for them, to be there as their liaison between the medical staff and themselves. Without nurses the patients would be lost. I mean, I can't tell you how many times I have uncovered things or noticed things just in general assessment that the doctors didn't notice, or they have the wrong information, or the patient was beginning to crap out and the nurses are the ones who notice it. They are the front line people...so the value of nursing is the patient advocacy aspect of patient care.

Describing how he felt rewarded, he stated, "I feel very proud of when I'm

nursing. The only satisfaction I've ever gotten from my job is when I advocate for the patient, when I see the net effect."

The RN participants repeatedly described the importance of the holistic aspect of their nursing care. NM, a nurse who had been in practice for 21 years, described one of her roles as an ICU nurse:

...if a person needs a bed-bath to make them comfortable, and you are their nurse, you ought to do what has to be done for them and feel the rewards that you have eased their suffering somewhat, no matter how small...I pick the issue of bath because this is a topic that has been going around...it's not just washing the patient and using soap, it's a whole process, when you wash the patient, you need to turn the patient; a lot of it is touching and turning and being with the patient.

Others' images of nurses' roles had an effect on participants' images of the profession. WC stated:

The doctors don't realize all that we do...other students [in her University] look down on the school of nursing...no one appreciates what we do...they think we're sitting around doing nothing.

NG felt more positive about others' image of nursing as she noted:

...we have a great impact on people, on patients, and families, and people look up to us for guidance, not just in the work place, but outside the hospital setting or the work setting. In the community, once they know that you're a nurse, they think of you in a whole different light; they expect, you know what I mean, they look up to you.

She voiced similar concerns as some of the other RN participants that older physicians do not appreciate nurses' contributions to patient care. She stated, "...older physicians have a lot to go [to recognize nurses' knowledge]." But like most of the other study participants, she agreed that the younger physicians, "...do put a lot of stock into what the nurses have to say..." CJ expressed her

frustrations about the image that others have about nursing, and attributed this to the way nurses are required to perform their roles:

We're still seen as the doctors' handmaiden...we wait for them to give us the order even though we know within ourselves what to do for the patient, we still have to wait on the doctor to decide what we should do...I can understand why nurses can get frustrated by that, having to sit and wait before they can do their job.

NM perceived the image that others have of nursing is not good. She stated:

...you are cursed by everybody, because when all else fails, it's the nurses fault...when people see the nurse, the first thing that comes to mind is, tell the nurse to bring me a bedpan, tell the nurse to get me a cup of ice. That's what I'm hearing, not knowing that the nurse is capable of doing a lot more; and again it gets back to the image of nursing, not knowing what we do.

The theme of time management that study participants claimed prevented them from performing their roles came up repeatedly. MA is a nurse who had been in practice for 21 years. She echoed the sentiments of other RN participants as she described her frustrations as a staff nurse. She stated that she:

...could barely, in the hours that I was there, get everything that I had to do, done. That was the most difficult part because you almost feel frustrated that the things that you want to do, you can't do even if it was just spending an extra five minutes with the patient, or help support them with their back, or do whatever they needed you to do, you just don't have the time.

WC described her frustration when she stated:

Everyone wants the nurses to do everything without thinking about the nurses or the patients. Administration wants the paper work done, the support staff don't cooperate so you end up doing what you want them to do – if it's not in their job description or if they feel they're too busy, you have to do it yourself, then something else suffers. The attending doctors want certain things done and the

nurses have to try to find a resident or PA to get an order or permission to follow through.

Nurses reportedly obtained intrinsic rewards when they were able to meet the needs of patients both physically and psychologically. They valued being appreciated and they valued the successful outcomes of their care. Nurses in this study expressed frustration at the general lack of respect for the profession, and the lack of recognition for their role as significant contributors to promotion, restoration, and maintenance of patients' health.

Nursing Knowledge

RN participants described the significance of their knowledge and expertise in their perception of the image of the profession. They applauded their skills of analytical thinking, critical judgments, and clinical expertise. RN participants also described the sense of satisfaction they obtained when their decisions had a positive impact on patient care. However, they also expressed disappointment at what they perceived as disregard for their nursing knowledge and skills. Experienced RNs in this study explained the values they placed on their knowledge and expertise and reported the necessity for continuous learning in order to remain competent nurses. However, they perceived that they were not respected for the knowledge they acquired from their nursing experience and education.

Experienced RN participants described new nurse's clinical competencies as compared to senior nurses. They questioned the depth and scope of education with which new nurses were coming into the profession. In addition, they saw new nurses as not interested in learning from experienced nurses. Two

experienced RN participants admitted that as long as their patient's health was not compromised, they would leave new nurses to struggle. Both junior and senior RNs in this study saw most senior nurses as not willing to assist and mentor newer nurses.

Some RN participants recognized that there are those who respect the nurses' knowledge. As a new nurse, CJ was impressed by what she observed. She noted:

...we do have doctors who come on the floor and ask the nurse for her opinion because they know that nurses have a brain, and they actually can use it. I'm really, really taken aback. There's this one doctor and he's one of the top doctors and he asks the nurses their opinion.

HG voiced similar thoughts as other RNs in this study when she described how nurses use their skills to effectively teach and explain to patients. She declared:

I think it makes them more comfortable and they tend to open up more to you. Like I notice that sometimes the patients will privately say, oh yea, or something is wrong, but they don't necessarily tell the doctor, but they tell the nurse, so you form some kind of a bond with them.

All RN participants acknowledged the importance of continuous learning. JO stated, "...I always feel that I'm not skilled enough even after 14 years...there's so much more to know." MA reflected on when she began her career and noted:

Even having come from a baccalaureate program, I feel as if I didn't get enough hands-on training so that when I went to work, I realized that there was a lot more to it...

NM articulated about her nursing education and expertise:

Nurses are multitalented, we do everything. But if you get into a life and death situation, and you're seeing who is at the bedside, you hear nurses telling doctors, no, no, no let's try this and you do this.

She compared the differences between the new nurses and experienced nurses when describing the critical thinking skills of experienced nurses:

Well, there's a protocol, there are procedures, routines when you come in. What you say and what you do for the patient. You have a senior nurse, who will pick up on things. You're not here to be a super nurse, and the patient is in cardiac arrest, and jump on the patient's chest and do CPR. It's not that super nurse, it's prevention. I believe if you see it and intercept it, if you caught it along the way, maybe that patient wouldn't have gone into that arrhythmia. A lot of times, with the newer people, they can't pick that up as well. The senior nurse will say, something is not right here, and you can prevent it. Where the new ones, they don't want to spend time because they're looking at numbers, because everything is a number and the assessment. Cause the monitor is saying one thing, but your patient is not breathing. So know how to distinguish, like I say, look at the patient first, look at the monitor, then look back at the patient. Always being the patient first.

NM expressed disappointment in the educational preparation of newer nurses, similar to the complaints of some other experienced RN participants:

What the new nurses are portraying of the profession has changed. I wonder even how they passed the boards, but I guess some people are good guessers. We have to make nursing more efficient. In the old days students were immersed in nursing. Nowadays, you could stay home and do online training. I think that by doing that, they're losing something. Can they push values online? I'm not sure, I think being in the presence of someone, being able to sit down and discuss certain things, there's something that they're losing. Anytime they say, well we're not going to get students to do this, let's make it easier for them. Yes, let's make it easier, but even though more people have access to nursing that way, there's something that's being lost. These nurses are coming out in ten months programs, where it's an intense program with a lot of work, but it's not the same.

She contended that nurses are not respected for their formal education:

When you get into the profession, you have the doctors who are

saying, well what do you know, you're just the nurse. Yes, the knowledge base is different, but then there are nurses who are two seconds from becoming a doctor, the knowledge base is so broad. Anytime you have the title of nurse, that's something. Sometimes, you could have a Ph.D., tell people you're a nurse and you just knocked off that Ph.D., the society views you as still just a nurse. If a doctor had a Ph.D., it enhances it. Sometimes it's just because it's the word nurse. I think if you could change the word nurse, it would be viewed differently.

RNs in this study all agreed that their knowledge and experience were factors that positively influenced their image of nursing.

Attitude of Nurses

It did not matter at what stage of experience RN s in this study were, they all claimed that they chose nursing because of the helping and caring aspect of the profession. They maintained that even though they understood that nursing is a great profession, the image has deteriorated because of behaviors of nurses.

Most participants expressed dissatisfaction at their nursing colleagues' attitudes. Experienced RN participants expressed frustration at what they perceived as newer nurses' lack of commitment and lack of desire to learn. In addition, some experienced RNs in this study described other experienced nurse colleagues by the adage "nurses eat their young". The newer RN participants expressed similar frustrations at senior nurses' lack of commitment to patient care and their unwillingness to mentor new nurses. Newer RN participants complained that the senior nurses appeared uncaring, and the senior RN participants criticized the younger nurses as uncommitted and having an attitude. Two RN participants admitted that outside of their working environment, they do not promote the fact that they are nurses, nor do they encourage others to join

the profession.

CJ complained that the way nurses act at work has an impact on nursing image. She observed that it, "...makes us look bad... the patient will generalize and say, the nurses were bad, the nurses, even though it was only one." She recalled when a patient asked her to be her nurse; it was because of the way the patient's own nurse treated her. CJ described how she felt about nursing when that particular nurse interacted with the patient"

...the way they think, their body language, their behavior. It's like when you're a nurse you should know...if nursing were in your heart, you wouldn't do that to a patient.

Most RNs in this study stated that, for the most part, they felt unsupported by other nurses from the time they entered the profession to currently. All but one of the RN participants admitted that their preceptors were not nurturing, and this provoked a desire to leave nursing very early in their career. Many RN participants also expressed frustration at nurse managers' lack of support for staff nurses. They perceived that nurse managers' main concern was to appease the organization at the expense of nurses and quality patient care. Most RN participants confessed that there were times when they seriously considered leaving the profession because they perceived that their nurse managers were not supportive.

RNs in this study judged nurses in other areas as doing less than the nurses in their area. One RN participant, who worked in ICU, described her image of nurses who work in the clinic. She stated, "...you wouldn't really see what a nurse can do. You ask them to open their mouth, to stand on a scale, to

take their blood pressure...” All of the RNs in this study accused nurses working in other nursing units of portraying what they perceived as a negative image of the profession. CJ declared:

The nurses in med-surg area, I don't know if they're overworked, but I don't see how they could be overworked if they can sit at the nurses' station and have a lengthy conversation, not a five-minute thing and walk away.

CJ described her perception of nurses that she observed on the medical-surgical unit:

...and it's so evident when you get on the floor because you can see it. I didn't think it would be that blatant, but you really can. They do what they have to do, nothing else. The meds, the documentation, they don't even do a full assessment. They just do the vitals and that's it, and then they sit at the nurses' station and talk.

She admitted that the environment may be a factor in nurses' attitude:

...med-surg nurses, sometimes they don't get gratification, the patients are always screaming and yelling at them. So they're like, well why am I here; it depends on the unit you're on.

As a result of her observations, she vowed to uphold the values of nursing and to be a good role model as she declared:

...I am the professional so I have to make sure that the positive image is shown before the bad image. That's [negative image] what nurses are projecting, that's not what you want the patient to remember. The positive about nursing so they're not afraid of the nursing profession, to say not all nurses are bad, not that profession.

She continued, “From not wanting to be one of those nurses to now saying okay, I am now representing the nursing profession, so I have to be a professional.” CJ confessed how nurses' attitude affected her when she declared, “If I ended up on one of those floors with those nurses, I wouldn't last, I

would really leave, I don't know if I would leave the profession, but I would leave that unit." She blamed senior nurses as she stated, "I guess some nurses have been doing it too long..."

