CHAPTER II

REVIEW OF LITERATURE

A review of literature is an essential step in the development of a research project. An attempt is made to review the literature through all available reference sources in relation to the research problem. These studies are directly and indirectly related to the present study. Most of the studies are done abroad and only a few studies are done in India. Some studies in relation to the same topic from the non-nursing field are included in this chapter. All the information has some relation to the occupation and career perceptions of nurses in relation to their job.

The related literature is discussed under the following sections:

1. Nursing as a career.
2. Professional attitude.
3. Autonomy of job.
5. Job satisfaction.

Since studies and review of literature cannot be categorised in the above mentioned sections, an attempt has
been made to present the content in the following manner.

One of the aspects considered for constructing a tool for data collection was that of Nursing as a career. This topic has been sub-divided and discussed under the following headings:

(a) Factors affecting choice of occupation.
(b) Occupation and its bearing on nurse's role.
(c) Nursing career as linked with personal growth.
(d) Common illusions regarding nursing.
(e) Characteristics and pre-requisites required by the successful nurse.

Nursing as a Career

Though work is one of man's important social functions, all work is not considered prestigious, and all work is not given the same prestige. One could notice changes in social recognition and categorization of occupation. Salz Arthur has defined occupation as:

"That specific activity with a marked value which an individual continuously pursues for the purpose of obtaining a steady flow of income. This activity also determines the social position of the individual."

(63 : 424)

The choice of an occupation or career is one of the most important decisions any individual makes in the course of her/his life. In selecting a career several important factors are
involved. First, young people must understand their own life situation and the career chances that are possible for them. Second, they must have some knowledge of the career they choose and what it involves. Third, they must decide what avenues they will enter in their chosen career.

Lee Taylor emphasised occupation as, "one of the important characteristics concerning individual and society." (26 : 488)

There are various sociological compounds like career status, prestige, image etc. affecting occupation. Johnson remarked,

"Occupations are ranked not according to their functional importance, but according to their importance in the eyes of men, in a particular social system." (15 : 488)

Carl Jung has said,

"Because work, more than anything else, can be a way of life that is challenging, enriching, and fulfilling, it appears almost reckless to give little thought and preparation to choosing wisely, like pollution, cancer, and over population, neglected at the peril of mankind, careless career choice can, stifle the individual's job of living." (4 : 9-10)

Occupation is gainful employment or an activity that serves as one's regular source of livelihood. Lisbeeth Hockey has said,

"Occupational choice may be the result of a process happening over a period of time, perhaps several years, during which, certain kinds of occupation or career is chosen, while limiting or prohibiting others." (14 : 93)
The choice of occupation or career is not free but tends to be determined by the number of factors outside the control of an individual. Different types of personalities are affected by and suited to different kinds of occupations. Values also have an important role to play in the choice of occupation. They develop through a socialization process which is influenced by social and economic factors. Many times as a result of sudden events one is forced to make an unplanned occupational choice, since the final decision is based on crucial events. Most of the people plan their livelihood according to their interests, abilities and opportunities. There are at least four aspects to a career, "preparation, distribution, administration and advice." (45 : 244)

So choosing the field of work when one believes one may have the opportunity of doing something worthwhile is one of the most important decisions one will ever make. As one visualises the future, then the ambitions will need to be realistic which means the abilities should be matched with the expectations of the chosen field of study and activity.

According to Florence Kemp,

"In choosing the vocation which attracts and seems right, the individual anticipates a life which can be interesting, exciting, challenging and satisfying." (16 : 240)
Sigamany has said,

"A career is distinguished from a job in that a career proceeds with the course of one's life. As the dedicated person grows educationally and experimentally, parallel advances are made in one's life career. A career is a part of the individual's self esteem." (57 : 50)

So it is with a career in nursing, the growth of the person parallels the professional advancement of that individual in her nursing career. The greater the growth of the nurse in her career, the greater can be her contribution to social needs.

In India there are two main roads to being a registered nurse. One, by a three year diploma course, or a four year college or university programme. Regardless of her nursing programme, the graduate seeks initial employment as staff nurse in a hospital setting, so as to develop more fully her technical skills. If she is a graduate, she can make more rapid career advancement in terms of position and salary than her counterparts who have done other programmes.

Nursing is a profession that offers unlimited possibilities as a stimulating and satisfying career. Personal growth, and a vital role as a nurse is required in meeting the health needs of an expanding world. This makes nursing one of the most exciting of all professional careers.

Dun produced some common illusions about the nurses held by the public,

"All nurses are female,
All nurses work in medical or surgical wards."
All nurses are poor and live on little more than pocket money.
Nurses are born, not made.
Nursing has nothing to do with education, research, management.
Nurses exist primarily to carry out the doctor's orders."

(55 : 14)

This is not the right concept as it is seen today.

According to Abdellah the basic concepts of nursing practice are as follows:

(1) "Continuous mastery of human relations, including the mastery of technical and of managerial skills.

(2) Ability to observe and report with clarity the signs, symptoms and deviation from normal behaviour which would include the mastery of basic communication skills.

(3) Ability to interpret nursing problems and their solutions through the services which are the functions of nursing.

(4) Ability to analyse the nursing problems and carry out nursing functions, through proper course of action.

(5) Ability to organize the work and provide effective patient care which would help the nurse to help the patient to return to health."