WC expressed her ambivalence about nursing as a new nurse when she remarked: "... [I] love what I do, but I don't think some of the nurses do." She also admitted to wanting to quit when she described how she felt as one of the newer nurses:

As the youngest one on the unit, it seems that I have to do everything that the others don't want to do. They say that they paid their dues, that they had to do all the floating when they first started. So I'll always be in that role. When new people come to this unit, they don't want to stay, because as the new kid on the block, they always get called on to do the stuff that other nurses don't want to do – like floating to work on another unit, or working overtime, or coming in on weekends. So that's not good...sometimes I feel so overwhelmed that I don't know how long I could keep doing this.

She described how she perceived others see nurses:

Well, it's so hard and we have so much to do. I just want to do what I have to do, but some of the patients are also so demanding, because they don't know all that we have to do, so they think we are sitting around doing nothing. But we only get to sit down when we go to lunch, otherwise we are always going, going, going.

HG stated, "...what I'm getting from other nurses is that they're leaving the profession." She disclosed that in another unit, she, "...left an area because I didn't like nursing in that particular area...there was no team work." She admitted that she tries to be a good role model and, "...I try to encourage nurses to ignore those negative things that are said about nursing and nurses." She however admitted that she, "...don't promote nursing like I should." NG stated, "I do my best to change, if it's a negative image...I do my best to encourage especially the

younger nurses, the newer nurses...” However, she expressed that the younger nurses:

...are not proud to be a nurse...most people coming into the field of nursing, the younger nurses...don't really see it as a profession or something they really want to do, they think that it's a good way, I guess, to get a good salary.

JO argued how he observed a lack of empathy from nurses:

It seems like nurses don't care; I absolutely get that feeling, which is very surprising to me, because I thought that when I went into nursing it was a caring profession, but it is the most uncaring profession.

He also talked about nurses in other areas:

In my interaction with floor nurses, my perception is it is consistently that these people don't care and they just go to work to do the task and get it over with, and they don't even think about the patient, just not be bothered.

MA had left an area, “...so I didn't have to deal with so many people and the politics of what's going on.” But she explained that as a profession, nursing, “...has a lot to offer...plays a big role in patient care.” She also claimed that:

New nurses now don't seem to have that sense of responsibility or commitment that I know I had when I first started. I see the older nurses take their jobs seriously, the responsibilities of your profession. You don't go to work and wait for the eight hours to be up to go home, and a lot of new nurses have that attitude. You could tell the difference with the older nurses; they are much more serious about what they're supposed to do. They work responsibly. So I don't see the new generation so positively.

NM echoed those same sentiments when she stated:

...when I came into nursing and they oriented me, we basically worked together as a team. They are from the old school and that's the sad thing, these are nurses with 20, 30 years of experience. We were just talking, and there's this nurse who was in nursing 27 years and she says she's seen patient care deteriorate where new nurses don't care for patients as well, I don't know if it's that they

don't care, but they don't take it as serious.

She stated that she tries to support new nurses but that, "...they might respect what you're saying, and you might see a change; but there are those who are set in their ways and they'll continue on doing what they've been doing."

So if she or her colleagues perceived a new nurse:

Come on with an attitude, they will leave you alone...unless it comes to a point where the patient is at risk, they will really have to intervene and speak to their supervisor. You always have one who comes and wants to learn, then you take them under your wings.

NG echoed those sentiments when she stated:

I think you need to be able to step back and give them a chance, and step in when you need to. But I think you need to let them drown a little bit when they're learning, if not they'll never get the hang of it.

The younger RN participants perceived this as a lack of support by older nurses. CJ declared:

I don't think nurses respect each other because if they did we wouldn't have that quote that nurses eat their young. I think if they believe that they really had respect for the profession, I believe they would be happy to show the young ones what they learned.

WC claimed that when a new nurse came to work on her unit he was treated the same way she was when she first started, "...they gave him a hard time since he came. It's like no one wants to help him out." She recollected that she felt abandoned when she first started and she, "...felt like I was thrown into it, I didn't think it would be like this; I was nervous and it was less than encouraging." She also complained that, "...some of the nurses were mean."

HG declared, "I felt like I was thrown to the wolves, and um I didn't have support..." She maintained:

...I think they eat their own. I mean from just from personal experience, they won't give you the training that you need as a new grad. They'll just leave you out there to dry.

She recalled:

I actually witnessed it myself, not necessarily that they're just sitting around, they're sitting around having breakfast, lunch, that's what they're talking about, other nurses, what someone didn't do, instead of correcting the person, they'll be bashing them. I've actually seen that.

NG tactfully agreed when she discussed her perception of the attitude of one of the nurses on her unit:

She's a fast nurse, and her attitude, the way she portrays nursing, can create a very negative effect, a very negative of nursing to people coming into the unit. New nurses coming on for the first time, they see that as a tough, what can I say, tough pill to swallow kind of attitude, they don't come into a caring environment, I think we have a reputation for, what do they say, eating our young.

MA felt some support from some of the staff when she first entered the profession, but she emphasized that she had to seek out those who nurture:

Some of the nurses that were there were supportive, but not everyone, so that's something you have to do when you first start, is to pick the nurses that are most interested in giving of their knowledge, of helping a new person learn; but there are just some people who just cannot do that. They contributed nothing to helping me learn how to do things, and the majority of the staff was supportive. The one or two that were not, made for a negative experience. I think it's important to find those that will really nurture and train you to be a good nurse.

NM was aware of how newer nurses perceived the older nurses and explained it this way:

The med-surg unit where they have 10, 15 patients, you're not going to have that much of support or much help. That's a problem when you have too many patients to one nurse. In my unit you may have one nurse to a patient and the patient is really critical, and you have a senior nurse, believe me, you will have that nurse watching

over your shoulder. When the chief of surgery comes, he'll look at the senior nurse and say, why did you let that happen. So we want to make sure that nothing happens to that patient, so it's a team work. So if the person [a new nurse] has an attitude, we stay away, but if the patient becomes sick, every one of those [senior] nurses are running to that bed. It's the patient first. So what I have seen, sometimes it's personality, but sometimes the workload is so unbearable, that I don't have the time to stop and hold your hands, because I have to get through all these patients. Some nurses don't have to smile, they have to get through their patient load, so it's not all hugs and kisses and smiles, that's not their personality. When it comes to their work, you can't touch them. If someone is extremely busy, you won't get the help. The new nurse is an extra load. The new nurses' patients and your own patients. So you end up with your 15 and their 15.

This particular nurse also admitted that outside of the hospital, she does not own up to being a nurse.

RN participants expressed the belief that nursing administration set the tone for support among nurses. CJ explained how her nurse manager made sure she felt supported:

...the nurse manager always says that the ones [senior nurses] are good, it's the ones that are coming in, and she told me that. She said there are some nurses that I want you to follow, these are the nurses that I want you to make your point person all the time. Do not go to anyone else.

She also felt supported by the director of nursing who informed her when a patient called to praise her:

I would have never known, but she made it her business to come and tell me, and I felt that was really nice. It reinforces that you're doing the right thing; that you're doing the best for the patient. So positive reinforcement is really strong here.

She felt that when the environment is supportive:

The implementing is so much easier to implement, 'cause you know that you're gonna help the patient. The reinforcement from nurses, the patients, and the nurse manager who supports what's going on

on the unit really makes a difference; it helps the nurse to act more professional.

WC told of feeling unsupported as a new nurse:

It was when I first started. The patient was getting a transfusion and after the transfusion is finished, you have to wait a few hours before you take the labs. So this doctor came before the time and demanded to know why the labs weren't taken, I told him that it was not due for another hour but if he wants I would take it now. He carried on and ranted and then went and reported that I didn't take the labs. So administration tried to appease him and it was almost like they wanted me to apologize to him. They made me feel like I should just do what he wants, and I felt like even though I told them that I did nothing wrong, they did not care about that, they just cared that the doctor's feelings were hurt...I felt so upset, I cried for a long time; I really didn't want to come back to work. I wanted to quit.

HG stated:

I think that sometimes you don't get rewarded for the amount of work you put in, and it might be just an administrative thing. But they tend to overlook, y'know you put a lot in caring for the patients, and I think you're rewarded by the patient, but not necessarily by administration.

NG recalled when she first started nursing:

I was very excited. I thought I was very excited, I was very gung ho. I was very lucky, I ended up on a unit with a strong manager who really tried to influence the young nurses in a very positive way. Certain things I learned from her I will always carry with me. In fact she said to me one day, remember I will always be a part of you no matter where you go, what you do. She was very instrumental in forming how I developed as a nurse, my attitudes to nursing.

She professed:

I think we need strong nursing leaders, we need strong management, strong nursing to really portray that. The managers need to portray an image that their staff can look up to, that their staff can follow, and if they present that, I think the unit will follow. Effective leadership is the key, absolutely, absolutely.

JO felt that, "...administration gives lip service that the concept of patient

care is number one.” MA recalled how she was affected by the support she received when she first started to work 21 years ago:

When I think of the people who helped me to get where I am they were all supportive. The one person who was most supportive to me and helped me learn a lot was an older nurse. She enjoyed sharing her love of nursing, so I try to be that way. The nurse manager who was not supportive, made me leave my job.

NM discussed the effects of a non supportive environment:

I know nurses who have left the profession because they don't like how the doctor, or it could be even your own, like the nurse manager, they didn't like how the nurse manager spoke to them or treated them, and they'll tell you, I didn't go to school for this. And again, I see some nurses who are just nurses, and how they carry themselves, you can't help but respect them regardless of what the title is. They carry themselves in a way, 'cause they are expected to be treated a certain way and they are treated that way. I don't think a month goes by that I don't hear nurses complain about the profession. Then again it might be the institution, but I've worked in several institutions and I hear from every nurse, if I could do something else, I would. So you have people from other professions who should not go into nursing, and you have those nurses who are good nurses, leaving to go into other professions.

All of the RNs in this study attributed their negative experience as new nurses to their preceptor's attitude, except CJ. Her nurse manager made sure she had a supportive preceptor and warned her away from others. HG reflected, “When I look back, I recall not having a good preceptor.” She recalled:

To me, as a new nurse, I didn't feel competent, I didn't have the self confidence. I think it took awhile, and I think mostly because of the preceptor. If you don't have a good preceptor then you're not gonna feel competent in what you're doing.

NG recalled:

Oh, my manager was a good mentor for me. My actual preceptor, probably not; if I let her attitude, I probably wouldn't take the career path I have today, 'cause there were times I just wanted to walk away and leave.

In reviewing the data, RN participants claimed that they cared for patients with dedication and compassion; however, they contended that other nurses brought dishonor to the profession by their lack of caring and commitment. On the whole, RN participants viewed some members of the nursing profession as lacking in commitment to patient care and unsupportive of their colleagues. This affected RN participants' images of the profession. In spite of working under stressful conditions, the RNs all avowed that they would continue to be positive role models and to care for their patients as they would their own family.

Factors Influencing Nurses' Image during Their Career

Factual incidents that influenced RN participants' images of the profession during the course of their career were extracted from interviews as well as critical incident reports. The critical incidents illustrated the most significant factors that influenced nurses' images of the profession. As gleaned from reports of critical incidents, factors that influenced nurses' images of their profession, how nurses' images were influenced, and the length of time that nurses were in practice when those incidents occurred are illustrated in Table 4.

In nursing school, SRNs' images of the profession were influenced by what they learned in school and by observing practicing RNs. Their images wavered between positive and negative at various times during school. By the time they graduated, the depth of nursing education convinced them that nursing is on par with other professions in health care. SRN participants indicated that positive RN role models they encountered served to reinforce that notion. All but one study

participant entered the profession with a mostly positive image of nursing.

Table 4

Comparison of Length of Time in Nursing Practice, Effects of Factors Influencing Nurses' Image of Nursing, and Nature of Influences

Time in Practice	Effects	Nature of Influences
Prior to entry	Positive	Nurse/patient interaction
Prior to entry	Positive	Nurse/physician interaction
Prior to entry	Positive	Nurse/student interaction
Prior to entry	Negative	Nurse/patient interaction
Prior to entry	Negative	Nurse/patient interaction
Under 1 year	Positive	Nurse/patient interaction
1 year	Positive	Nurse/patient interaction
1 year	Negative	Nurse/nurse interaction
2 years	Negative	Nurse/patient interaction
3 years	Positive	Nurse/physician interaction
5 years	Negative	Nurse/physician interaction
6 years	Negative	Nurse/physician interaction

RN participants also reported that at various times during the course of their practice, their images of nursing wavered between positive and negative. However, they wrote about an incident that had a significant impact on their image of the profession. For some RNs in this study, the experience occurred

over 10 years ago, but the image has remained in their memory.

SRN participants were asked about an incident that significantly influenced their images of nursing. All of the SRN participants indicated that a nurse's interaction altered their image of the profession. Of the two students whose images of nursing were negatively influenced, one witnessed a nurse who, for four hours, ignored a crying patient "with a stage 3 ulcer on her sacrum, so the BM was on her wound for 4 hours." This student reported that his image of nursing changed from one where he perceived nurses as compassionate dedicated professionals to the image that many nurses are uncaring. The other student participant reported that when a patient was having a decubitus ulcer cleaned, even though the nurses saw "...his face grimacing and his bite fixed while removing dry gauze stuck to his wounds...", no one ever offered him pain medication. When this student asked the nurse about this incident, the nurse replied, "...he has neuropathy and does not feel superficial pain, otherwise he would have suggested it..." She stated that at that moment, her opinion about nursing changed from one where she believed that all nurses were compassionate, to one where many nurses do not care about the patient.

Three SRN participants reported that their images of the profession were positively influenced. The sole male student participant stated that his image of nursing was influenced by a male nurse who mentored him about the "...rewards of nursing and the wide variety of fields..." His image of nursing changed from an image where the only gay men choose to become nurses, to one where straight men can find a comfortable fit. The other two students' images of the profession

changed from one where they believed that nurses performed mostly low level tasks, to one where critical judgment is an essential nursing function for safe, quality patient care. One of these SRN participants reported that observing the actual work of nurses "...provided color to the gray and fuzzy image of nursing..." The other student wrote that she observed a nurse who "...told the doctor what meds to order, and which tests needed to be done...and [the nurse] figured out why the patient had tachycardia." These experiences significantly influenced SRN participants' images of the profession. However, as they are about to graduate, they continued to believe in the values of the profession and they professed to be positive role models of professionalism.

RN participants described incidents that had the most significant influence on their images of nursing. As illustrated in Table 4, they reported a change in image at various stages of their career, from as early as less than 1 year to as much as 6 years into their practice. It is interesting to note that both nurses who reported a positive incident, work in maternal-child health; the third RN who wrote about a positive outcome to an incident worked in medical-surgical area and described an incident whereby she believed that she acted inappropriately, but through self reflection, her image of the profession was positively influenced, as it taught her a valuable lesson.

CJ had been in practice for just under 1 year. She never realized the value of therapeutic use of self in nursing care until she witnessed the interaction between a nurse, and a patient who did not want to confide in any other health care professional. She reported that the way the nurse was able to persuade the

patient to open up and confide in her had a profound effect on her image of nursing. This demonstrated to her the extent of "...the scope of the nursing role," and convinced her about the importance of nurses' interpersonal skills.

NG described an incident that had an insightful effect on her image of nurses as patient advocates. She wrote that when she had been in practice for approximately 1 year, one of her patients was going for surgery and was crying that she did not want the surgery. NG wrote that she intuitively felt that this patient should not have the surgery at that particular time; however, she did not act on her intuition. Instead, she allowed the family to convince the patient to proceed with the surgery. According to NG, it just so happened that the patient developed a serious complication while in surgery. She lamented the fact that she had not counseled the patient to wait until she was comfortable with her decision to have surgery. This incident convinced her that protecting the rights of patients, as opposed to simply following orders and addressing only physical needs is an important aspect of nursing care.

From the beginning of her career, WC reported that she expected that nurses worked together as members of a team. One particular incident that occurred after she had been a nurse for a little over a year, changed her image of nursing from one where nurses work as a team and are supportive of each other, to one where they are retaliatory. She wrote that she was required to write an incident report about a major medication error that a nurse had committed. WC remarked that in retaliation, this nurse wrote her up for an incident that she considered a petty and non-reportable occurrence. She wrote that at that point

she realized that:

...not only does the nurse have to worry about being verbally and emotionally abused by the patients we care for, but we also have to guard ourselves against each other.

This incident convinced her that nurses are generally not supportive of each other.

JW had been a nurse for approximately 2 years when she had a very personal experience. She wrote a story about an incident that occurred while she herself was a patient, which had a significant impact on her image of nursing:

There was a nurse that my family and I referred to as "Bracelets" because of the approximately 10 bracelets she wore on each arm. I always wondered exactly how many germs she was harboring in her jewelry. She had a very brusque manner, and I was perpetually anxious when she was assigned to care for me. One afternoon I was getting up to go to the bathroom. As I stood, I quickly discovered that the clip on my jejunostomy pouch was broken. About 300-400mL of liquid stool spilled from the pouch, ran down my leg, and formed a puddle on the floor. Since the clip was broken, I had to hold the pouch closed with one hand, but it was still leaking stool. I called for my nurse, and the unit clerk told me that they were in shift report, then asked what she could tell my nurse. After explaining the situation, Bracelets told me that she was in report, and would be out when she was done giving report. Picture me, standing in a puddle of my own stool, holding my ostomy pouch shut, hooked to IV fluids, TPN, and antibiotics, 3 drains and an open wound in my abdomen. I heard movement behind the room dividing curtain, and found my roommate, a nurse herself, shuffling over to me with her wash basin and some washcloths. Mind you, she too had a fresh small bowel resection, IV fluids, etc. She began to help me clean myself up until a nursing assistant arrived. When Bracelets arrived, after giving shift report as promised, she asked, "What did you do?" Before I even really explained, she graciously got me a new ostomy clip and then flounced out of the room with saying a word.

MA's image of nursing was influenced when she observed the interaction between a nurse and a physician after she had been in practice for

approximately 3 years. She wrote that she witnessed a collaborative interaction between a nurse and a physician that generated tremendous respect from the physician. MA remarked that at that moment, she was so proud to be a nurse that her image of the nursing was significantly enhanced. She reported that it was that incident that convinced her that a nurse is “a true partner in the care of the patient.”

NM was in practice for approximately 5 years when she witnessed the way a surgeon spoke to a nurse. She wrote about a surgeon who yelled at the nurse because he did not like the way the nurse applied a dressing. When the nurse attempted to explain her actions, he told the nurse not to talk back to him because he is her superior and she is “just a nurse.” She wrote that this incident made her realize “that society including doctors do not respect our education or experience.” Previous to that, MN reportedly believed that nursing was a well respected profession. That particular incident, she wrote, changed her image of nursing from that of a respected profession to one that gets no respect.

HG wrote of an important incident that affected her image of nursing that occurred twice with the same patient, a member of Jehovah’s Witness. HG had been a nurse for about 6 years when she heard a Nurse Practitioner (NP) inform a doctor that the patient needed intravenous fluids for a spinal headache; because the surgeon did not concur with her opinion, this NP did not pursue the issue. HG stated:

The patient expressed that she was not eating or drinking and needed to have IVF [intravenous fluids] started. The IVF was ordered however it was never hung until the patient complained about it several times.

The other occurrence with this particular patient's care that affected HG's image of nursing was observing another nurse prepare to administer blood products to this patient. She wrote:

The nurse proceeded to hang the blood products and did not check the patient's chart for consent. The patient noticed when she was about to hang the blood product and questioned her.

HG wrote that her image of nursing was changed from an image of nurses as patient advocates to one where, "...nurses are mostly ...task-oriented, carry out orders, do not think critically and do not take the time to look at the patient as a whole."

The data indicated that nurses' images of the profession were significantly influenced during the first six years into their career. Factors that influenced the images that these participants currently have of the profession of nursing were a result of the quality of nurses' interactions with another individual. One interesting finding is that RN's interactions with patients and physicians influences nurses' images of the profession both positively and negatively.

After repeated attempts, I was unsuccessful in obtaining a critical incident from one of the study participants. It was determined that this remaining incident, although important, was unable to be obtained. Further attempts were not undertaken as saturation in themes from the critical incidents had been reached.

Summary of the Chapter

The results of the study, including a description of the student and Registered RNs, were presented in this Chapter. Descriptive information about

the main themes, sub-categories and broader categories that emerged from the data, were also provided. In addition, interpretation and analyses of the main themes with verbatim examples of participants' responses were also included in this Chapter.

The next Chapter consists of a discussion of the research findings with implications. Suggestions for future research are also included in the following Chapter.

Chapter V

DISCUSSION

The purpose of this qualitative study was to understand how nurses perceive the image of the profession of nursing and how nurses' images evolve from the time they begin their career and through various stages of nursing experience. Nurses' perceptions about their professional image, factors that influenced their perceptions, how, and at what stage of their career their perceptions changed, were explored. This Chapter consists of a discussion of the findings with implications, and is organized based on the major categories that emerged during the course of this study (Table 3).

Five student nurses (SRN) were interviewed, in-depth, just prior to entering the profession as new graduate nurses. Eight Registered Nurses (RN), who provide direct care to patients, and who have been in practice from just over 1 year to as long as 21 years, were also interviewed, in-depth. Seidman (1998) argued that the purpose of in-depth interview is not to get answers to questions as much as to understand other people's experiences and the meaning individuals make of those experiences. Participants described their perceptions of their images of nursing, and how their perceptions changed over time. They also wrote about an experience that had a significant impact on their images of nursing.

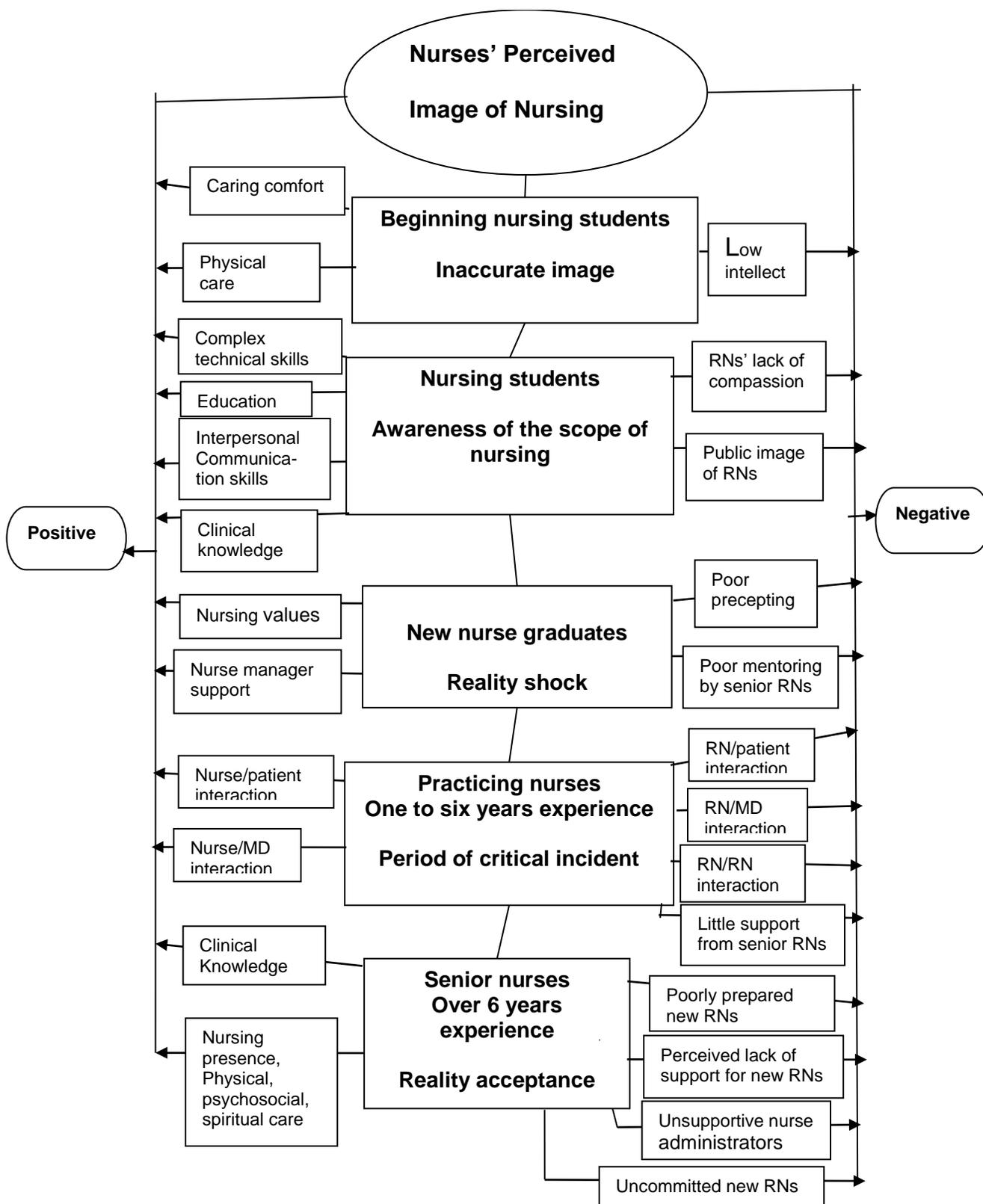
The image of nursing was explored using Boulding's (1956) image theory as a framework. Boulding theorized that a person's image is influenced by incoming messages and how those messages are interpreted. A person's value

system determines how individuals interpret messages received. Boulding explained that a person's value system may change based on messages they receive; an often-repeated negative message can alter a person's value system. Messages participants in this study received about nursing determined how they valued nursing, and influenced their perceptions of the images of the profession.

Data analysis revealed themes that reflected seven subcategories of nurses' images of nursing. They were a) caring for patients, b) others' image, c) workload of nurses, d) educational preparation, e) clinical preparation, f) compassion, and g) support. These subcategories were then collapsed into three broad categories, 1) role of nurses, 2) nursing knowledge, and 3) attitudes of nurses. The categories that emerged reflected what study participants believed to be true as they spoke about the nursing profession. Categories also revealed factors that influenced nurses' images of the profession.

When they enter nursing school, future nurses believe that nurses perform mostly basic caring tasks, and that nursing is not intellectually challenging. Throughout nursing school, students develop and awareness of the depth and scope of nursing, and alter their images of the profession. As beginning RNs, the reality of what they learned in school and what they encountered in practice, again influence their images of the profession. RNs' images of the profession are also significantly altered by a noteworthy incident that occurred at some point during their first six years in practice; after which, RNs' images appear to remain stable as they come to accept the realities of nursing practice (Figure 1).

Figure 1. Evolution of Nurses' Images of the Profession.



I acknowledge the small number of students and RNs that were studied. I also recognize that there may be potential differences in responses as these are individuals with their own particular experiences.

Role of the Nurse

One result of this study that surprised me is the image of nursing that prospective nursing students have of the profession. They believe that the role of the nurse is to provide mostly task-oriented patient care using basic skills. They have no concept of the complexity of care that the RN provides. This supports previous studies that concluded that the public has vague notions of what nurses do (Buresh & Gordon, 1995; Dracup & Bryan-Brown, 1998; Kalisch & Kalisch, 1987; Meier, 1999; Schmidt, 2001). A nationwide Harris Poll (1999) found that when asked about specific duties of Registered Nurses, 91% of the public responded that nurses monitor patient care, and 69% said that nurses provide counseling to patients. They did not recognize that nurses do more than that. Foskett and Hemsley-Brown (1998) found that young people held vague and fragmented views of nursing and what nurses do in their practice. These studies were conducted prior to mass media initiatives to promote image of nursing.

Students in this study began their nursing education during the time when nursing was heavily marketed as an outstanding career choice. Television advertisements extolled the complex roles of the profession by depicting nurses as expert clinicians who provide care for patients of all ages and in all stages of illness. The advertisements also paid tribute to nursing's responsibility for the

emotional well-being of patients and their families (Discover Nursing, 2003). It appears that the image campaign has not reached college-bound students. Results of this study show that today's nursing students begin their nursing education with the same stereotypical, inaccurate image of nursing they now lament that their families and friends have.

When compared with other career options, prospective nursing students view nursing as a low status occupation. They, however, place a high value on provision of basic comfort measures, which they believe are the mainstay of nursing roles. Their decisions to enter the nursing profession are based on the value they place on those comfort measures. Prior to entering nursing school, students believe that when they become nurses, their roles would be to take care of sick people and make their lives better by using those basic skills. Their desire to care for the sick is their motivation for choosing nursing as a career. In their study a decade ago, Baer and Frederickson (1995) found this to be true, and participants of this study validated that conclusion.

Findings of this study suggest that many young people who enter the nursing profession, do not initially aspire to be nurses. When they are not doing well while in college, only then do they consider the field of nursing. SRNs in this study changed their majors in college to nursing because they felt it would be easier than their original major. It is disheartening to find that at the time nurses make the decision to become nurses, they do not perceive nursing as a high status career. This finding is perhaps a reflection of the ineffectiveness of the image campaign on influencing college-bound students to investigate the role of

nurses, and the depth of knowledge that nursing requires. Findings of this study reveal that beginning nursing students' perceptions of the image of nursing come from society and not from nurses.

When they first begin their nursing education, prospective nurses have a stereotypical image of nursing as not intellectually challenging. Even the male student participant had the stereotypic image of male nurses as "gay." These negative enduring images may be related to the predominance of women in the nursing profession. Studies show that librarians, secretaries, and other female dominated professions have all been negatively stereotyped (Carmichael, 1994).

Nursing students are pleasantly surprised to find that the nursing profession includes more than what they expected when they began their education. The students in this study found nursing education to be of the highest caliber as they learned about the complexity of nurses' roles. Their new perceptions had a dual effect; it enhanced their pride in the profession, and it provoked a fear of failure. The results of this study reveal that graduating nursing students, as they are about to begin their practice, are proud to be members of the profession of nursing. They also have a paralyzing fear that they will not be able to provide safe, quality patient care. SRN participants acknowledged that they learned a lot in nursing school, but now that they understand the complex roles of the nurse, they feel ill-equipped to perform these roles. This is reflective of a recent study, which revealed that new nurses have low levels of self-confidence and high levels of stress (Oerman & Gavin, 2002). SRNs' perceptions that their clinical education is lacking, may contribute to stress and low self-confidence.

Nursing students learn through formal classes and by observing nurses in the clinical practice environment. Student nurses see practicing nurses who are compassionate, and many who are not. When students see practicing nurses acting less than professional, they are likely to question the image of the entire profession. The data shows that graduating SRNs perceptions of the image of nursing, come from evaluating what they learned in school, as the role of nurses, against the standards displayed by nurses in practice. Boulding (1956) stated that people form their images from behaviors observed. However, positive nursing role-models reinforced nursing students' beliefs that nursing is a noble profession. In addition, their pride in the profession, which they acquired in nursing school, and the belief that they are entering a distinguished profession, appear to offset any negative images of nursing. As they progress through nursing school, prospective nurses' images of nursing evolve from an image of basic role functioning, to one of more complex role performance.

Students are not the only ones who report that they do not see nurses providing compassionate nursing care. Results from this study indicate that nurses do not often see other nurses portraying professional values. The RNs in this study all claimed to treat patients as they would their own families. Yet, they overwhelmingly agreed that nursing has deteriorated since they began their practice and they blame other nurses for the decline in nursing care. They see themselves as perfect, and fail to see similar traits within themselves that they identify in other nurses. Nurses do not appear to realize when their own standards of practice may have dipped below professional levels. It is troubling

that nurses judge each other so harshly as they express dismay at their nursing colleagues' lack of caring, commitment, and dedication towards patients. This study reveals that nurses do not speak to their peers about this perceived deterioration of patient care. Similar findings emerged in a recent landmark study that found that of 53% of nurses and other health care providers who were concerned about a peer's incompetence, only 12% of nurses discussed these concerns when the peer was a nurse (Maxfield, et al., 2005). This may be a reflection of negative perceptions of nursing among nurses.

RN participants professed that they value that special aspect of holistic care where nursing presence is just as important as physical care. Spending time with patients affords nurses the opportunity to provide physical, psychosocial, and spiritual care effectively. This can easily get squeezed out by the routines of the institution. Time constraints forces nurses to be more task-oriented, thus ignoring those aspects of patient care that patients expect from nurses and that nurses learned is the focus of holistic nursing. Nurses in this study expressed frustration because they were seldom afforded the opportunity to interact with patients. This supports the findings of a recent survey of Registered Nurses that showed that a majority of nurses perceived that they had less time to spend with patients and the quality of patient care suffered (Buerhaus, Donnelan, Ulrich, Norman, & Dittus, 2005). Perceptions of uncaring demeanor among nurses, that study participants reported, may be because nurses do not gain satisfaction when performing only the physical aspects of patient care.

Time constraints may not allow nurses to take the time to explain to

patients what they are doing, which can lead to frustrations on the part of nurses. The difficulty lies in the fact that nurses often equate many of their caring interventions with time spent interacting with patients. It may well be that nurses believe that this is the role that sets nurses apart from other health care professionals. If this is true, then in satisfying that role, nurses likely obtain the intrinsic rewards that provide value for the worth of their work, enhancing their image of the profession. Throughout this study, there are examples of RNs expressing the satisfaction they derived as patient advocates.

Nurses invest a great deal of emotional and physical effort when caring for their patients. However, they complain that they do not perceive that their work is valued by others. Boulding (1956) stated that value scales within a person are the most important elements in determining the effect of messages, and that an often-repeated negative message will affect a person's value system and their behaviors. It is therefore quite possible that nurses unknowingly reflect the values that they perceive others attribute to their caring role, creating an image problem for nurses. Likewise, when nurses feel devalued, their frustrations may also be manifested by not acknowledging the worth of the profession. None of the RNs in this study were willing to promote nursing, and in fact, SRN and RN participants reported that nurses discourage potential nurses from pursuing nursing as a career.

Nurses perceive that their own colleagues undermine the image of the profession. One reported reason they perceive that the image of nursing has deteriorated was their belief that other nurses act less than professional. There

are several examples, in this study, of senior nurses' perceptions that newer nurses are not living up to the standards of the profession; and newer nurses' views that senior nurses do not give compassionate care. One senior nurse also complained that wearing uniforms instead of "cartoon character scrubs" that are now in vogue might improve the professional image of nursing. Another commented that introducing themselves to patients by their first name denoted friendship rather than a professional relationship, and detracted from the seriousness of the profession. These complaints reflect how devalued nurses feel because of perceived disrespect for nurses as qualified professionals. Their beliefs that their nursing colleagues demeaning attire and perceived lack of pride in the profession contribute to others lack of respect for nurses, likely reinforce nurses' negative images of the profession.

Nurses have historically given service above self. This commitment provides nurses with intrinsic rewards, even in the absence of external tangible recognition. In today's health care environment, mandatory overtime is often required with no perception of appreciation from administration. Because of overwhelming demands of work, the ideal of holistic care is not always possible. As stated previously, when nurses perceive that they are not providing the type of nursing care that is central to the profession, their intrinsic needs may not be met. This may well lead to emotional detachment and the perception of not caring. Lack of intrinsic motivation and external rewards of recognition and appreciation may perhaps contribute to the perceived non-caring image of nursing that is so frequently mentioned throughout this study. This is such a

cause for concern that, in the American Association of Critical-Care Nurses (AACN) standards to promote a healthy work environment, Standard 5 proposes that nurses must be recognized and must recognize each other for the value each brings to the work of the organization (American Association of Critical Care Nurses, 2005).

Students enter nursing school with an inaccurate and vague, yet positive image of the role of nurses. Their perceptions come from the public image of nursing. By the time they graduate from nursing school, their image evolves to a more sophisticated, enhanced view of nursing. Those perceptions come from their nursing education and from observing other nurses. At the beginning of their practice, new graduate nurses' have a positive though somewhat shaky image of the profession. They have a positive image of the roles of nurses, but a negative image of nurses' willingness to support them as they struggle to perform those roles. Their perceptions are as a result of their experiences and interactions with nurses they encounter. As nurses progress through their career, they have mostly negative perceptions of their nursing roles. Their perceptions are influenced by their work environment and by their interaction with others in the health care arena.

Implications for the Role of Nurses

Analysis of this study indicates that nurses' perceptions of the image of the profession is so intertwined in their roles, that addressing nurses' roles is imperative to improving how nurses view their profession. Nurses' roles are misunderstood not only by patients and other health care professionals, but also

by potential nurses. When individuals choose a profession believing that it is not thought of highly by family and friends, as participants in this study indicated, those attracted to the profession may believe that their counterparts are not the best and the brightest. There is very little evidence, from this study, that initiatives to promote and improve the image of nursing are effective among high school and college students. Nursing was the first career choice for only 2 of the 13 participants, and those two individuals had decided on a career in nursing before the media promotions. Future strategies, to attract the best and the brightest, need to be aimed directly at high school students to elevate the image of nursing amongst future nurses.

There are educational programs available to high school students wherein nurses can serve as mentors, and effectively promote nursing to college-bound high school students. One such program, which involves internship/externship, is the Wise Individualized Senior Experience (WISE), whereby a partnership is formed between schools and community organizations to provide a comprehensive learning experience to college-bound high school students (Wise Services, 2001). As part of this program, high school students spend the first half of their senior year exploring and studying a career about which they will make a presentation, at the end of the year. The second part of the year is spent working as an intern in their chosen field. Hospital nurse administrators can become involved in this innovative program by encouraging their nurses to mentor these students. This will also likely have a two-fold effect; it can serve to motivate high school students to explore nursing as a career option, and act as a means of

identifying enthusiastic nurses who can accurately articulate and promote the image of nursing.

Evidence from this study suggests that new graduate nurses have a negative experience at the beginning of their career as a result of their orientation experience with their preceptors. Although new graduate nurses have a tenuous image of the profession, they are eager to go out and practice what they learned in school. This enthusiasm can be nurtured by preceptors who are carefully chosen, so as not to jeopardize new nurse graduates' fragile images of nursing. The preceptor/orientee relationship should be one where rapport is established and encouraged. Preceptors should be able to articulate orientees' fears and apprehensions during nursing staff meetings. Likewise, staff nurses could provide feedback on their perceptions of orientees. This would allow preceptors, orientees, and staff nurses to get a real sense of how they are perceived by each other, and to gain insight about the dynamics of image perceptions among nurses.

RNs' identify their roles in terms of holistic nursing care. Their image of a nurse is of one who provides not just physical care, but also psychosocial and spiritual care. New graduate nurses expect that they will spend their career providing this type of care. What nurses expect their roles to be, in terms of holistic care, does not occur in reality, making it difficult for nurses to practice the full scope of nursing. As new graduate nurses try to create a balance between their expectations and the realities of the acute care environment, they experience reality shock. Nursing roles are a part of nurses' professional identity.

When nurses are not able to meet their expectations, this may affect their professional identity. According to Segesten (1998), professional identity is tied to professional self-image. Nurses' professional self-image is therefore built around their professional identity. Because of decreased professional self-image, new graduate nurses may be afraid to seek guidance from senior nurses. Many of the senior RNs in this study perceived new nurses as not "serious," and responded by withholding advice and generally ignoring them. This may lead new RNs to perceive senior RNs as not supportive of them. The result is a negative image of new nurses by senior nurses, and a negative image of senior nurses by new nurses, with an overall effect of negative perceptions of the image among nurses by nurses.

Seasoned RNs understand that the reality of the nursing shortage prevents them from spending much time with their patients. However, because of this perceived lack of time, they are less likely to take the time to explain to patients what they are doing. This may also explain why the public does not know what nurses do. In order to maximize time spent with patients, nurses may need to pay closer attention to verbal and non-verbal communication. Elgin (2000) stated that one way of making time together seem longer is to state how much time you have, not how much time you "only" have. She explained that the difference between "I *only* have ten minutes" and "I have ten minutes" make a difference in how time is perceived. When nurses are performing a task, no matter how obvious, explaining what they are doing while doing it, may give the perception of unhurried interaction when they are with the patient. This could encourage

patients to confide in nurses who will likely gain fulfillment in their role as patient advocates.

Nurses' concerns that their peers are not committed to safe, effective patient care and are silent about perceived peer incompetence can lead to decreased morale among nurses, poor professional nursing self-image, and harm to patients. A supportive environment by nurse administrators can only encourage communication and collaboration among nurses. The recent standards by the AACN (2005) cited earlier, provides an excellent guide for nurse managers to address communication and collaboration among nursing staff.

Nurses believe that nurse administrators are not supportive of them because nurse administrators place, what they perceive as, unreasonable demands on staff nurses. These demands do not allow staff nurses to provide the type of care they feel is needed for safe, effective patient care. Many of the RNs in this study reported that this perceived lack of nurse administrators' support is partly responsible for the deterioration of nursing care. RNs perceive that nurse administrators' only concerns are towards hospital administrators. Nurse Administrators likely have the same visions and goals as their staff; however, this is not conveyed to staff. This has some important implications for nurse administrators. They should strive to be transformational leaders. Transformational nurse leaders guide their staff to set reasonable patient centered goals and to find meaning in their work as they accomplish those goals. Bass and Avolio (1993) described transformational leaders as those who inspire others with their visions and who support those visions that are valued. This

leadership style may convince staff nurses that nurse administrators will support and defend nursing values. AACN's (2005) Standard 6 for a healthy work environment proposes that nurse leaders fully embrace and authentically live a healthy work environment while engaging others in its activities.

Nursing faculty are concerned with providing meaningful clinical experiences for students, to assist them in developing their professional roles. Nurse managers often conduct staff meetings, which also serve as a venue for nurses to highlight their clinical expertise and decision-making skills. Faculty may be able to collaborate with nurse managers in allowing nursing students to attend these meetings, so that students can get a real sense of the challenges of day-to-day work of nurses that may not always appear obvious to them. This will provide student nurses the opportunity to gain insight about the realities of staff nurses' roles on busy units.

Results of this study provide evidence that nursing students acquire some of their images of the profession by observing RNs in practice. Nurses who give the perception that they "hate their job," as one student put it, are poor clinical role-models. Staff meetings could provide an opportunity for students to explain qualities they would like to see in RNs, based on what they learned in school as the characteristics of a professional nurse. This may stimulate nurses to reflect on their own behaviors and encourage them to commit to improving the image of nursing. Nursing faculty may also be able to identify suitable role-models for nursing students to shadow, by working closely with nurse managers.

RNs bemoan the fact that the public does not appreciate what they do. As

previously cited, the public does not know what nurses do. Nurses know that they not only care for the sick, but also support those who are well. However, nurses themselves do not publicize what they do. From the time that they are in nursing school, they seem to accept that others have an inaccurate view of nursing. As one student participant put it, "...can't do anything about anyway." If the public continues to have negative images of nursing professionals, individuals may be less motivated to pursue nursing as a career so as not to become part of a group that they perceive has a negative image.

Nursing Knowledge

This study reveals that formal education in nursing school has a major influence on nurses' images of the profession. Before they begin their nursing education, SRNs' perceptions come from society more so than anywhere else. They believe that the education is easy, and their family and friends accuse them of "taking the easy way out." By the time they are ready to practice nursing, their perceptions about nursing knowledge are significantly enhanced by their nursing instructors and by observing practicing nurses. Throughout their career, nurses' images of the profession evolve as their theoretical knowledge and clinical expertise foster positive professional self-images of the profession. However, lack of respect by other health professionals, for nurses' holistic approach to patient care, likely contributes to decreased perceptions of the images of the profession among nurses.

SRNs begin their education believing that nursing does not require high

intellect. While in nursing school, their images of nursing are enhanced as they come to realize that nurses make expert decisions, and have specialized responsibilities and professional accountability that require a sound knowledge base. By the time they are ready to begin their practice, the breadth of their formal education affords nurses an enhanced pride in nursing. This study reveals that nurses' images of nursing are most favorable at this time. Considering their perceptions that their clinical education is lacking, SRN participants recognized that their nursing educational program provided them with a good theoretical base. However, they acknowledged that as they are about to graduate, they may have acquired outstanding knowledge and skills, but they have not yet internalized all of the professional competencies they feel that will be required of them as practicing RNs. New graduate nurses expressed fear of failure at their jobs. Benner (1984) cautioned that new nurses have difficulty bridging the gap from classroom to the realities of patient care because of their lack of experience.

Experienced nurses have a wealth of knowledge to share with new nurses. Likewise, new nurses count on experienced nurses to guide them as they navigate their way through their career. I find it disturbing that the adage "nurses eat their young" is still so prevalent among nurses. It seems reasonable to expect nurses to feel this way because experienced RNs in this study admitted they are not inclined to offer assistance to new nurses. This has some important implications. Madjar (1997) found that new graduate nurses have tenuous levels of self-confidence and professional self-worth. Even though new nurses do not feel competent in their abilities to administer safe care, they may be reluctant to

seek help from their senior colleagues because of low self-confidence. Senior nurses likely perceive this reluctance as “having an attitude” and virtually ignore these neophyte nurses, reinforcing their low professional self-worth. This leaves nurses with a negative image of nurses, which, interestingly enough, appears to be a result of lack of communication between new nurses and experienced nurses.

RNs in this study acknowledged that they feel as if they never know enough, but they are proud of their clinical expertise and they laud their decision-making skills. None of the RNs in this study have a means, at work, to share new knowledge and innovations, yet they appear to yearn for this. Perceptions of inadequate knowledge likely feed into negative images of the profession. RNs also do not appear to understand how nurses in other clinical areas apply their knowledge; they all made disparaging remarks about the work of nurses in other clinical areas. When nurses do not respect their nursing colleagues' knowledge, it is unlikely other health professionals will. Lack of respect for their professional nursing education perhaps leads to poor professional self-image among nurses.

Implications for Nursing Knowledge

In today's nursing shortage environment, new graduate nurses are expected to assume a consignment of patients similar to experienced nurses, as soon as they have completed orientation. This means that they will have more than the two or three patients they were assigned while in school, and without benefit of their clinical instructor to guide them in their decisions. New graduate nurses do not feel confident or competent to assume patient care and this erodes

the positive image of the profession they had at graduation. Cowin (2001) found that new graduate nurses often lacked self confidence and experienced the workplace as stressful, unsatisfying and shocking.

Nursing school fosters a positive image of nursing that should be seized and nurtured by nursing faculty and nurse administrators. To promote new graduate nurses' self-confidence so that they are less likely to experience reality shock, close partnerships between nursing faculty and employers are needed to smooth graduate nurses' transition to the workplace environment. One way to facilitate new graduate nurses' feelings of self-confidence might be to provide nursing students with a quality externship experience before they graduate. Nursing faculty and nurse administrators may be able to work together to facilitate this type of experience. Incorporating a class on professional adjustment into the curriculum, just prior to graduation, might also assist new graduate nurses to understand that feelings of incompetence and lack of self-confidence is normal during the period of adjustment from student to practicing nurse.

Since it is virtually impossible to create realistic experiences for nursing students, nurse administrators need to develop creative strategies to enhance new nurses' knowledge of their areas of practice. During orientation, extra classes could be offered, especially in the area that the new nurse will be practicing. This might serve to increase new nurses' self-confidence at work. In addition, nursing faculty might look to develop strategies to reassure students that their formal education prepares them with essential knowledge and skills to work effectively in the complex environment of today's health care arena.

Nurse administrators need to develop strategies to sustain the enthusiasm of new nurses and calm their fears. Administrators should try to carve out a period, during orientation, for new nurses to meet and discuss their fears, what is going well, and what troubles them, while they are being precepted. This will likely increase their self-confidence as they realize that most of their new nurse colleagues are experiencing similar angst. This might also provide an opportunity for nurse administrators to identify weaknesses in their orientation and preceptor programs, and to develop strategies to improve these programs.

RNs complained that they do not feel valued for their knowledge and expertise. Interestingly enough, evidence from this study suggest that RNs do not give credit to their own nursing colleagues for their contribution to patient care either. They negatively judge other nurses as doing less than they do. Nurses need to publicize to colleagues, in other clinical areas, just how their skills and knowledge are used in their particular clinical area. This can be accomplished through casual conversations and writing articles. Nurse managers and nurse educators could support and assist with this endeavor. Nurses, who perceive that they are not appreciated, are likely to become complacent about their work and their continuing education. Creating a time for monthly professional education programs, whereby nurses can share information on developments in their areas, is one way to encourage scholarly discourse and may serve to boost nurses' professional self-confidence about their knowledge. This can also be a means of providing continuing education so that nurses, who lament that they do not know enough, can feel confident about their knowledge base.

Nurses want to know that their work is recognized and appreciated. Current recognition attempts by their superiors do not convince staff RNs that they are appreciated. It seems that individual positive feedback for their commitment and expertise, from nurse leaders, would lend itself to encouraging nurses to continue to build on their knowledge and sustain the sense of commitment and enthusiasm that nurses had at the start of their career. Nurse administrators will need to develop creative strategies to convey to their staff that they are recognized and valued for their experiential learning. One way of accomplishing this might be to encourage experienced nurses to serve as preceptors. Administrators will need to nurture clinical skills as well as interpersonal skills among their staff and inspire them to commit to serving as preceptors. Formal classes on effective precepting could perhaps enhance nurses' mentoring skills and provide ideal candidates for the preceptor role. When nurses feel validated for their knowledge, their image of the profession will likely be greatly enhanced.

Nurses are the ones that can best promote the critical thinking skills and education required to be professional nurses by going out into their communities and demonstrating their expertise. Through community involvement, RNs could commit to publicizing what they do and seize every opportunity to promote their profession. According to Buresh and Gordon (2000):

Life presents nurses with countless conversational openings to talk about nursing. These openings occur at cocktail parties, backyard barbecues, relatives' weddings, school events, church programs, and most importantly of all, in patients' rooms. Not every nurse will be called by a reporter from the New York Times or the National Post, but nurses constantly speak with relatives, friends, neighbors, patients, teachers, or guidance counselors who ask what they do, or who make a comment about nursing. Sometimes these

comments contain erroneous information that needs to be corrected. Other times, the comment may give you an opportunity to advance someone's knowledge about your profession (69-70).

Nursing faculty could also encourage and assist their students in volunteering at health fairs, senior centers, and any other venue that would provide an opportunity to promote nursing in a positive light. This would greatly enhance the self-image of student nurses and the image of nursing a whole.

Attitudes of Nurses

Nurses' attitudes are a major challenge in how nurses perceive the profession. Whereas new student nurses' perceptions come mostly from society, graduating SRNs and practicing RNs' perceptions of the profession come from those around them in the clinical environment. One finding of this study is that once RNs begin their career and experience the stresses and pressures of nursing practice, they lose some of the caring attitudes that were so abundant when they graduated from nursing school.

Boulding (1956) emphasized that a person's image is the property of that individual, and as such, governs the individual's behavior. Behaviors of nurses influence how others perceive the image of the profession. While they are in nursing school, nursing students observe practicing nurses and begin to modify their image of nursing by constructing other possible images of the profession. Nurses who are knowledgeable, compassionate, highly skilled, and assertive, foster positive images of nursing; conversely, nurses who portray lack of caring, compassion, and support, foster negative images of nursing. SRN participants

justified perceived lack of caring among nurses, as due to the overwhelming workload of nurses and “burnout.” Where nurses hold an image of nursing as a caring profession before beginning their nursing education, by the time they complete nursing school, their images of nursing begin to waiver.

Studies show that stressful conditions of short staffing, patients’ complaints, and demands from their administrators contribute to nurse burnout, affect patient care, and influence nursing behaviors (McNeese-Smith, 2000). When students see experienced nurses suffering from burnout and displaying behaviors of disengagement or lack of compassion, they lose some of the positive images of the profession that they acquired in school. Positive images of SRN participants began to waiver as negative messages from nurses in practice inundated their image. Boulding (1965) stated that a much repeated negative message may alter a person’s image. Considering that graduating senior nurses are inundated with negative messages about nursing from practicing nurses, they begin their career with a mostly positive, though fragile, image of the profession.

Graduating SRNs lack self-confidence as they prepare to start their career. Studies previously cited confirmed that this is an expected phenomenon. Graduating SRNs hope that, as novice nurses, they will be supported by experienced nurses, but they believe this is unlikely to occur. Their perceptions come from observing the attitudes of practicing nurses, and likely reinforce their self-doubt and fear of failure as new nurses. As they are about to graduate, SRNs believe that nursing is an esteemed profession; however, they have an image that the majority of nurses do not practice the essence of caring in

nursing. Boulding (1956) stated that images can grow and develop, revised, modified, altered, added to, and completely change.

Important messages about nursing were addressed by RNs in this study as they began their practice. From the time they enter the nursing profession, all but one of the RN participants reported that they do not feel supported by their preceptor. Evidence from this study show that nurses' images of the profession are significantly influenced by their experiences with preceptors during their orientation period. Too often nurses, who have little or no knowledge of the qualities of a supportive preceptor, are chosen to precept new nurses, solely because of their clinical skills or seniority. Darwin (2000), in explaining the role of mentors stated, "Mentors 'go to bat' for their protégés, provide access to scarce resources, help with visibility, protect from harm, and promote and recommend for challenging assignments" (p.201). Preceptors, who believe that their role is more of an evaluative process in preparing the neophyte nurse to practice independently as soon as possible, may not place importance on guidance and support. This judgmental approach not only intimidates new nurses, but also influences their image of nursing negatively at the beginning of their career. Many of the RN participants in this study reported negative experiences with nurse preceptors. These nurses counted so much on their preceptors' support, that many of them expressed that because of their preceptor's negative attitudes, they entertained thoughts of leaving the profession.

Preceptors are supposed to assist their charges to socialize into the profession. According to Chitty (2001), the process of professional socialization

includes acquisition of knowledge, skills, attitude, beliefs, norms, values, and behaviors appropriate for a profession. The legacy of the hierarchical nature of nursing does not lend itself to encouraging experienced nurses to assist in the socialization of new nurses. All of the RNs in this study perceived senior nurses as exercising power over new nurses by withholding support, allowing them to flounder, and generally ignoring them. It appears that once new nurses accept their place in the hierarchy and acquiesce to doing things the way it has always been done, they are supported by experienced nurses. This passive aggressive form of tyranny likely intimidates and decreases the self-confidence of new nurses. Stein (1967) cited passive aggressiveness as personality characteristics commonly found in nurses.

New graduate nurses expect they will be afforded adequate time to interact with their patients. The public also expects RNs not only to be knowledgeable, caring, and committed, but also to be available for them. This idealistic expectation by and of nurses may lead to frustration, as nurses are unable to live up to their own ideals in the fast-paced, acute care environment. Frustrations may also be reinforced when patients' expectations are not met, and they therefore invalidate most other aspects of care that the nurse provides.

Holistic nursing care is built on effective nurse/patient relationships. Nurses believe that administrators expect them to focus mostly on performing tasks, resulting in less time to establish a therapeutic relationship with patients. In addition, increased workload leaves less time for nurses to establish a caring relationship with their patients and likely contributes to burnout. Nurses' response

to burnout is manifested by performing their roles in a disinterested manner.

Liaschenk (1998) commented that when nurses see their work as only carrying out tasks and procedures, they become psychologically separated from patients and work becomes meaningless except in terms of justifying an income.

Nurses are judged not only by their technical and problem solving skills but also by their “bedside manner.” Fletcher (2000) pointed out that in public opinion surveys, consumers consistently rate nurses as their most trusted source of health care information and the most trusted health care professionals. Trust is established during nurses’ interpersonal relationship with patients. If nurses are unable to build that trusting relationship, they may feel that they not meeting their own expectations of effective patient care. This may also explain why nurses who work in the busy units seemed most disillusioned with the image of nursing.

Tovey and Adams (1999) found that when nurses perceive that their standards of patient care have decreased, this leads to job dissatisfaction. These frustrations may be manifested by apparent lack of caring that SRNs and RNs observed among nurses in practice. As one student echoed, “very few nurses impressed me.” This is in spite of the claim by RN participants that they have a genuine concern for patients, place a high value on care, and care for their patients like they would their own families.

In their working environment, nurses seek to represent themselves as caring, knowledgeable, and autonomous professionals. They value the qualities they perceive are critical attributes of nursing. When nurses are not able to maintain their professional values, they likely become disillusioned with their

professional lives. RNs in this study appear to resign themselves to the fact nurses will seldom be able to implement the aspects of care they believe are important. Nurses today are forced to accept poor nurse/patient ratios and mandatory overtime as par for the course, and silently suffer. These issues serve to increase nurses' negative perceptions of the profession of nursing. In his views on assertive behaviors, Slater (1990) explained the passive behavior of nurses by suggesting that nurses have traditionally been taught to be submissive and unassertive in their relationships with others at work. Nurses can enhance their image by asserting their roles and speaking up on behalf of each other.

Nurses who perceive that they make a difference in their patients' well-being gain a great deal of satisfaction in their roles and are most likely to be motivated to act professionally. Data from this study suggest that when nurses do not see a positive outcome from their roles, they do not feel a sense of accomplishment. In today's health care environment, patients are often discharged before they have fully recovered. Nurses working in medical-surgical areas are not often afforded the opportunity to see their patients completely healed upon discharge. Consequently, this may engender a feeling that their work is meaningless. On the other hand, nurses in maternal-child health may feel a sense of satisfaction because their role is fulfilled when a happy mother and baby are discharged. One nurse participant who works in MCH described the "flowers and candy" and verbal acknowledgements received from the patients. RN participants' who work in medical-surgical units expressed frustration with their work environment and dissatisfaction with the image of nursing.

Nurses' dissatisfaction with the profession has been widely documented (Murray, 1999; Semente, 2002; Tri-council of Nursing, 2001). Practicing nurses, who perceive that they are not treated well, do not feel positive about the nursing profession, and are less likely to portray a positive image to others. Interestingly enough, only two nurses in this study had a positive image of nursing and those two were nurses working in maternal-child health. The other RN participants work in medical/surgical areas and had negative images of nursing. In the United States, the majority of nurses work in general medical-surgical units (Department of Professional Employees Fact Sheet, 2004). The results from this study might indicate then, that most nurses portray negative behaviors.

Because of RNs disenchantment with their profession, they also do not promote nursing. Most of the RNs in this study reported that they do nothing to promote nursing. In fact, they acknowledged that they discourage others from choosing nursing as a career unless they feel that they have a "calling." A "calling" denotes selfless devotion to caring for the sick. Nurses have other commitments in their lives just as any other professional. Those who are in the 20 and 30 age bracket, look to balance work and outside interests (Boychuk, Judy, & Cowin, 2004). These individuals may possibly be judged negatively because of this. Nurses who feel that only those with a "calling" are to be encouraged to become nurses, are metaphorically "preaching to the choir." No qualified candidate may be deterred from entering the profession. Nursing faculty might perhaps also avoid imposing restrictions on their students similar to what they experienced in the '60s and '70s, which may perhaps deter nursing students

from continuing their nursing education. It must be remembered that the average age of nursing faculty is 52 years-old; meaning they were educated during the time when nursing was mostly considered a craft oriented vocation with strict religious-like rules.

There are intelligent, caring individuals who do not aspire to become nurses solely because they do not know exactly what nurses do. There are also those who look for a job with adequate compensation and other benefits as incentives, before they make a commitment to invest their future in any career. Nurses will need to encourage and nurture those seemingly unlikely candidates into the profession. Encouraging intelligent, assertive individuals into the nursing profession can only serve to enhance the image of nursing.

Most study participants complained that senior nurses do not support new nurses, and lack compassion towards patients. Between 2002 to 2004, two-thirds of the growth of the RN workforce, approximately 180,000, consisted of RN's over 50 years old. During this period, there was a growth of only 21,000 RN's between 21 to 34 years old (Norman et al., 2005). This suggests that the majority of nurses working in hospitals are likely to be older. Behaviors of senior nurses can significantly influence the image that other nurses have of the profession. Study participants acknowledged that they were influenced by watching the behaviors of practicing nurses. However, SRNs conceded that negative behaviors did not deter them from believing that they could portray a positive image of nursing. Analysis of the data reveals that those behaviors did indeed have a profound effect on the images that study participants have of the

profession.

RNs in this study did not recognize that their behaviors are unprofessional; they all claimed that they gave compassionate care, yet they reported that nursing care has deteriorated. It is possible that nurses accept that quality nursing care is unattainable; therefore, they themselves perform only care that is absolutely essential. Nurses recognize when the level of nursing care among their nursing colleagues has dipped below acceptable standards, but do not recognize it in themselves. Cloke and Goldsmith (2000) advised that individuals should honestly appraise their attitude, as the first step towards the development of personal professional behaviors. The notion of self-reflection would assist nurses to identify when they are displaying behaviors similar to those they see in their colleagues, and to take corrective actions. This could only serve to boost nurses' images of the profession.

This study suggests that SRNs and RNs perceive that newer nurses have a more caring attitude than senior nurses. New nurses in this study expressed disappointment that senior nurses are not as supportive as they had hoped. New graduate nurses, in an attempt to compensate for their lack of self-confidence, likely try to emulate senior nurses' attitudes in an effort to fit in, and may be perceived as having an attitude. Some of the senior RN participants acknowledged that they allow new nurses to struggle because of this perceived attitude. This engenders perceptions of lack of support and poor role-modeling by senior nurses, further advancing the adage "nurses eat their young," which was so often quoted by nurses in this study.

Many of the RNs complained about the quality of their relationship with their nursing colleagues. A supportive nursing environment was not strongly defended by most of the RNs in this study, especially those working in medical-surgical units. Duncan (1997) asserted that a climate of support in nursing exists when there is teamwork, acceptance, a sense of personal importance, the autonomy to ask, and good fellowship. RNs acknowledge that they do not perceive any of these qualities existing in many of their nursing colleagues. These qualities may not be obvious because RNs reportedly feel undervalued. Nurses who do not feel valued, may develop negative attitudes, have poor relationships with nursing colleagues, harshly criticize their colleagues, and generally portray negative behaviors. Fishbein and Ajzen (1975), in describing the relationship between attitude and behavior, stated that the performance of a particular behavior might lead to a formation of new beliefs, which in turn may influence attitude. Nurses who perceive that their work is valued are motivated to act professional. Nurses in this study identified that they value verbal appreciation as acknowledgment of their contribution to patient care. As previously cited, Standards 5 and 6 of the AACN (2005) standards of healthy work environment establishes that meaningful recognition and authentic leadership are necessary for excellence at work.

Implications for Attitudes of Nurses

This study suggests that nurses enter the profession with a commitment to maintaining the professional standards they were taught in school. However, experienced nurses perceive new nurses as not “serious” about nursing. It is critical for experienced nurses to establish a dialogue with new nurses on a

supportive level. This is likely to help experienced nurses gain insight about the fears of the new nurse, and the new nurses are also likely to develop an understanding of the ordeals of staff nurses. Nurse administrators can facilitate this at staff meetings, by encouraging new nurses to speak up about their fears and apprehensions. Experienced nurses could also contribute to their perceptions of new nurses, so that all can metaphorically “walk in the other’s shoe.”

Preceptors are in a unique position to influence new nurses by modeling professional behaviors. New nurses look to preceptors for support and guidance. Most of the nurses in this study complained that, as new nurses, their preceptors were not supportive. One consequence of negative preceptor experiences, on new nurses, is attrition of new nurses. The literature supports the notion that new nurses find their first three to six months very stressful (Oermann & Garvin, 2002). Disillusionment at the start of their career likely influences new nurses to leave the institution or nursing altogether. This is a waste of money and talent because new nurses come into the profession with fresh ideas, and hospitals invest a great deal of finances in their orientation.

All too often, preceptors are still responsible for a certain amount of patient care, while precepting new nurses. This, no doubt, prevents them from giving their undivided attention to the needs of their charges, and creates undue stress while they are supposed to be supportive. In order to ease the burden of the preceptor, support for new nurses should not be the sole responsibility of the preceptor, but of the entire staff. The implication is for administrators to recognize

the importance of encouraging their staff to support the professional growth and development of new nurses on their unit. Nursing faculty may even participate in a preceptor training program with the institution by providing evidence-based information on effective precepting.

Senior nurses are highly skilled and have a lot to offer to new nurses. Experienced nurses should make every effort to mentor and support novice nurses by setting positive examples, by sharing their expertise, and by generally promoting nursing as an exciting profession. A nurse who has negative images of the profession is unlikely to model positive behaviors. Nurses at all positions and stages of experience should be encouraged to model professional behaviors so as to promote the profession of nursing. When practicing nurses do not portray professional behaviors, new nurses are denied good role-models. Nurse administrators need to develop effective strategies to encourage their senior staff to model professional behaviors and provide guidance and support for new nurses and for each other.

There is a need to focus more attention on the nature of preceptor/new graduate nurse interaction. Nurse managers will have to be selective when choosing nurse preceptors. Those nurses who have characteristics that reflect a passion for nursing, commitment to nursing, and compassion for patients are the ones who display professional values that nurses are expected to hold as important and that motivate nurses to remain in nursing. Most of the nurses in this study reported that their experience with their preceptors led them to entertain thoughts of leaving the profession. According to the Department of

Professional Employees (2004), 33% of nurses under 30 years of age reported that they plan to leave nursing within the next year.

Nurses in this study all claimed to model compassionate and caring behaviors. However, they all expressed the belief that nursing has deteriorated because of perceived unprofessional behaviors by other members of the profession. Professional behaviors begin with accountability for one's actions. Nurses who value the profession are expected to model professional behaviors. Those behaviors represent the values by which nurses are judged by new nurses, by their peers, and by the public; those are the values by which nurses in this study judged each other. Nurse managers will need to propose strategies to encourage professional behaviors from their staff and acknowledge those who model those behaviors.

Nurses will also need to pay close attention to how their behaviors influence their colleagues. One recommendation is for nurse managers to arrange designated staff meetings, for the sole purpose of allowing staff nurses to provide input on issues that they identify as problematic on their unit. Ideas that are generated should be seriously taken under consideration so that staff nurses do not perceive nurse managers as only giving "lip-service" to their staff, as one nurse participant put it. Anderson (2001) stated, "Working with others involves common sense and understanding of the underlying principles of shared values, communication, trust, and an appreciation or valuing of the other person." (p.132). When they feel valued, nurses will likely display professional behaviors.

Nurses need to be more responsible for improving the image of nursing.

The public's image of nursing should come from nurses themselves. The public does not know all that nurses can do within the health care arena. Nurses in this study were not committed to influencing public impressions of nursing. They did not appear to value the importance of forging a connection with their public and professional roles. There are instances, such as volunteer work and community service, which provide nurses with the opportunity to identify themselves and their contributions to the profession. Because consumers consistently rate nurses as their most trusted source in the health care arena, it is imperative that nurses continue to build on that trust by showcasing their professional skills in public forums. Nurses therefore, must be aware of the images they convey. Nurses themselves can demonstrate the value of their profession by engaging in professional behaviors.

Nurse administrators need to take an active role in promoting positive images of nursing among their staff. Blake, Mouton, and Tapper (1981) noted that there are different leadership styles. Some leaders emphasize tasks and others emphasize relationships. The most effective leader is able balance tasks and relationships within their areas. Nurses work under stressful conditions and effective nurse leaders could develop supportive relationships among their staff while still validating their skills. In addition, nurse administrators should support their staff in coping with stress in a healthy manner, which will likely lead to behaviors that exemplify good role-modeling and positive images of the profession of nursing by nurses.

Recommendations for Further Research

Future studies with larger samples might unearth differences in behaviors by nurses across the United States, that influence positive/negative professional self-images. Explaining how and why nurses' perceptions of the profession change as they navigate their career raises questions about the dynamics of relationships among staff nurses and those they encounter in their day-to-day practice environment, which should be explored.

Issues pertaining to leadership styles as it relates to burnout among staff nurses warrant more detailed investigation. Nurses in this study placed much of the blame for decreased quality of care on burnout and nurse leaders' lack of leadership skills. Results of this study also suggest a need for further investigation about nurse satisfaction on medical-surgical units. All of the nurses in this study who work on medical-surgical units expressed dissatisfaction with the image of the profession.

The relationship of nurse satisfaction and years of experience also needs to be studied further. There were many complaints from study participants about poor attitudes among senior nurses. Research is also recommended to determine new graduate nurses and experienced nurses' perceptions of each other's scope of practice and responsibilities. Senior nursing students will soon be Registered Nurses and they, like the new nurses in this study, did not see senior nurses as modeling the qualities of holistic care and commitment to the profession of nursing. Senior nurses in this study saw new nurses as lacking in

commitment and not being “serious about their work,” as one of the participants put it. It is therefore important to investigate specific strategies or interventions that foster improved communication and collaboration among nurses.

Further research is recommended to explore how new nurses adapt to their workplace environment, how new nurses build professional identities, and the socialization process for building professional image. The nurses in this study all expressed that their beginning years were stressful. It appears that their preceptors did not encourage positive socialization into the profession. Preceptors appear to lack the skills to support, guide, and nurture their assignees. It is recommended that the criteria that organizations use to select their preceptors and the quality of preceptor training, be further investigated.

Recommendations for Nursing Education

The challenge for nursing faculty is to stem the tide of negative image perceptions that surface when new nurses begin their practice. As student nurses make the transition to graduate Registered Nurses, it is an uphill battle. In her landmark work on reality shock experienced by nurses during this transition phase, Kramer (1974), documented the stress that students experience as they shift from the protection of nursing instructors to the role of practicing nurses. New RNs are “thrown to the wolves” as participants in this study described their initial experiences. Given the current nursing shortage and acuity of patients, this transition is likely to be even more stressful in today’s health care environment.

Nursing faculty may need to explore opportunities for students to gain a

more realistic image of nursing. By developing a collegial relationship with nurse managers and staff nurses, faculty may be able to facilitate experiences whereby student nurses in the last semester of their junior year, can shadow a staff nurse for a day to gain insight how RNs organize their day. At this point in their education, students are sufficiently aware of some of what nurses do, but may be too involved in taking care of their own individual patients under the watchful eye of their clinical instructor to grasp the full scope of the reality of RNs' roles. During this experience, it is recommended that students not assume the care of any patients as they may miss an important aspect of the nurse's day. This experience may assist students in their senior year, to better organize their day and assume care of more than three patients.

Schools of nursing may be able to recall their former students after they have been in practice for six months and conduct focus group discussions to obtain feedback on their experiences as new nurse graduates. Schools can then adjust their curriculum to reflect current health care trends that these nurses had the most difficulty navigating. Information obtained during these sessions could be taken back to nursing units where students have their clinical experiences in order to provide feedback to staff nurses and nurse managers. Too often, RNs in practice do not have an appreciation for research conducted by instructors of nursing, mostly because the research is not articulated to the nurses in practice. This is evidenced-based information that may prompt nurses to reflect on their portrayal of the image of the profession and may even motivate them to conduct their own research.

It is recommended that nursing faculty become knowledgeable about the realities of contemporary nursing practice so that they can responsibly communicate this to their students and adequately prepare them for present-day professional nursing practice. When teaching is done with enthusiasm and thoughtfulness, new nurse graduates might not have a jaded image of nursing.

When new nurses perceive nursing in a positive light, they may inspire other nurses to see nursing as they do, sustaining positive perceptions of the image of nursing among nurses.

Summary of the Overall findings

Evidence from this study suggest that overall, nurses working in hospitals have negative perceptions of the profession of nursing. Nurses who work in maternal-child health perceive maternal-child health nursing in a positive light; however, their perceptions of nursing in other areas are negative. Nurses perceive senior nurses in a negative light and senior nurses have negative perceptions of new nurses.

Nurses begin their career with a generally positive image of nursing even though they realize that there are problems associated with the image of nursing as perceived by the public and by nurses. However, they regard this as a minor issue that their own positive images could overcome. Almost as soon as nurses begin their practice, their images of nursing become tarnished by the actions of their preceptors. This study suggests that when the hospital environment is supportive, nurses' images are modified positively. Throughout their career,

nurses are bombarded with negative messages about the profession. Most of these negative messages come from those in the nursing profession. These messages serve to alter most nurses' images of nursing from a positive one at the start of their career to a negative one while in practice.

Nurses' formal education and clinical knowledge foster positive images of their profession. Nurses' behaviors, lack of support from nurse administrators, and preceptors are some of the main factors that influence how nurses perceive the profession of nursing early in their career. Most nurse managers and preceptors are perceived as unsupportive of nurses. This is a powerful force that negatively affects nurses and leads nurses to contemplate leaving the profession.

Factors that influence nurses' perceptions of the image of the profession contribute to the evolution of nurses' images from the time they decide to make nursing a career, to their current stage of experience. Figure 1 illustrates that nurses' images of the profession at the beginning of their career are generally positive. During the first six years of practice, significant events occur that affect nurses' professional self-image. As they continue to navigate their career, nurses' perceptions of the image of the profession generally does not alter much from the image they acquired when the critical incident occurred.

Summary of the Chapter

Discussion of the results of the findings was included in this Chapter. The need for changes by nursing faculty, nurses in practice, and nursing

administrators has been put forth. Suggestions for future research were also presented in this Chapter, together with a brief summary of the overall findings.

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Appendix A
Teachers College, Columbia University
Letter of Invitation to RNs

11 Sycamore Rd
Glen Cove, NY 11542

Date:

Dear

I am a Doctoral Candidate working on my dissertation requirements for Teachers College, Columbia University. You are invited to participate in a research study on the image of nursing.

DESCRIPTION OF THE RESEARCH: The purpose of my study is to explore nurses' image of the nursing profession. I am requesting your participation in the project to hear the perspectives of those who work directly at the bedside with patients. You will be interviewed by me to obtain information on your perception about the image of nursing, factors that influence your image, how your image changed at any time during your practice, and factors that contributed to that change. You will also be asked to write about an occurrence that influenced your image of nursing. I am willing to meet with you at a site and time that is convenient to you, whether it is in my office, your home, your work site, or anywhere you prefer. I will audio-tape the interview so that I can give you my full attention and still obtain accurate information.

RISKS AND BENEFITS: There are no more risks to you other than what is normally encountered in a general interview. Benefits may include the knowledge about forces that influence everyday practice of nurses and may provide an understanding of problems that affect recruitment and retention of Registered Nurses.

DATA STORAGE TO PROTECT CONFIDENTIALITY: Confidentiality will be assured as I will not use your real name or the name of the institution where you work. Your identity will be known only to me as you will be identified by codes that distinguish your length of experience as a nurse. You are free to withdraw from the study at any time, and you may refuse to answer any question. The audiotapes used during the interview will be stored in a locked cabinet and will be destroyed after the study is over.

TIME INVOLVEMENT: I anticipate each interview will take approximately one hour. Completion of the written description is expected to last no longer than one hour. I will invite you to participate in follow-up interviews that will last no longer than one hour, to share my data with you for verification, and to obtain more information if needed.

HOW WILL RESULTS BE USED: Results of this study may be discussed at conferences and may be published.

If you have any questions regarding this study, please call me at the following number [REDACTED], or e-mail me at [REDACTED]@chpnet.org. Thank you in advance for participating in this study. If you agree to participate in the study, please sign the bottom of this letter. An informed consent is also enclosed for you to review, and sign.

Sincerely,

Lorraine Emeghebo RN MS.

I agree to participate in this study. Please contact me at the following telephone number or e-mail address to arrange an interview.

Name

Phone # or e-mail address

Appendix B

Teachers College, Columbia University

Letter of Invitation to Student RNs

11 Sycamore Rd

Glen Cove, NY 11542

Date:

Dear

I am a Doctoral Candidate working on my dissertation requirements for Teachers College, Columbia University. You are invited to participate in a research study on the image of nursing.

DESCRIPTION OF THE RESEARCH: The purpose of my study is to explore student nurses' image of the nursing profession. I am requesting your participation in the project to hear the perspectives senior student nurses. You will be interviewed by me to obtain information on your perception about the image of nursing. You will also be asked to write about an occurrence that influenced your image of nursing. I am willing to meet with you at a site and time that is convenient to you, whether it is in my office, your home, or anywhere you prefer. I will audiotape the interview so that I can give you my full attention and still obtain accurate information.

RISKS AND BENEFITS: There are no more risks to you other than what is normally encountered in a general interview. Benefits may include the knowledge about forces that influence everyday practice of nurses and may provide an understanding of problems that affect recruitment and retention of Registered Nurses.

DATA STORAGE TO PROTECT CONFIDENTIALITY: Confidentiality will be assured as

I will not use your real name or the name of your school. Your identity will be known only to me as you will be identified by codes that distinguish your length of experience as a nurse. You are free to withdraw from the study at any time, and you may refuse to answer any question. The audiotapes used during the interview will be stored in a locked cabinet and will be destroyed after the study is over.

TIME INVOLVEMENT: I anticipate each interview will take approximately one hour.

Completion of the written description is expected to last no longer than one hour. I will invite you to participate in follow-up interviews that will last no longer than one hour, to share my data with you for verification, and to obtain more information if needed.

HOW WILL RESULTS BE USED: Results of this study may be discussed at conferences and may be published.

If you have any questions regarding this study, please call me at the following number [REDACTED], or e-mail me at [REDACTED]@chpnet.org. Thank you in advance for participating in this study. If you agree to participate in the study, please sign the bottom of this letter. An informed consent is also enclosed for you to review, and sign.

Sincerely,

Lorraine Emeghebo RN MS.

I agree to participate in this study. Please contact me at the following telephone number or e-mail address to arrange an interview.

Name

Phone # or e-mail address

Appendix C

Teachers College, Columbia University
Informed ConsentPARTICIPANT'S RIGHTS

Principal Investigator: Lorraine Emeghebo

Research Title: Staff Nurses' Perception of the Image of the Profession of Nursing

- I have read and discussed the Research Description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.
- My participation in research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status or other entitlements.
- The researcher may withdraw me from the research at his/her professional discretion.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue to participate, the investigator will provide this information to me.
- Any information derived from the research project that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.

- If at any time I have any questions regarding the research or my participation, I can contact the investigator, who will answer my questions. The investigator's phone number is [REDACTED].
- If at any time I have comments, or concerns regarding the conduct of the research or questions about my rights as a research subject, I should contact the Teachers College, Columbia University Institutional Review Board /IRB. The phone number for the IRB is [REDACTED]. Or, I can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY, 10027, Box [REDACTED].
- I should receive a copy of the Research Description and this Participant's Rights document.
- If audio taping is part of this research, I (x) consent to be audio taped. I () do NOT consent to being video/audio taped. The written, and/or audio taped materials will be viewed only by the principal investigator and members of the research team.
- Written, and/or audio taped materials (x) may be viewed in an educational setting outside the research

() may NOT be viewed in an educational setting outside the research.
- My signature means that I agree to participate in this study.

Participant's signature: _____

Date: ____/____/____

Name: _____

Investigator's Verification of Explanation

I certify that I have carefully explained the purpose and nature of this research to _____ in age-appropriate language. He/She has had the opportunity to discuss it with me in detail. I have answered all his/her questions and he/she provided the affirmative agreement (i.e. assent) to participate in this research.

Investigator's Signature: _____

Date: _____

Appendix D
Critical Incident

Describe a factual that had a noticeable impact on your image of nursing.

Describe your image of nursing before the incident and after the incident.

Appendix E

Interview Questions for Nurse Subjects

1. Tell me about how you felt about the nursing profession when you graduated from nursing school?
2. Tell me about a time during your nursing career that you saw the profession of nursing in a different light?
3. Describe what led to any change in your perception of nursing?
4. How do you see the profession of nursing today?
5. How did the change that you described about your perception of nursing affect you as a nurse?

Appendix F

Interview Questions for Student Nurse Subjects

1. What prompted you to choose nursing as a career?
2. Describe how you see the image of nursing?
3. How has your image of nursing changed since you started the nursing program?
4. What factors influenced any change in your image?

Appendix G

Additional Interview Questions for Student Nurse Subjects

Student Nurses

I am conducting a study to try to understand how students view the image of the profession of nursing.

1. How do you view the profession of nursing?
2. How does working as a student nurse and observing RNs affect how you view nursing?
3. What message do you get from the public about the image of nursing?
4. How does that make you feel?
5. What message do you get from your professors about the image of nursing?
6. How does that make you feel?
7. What message do you get from your fellow students about the image of nursing?
8. How does that make you feel?
9. What do you think is true about your image of nursing that you didn't think when you first went into the nursing program?
10. What do you think was responsible for that change?
11. How do you believe this has affected how you value the profession?
12. How do you think this will affect how you respond as a nurse?

Appendix H

Additional Interview Questions for Registered Nurse Subjects

Registered Nurses

I am conducting a study to try to understand how nurses feel about the image of the profession

1. You have been involved in nursing for _____ years. How do you view the profession of nursing?
2. What messages do you get from other nurses about the profession of nursing?
3. How does that make you feel?
4. What message do you get from the public about the profession of nursing?
5. How does that make you feel?
6. How do others image of the profession influence your image of nursing?
7. Do you think that other's images of the profession create a problem in nursing?
8. What do you believe is the truth about the image of nursing?
9. How does that make you feel?
10. What distinguishes you as a nurse from the other health care professionals in your area?
11. Nurses are skilled in decision making and have autonomous control over nursing decisions. How much do you think your increased education, responsibilities and accountability is rewarded or recognized?
12. How much does this serve to promote professional conversations among you and your colleagues?
13. How well do you feel your first days working helped you to adapt to the stressors of work?
14. You have told me about how you think others view the profession of nursing, how does the message you hear affect the way you respond as a nurse:

- a. to patients?
- b. to other nurses
- c. in promoting nursing
- d. in furthering your education
- e. in leaving the unit/area/nursing altogether

Office of the Associate Dean
Box [REDACTED]

Appendix I

Institutional Review Board Permission

February 17, 2005

Lorraine Emeghebo

[REDACTED]

[REDACTED], NY [REDACTED]

Dear Lorraine:

Thank you for submitting your study entitled, "Nurses Perception of the Image of the Profession of Nursing"; the IRB has determined that your study is exempt from review.

Please keep in mind that the IRB Committee must be contacted if there are any changes to your research protocol. The number assigned to your protocol is 05-117. Do not hesitate to contact the IRB Committee at [REDACTED] if you have any questions.

Best wishes for your research work.

Sincerely,

[REDACTED]

William J. Baldwin,

Associate Dean

Chair, IRB

cc: File, OSP