(1 : 26)

In modern health services, the emphasis is more on team relationship, and nurses today belong to a wider team, comprising of doctors and other members of the hospital staff
and community health team. They have different levels of preparation and special complementary skills. The present day tendency therefore is to decentralise nursing from cities to interior district hospitals as well as rural and urban health centres, which in turn, is resulting in a constant flow of newly qualified nursing personnel into the field of community nursing. The change brought about in the pattern of distribution of nurses suggests the great need for defining and creating higher levels of nursing positions and describing the functions within each of the defined levels as well as establishing patterns of administration and supervision for putting the personnel into effective areas.

In the realm of nursing, as in other areas of social services, public relations at various levels is of prime importance. The well prepared professionally matured nurse is one of the most effective public relations tools in the nursing. The main objective of nursing services in a hospital is to secure and maintain the "goodwill of the community." In order to gain recognition in the hospitals from patients and from the society, the characteristics required in a nursing personnel are:

"To listen patiently, talk meaningfully, judge unemotionally, avoid hasty judgement, interpret properly, never gossip, never criticise, maintain interpersonal relationships, acquire a good knowledge regarding the policy and the administrative set up, know the available resources and other health agencies, acquire communication skills, respect others and accept constructive criticism." (62:153)
The nurses must achieve social identity.

According to Venkatraman,

"Social identity includes the properties of rights, duties, privileges, powers, liabilities and social status. For this, the nurse should have personality strengths."

(27 : 97)

The future of nursing as a career will depend upon the modern nurse being competent in performing her skills, being aware of her rights and duties, updating her knowledge to meet the current needs of society, and always striving to work hard to meet the challenge of her profession.

Professional Attitude

Another aspect considered for constructing a tool for data collection was that of professional attitude. Before going into the details of this aspect, it is essential to know: (1) what is a profession? (2) Who is a professional? (3) What are her/his functions? (4) What is an attitude? (5) What factors contribute to the formation of attitude? (6) How is professional attitude developed, and what are the characteristics of a professional nurse?

According to Dean et al,

"A profession is an occupation based on specialised intellectual study of training. The purpose of which is to supply skilled service with ethical components to others for a definite fee or salary." (34 : 169)
According to Butt,

"Profession is the mastery of a common body of knowledge and skill and to attain this, years of supervised study, learning and practice at a university is necessary." (17 : 169)

Every profession has a unique definite and essential social function to perform. McManus described the functions of profession as follows:

"The hard core of professional services is that which the professional performs, with expert care, and which is distinctive to that profession. It has expanding concepts and there is continuous delineation of routinized tasks which may be delegated to ancillary groups. The practitioners of a profession recognize their responsibility for continuously improving the quality and scope of their services." (17 : 49)

Abdellah et al have defined professional nursing as follows:

"Nursing is a service to individuals and to families, therefore, to society. It is based upon an art and science which mould the attitudes, intellecturals competencies and technical skills of the individual nurse into the desired ability to help people, sick or well, cope with their health needs, and may be carried out under general or specific medical directions." (1 : 24)

Aggarwal defined being professional in the following words:

"A professional is one who has sufficient knowledge and skills in her/his field of endeavour, renders useful and safe services to the community based on rational and scientific decisions, observes some degree
of professional ability, professional ethic and feels proud of her/his profession." (28 : 108)

**Professional Attitude**

After considering what is a profession and what are its characteristics, it is imperative to know about attitude.

Thurstone defined the term attitude as:

"The degree of positive and negative effect, associated with some psychological object." (10 : 6)

According to Heidgerken, there are many theories regarding the nature and sources of attitudes.

"The term attitude refers to a disposition, a readiness, an inclination, a tendency to act toward a specific object in a particular way." (19 : 149)

Lensic and Anderson identified a professional nurse in seven areas, mainly:

"(1) Supervision of patients.
(2) Observation of symptoms and reactions of patients.
(3) Management or care of patients.
(4) The accurate recording and reporting of facts.
(5) Supervision of others, application and execution of nursing procedures and technique.
(6) Direction and education.
(7) Secure physical and mental care and application and execution of the legal orders of physician."

(18 : 257)
Professional associations also contribute to the development of a right attitude. The following six attributes which mark a person's professionalism are:

(1) "A body of scientific knowledge as a common profession and extended by united efforts.

(2) A statement of conduct based on courtesy, honour, and ethics which guides the practitioner in the profession in relation with clients, colleagues and public.

(3) An educational process based on the body of knowledge in ordering, which the professional group has a recognised responsibility.

(4) A standard of educational qualifications for admission to the professional group based on character, training and proved competence.

(5) Recognition of one's status, by colleagues or state as a basis of good standing.

(6) Organisation of the professional group developed to its common advancement and its social duty rather than the maintenance of an economic monopoly." (49 : 225)

Each individual builds up her/his attitude towards an object as she/he becomes acquainted with it. These attitudes may be strong or weak, for or against, depending on pleasure or pain reactions received from it. From the individual's
point of view, an attitude is a feeling rather than overt action.

However the right people should be recruited in nursing with the right attitude to uphold the dignity of the profession.

Spencer, commenting on the 'Quality Nursing Care Myth or Reality?', has stated that,

"A professional nurse has to be kind, understanding, sympathetic, cheerful, sincere, hard and willing worker with competence, knowledge, well balanced, mentally and physically healthy."

(58 : 28)

The professional nurse must have all the good attitudes and an aptitude for nursing. So a nurse with the right professional attitude has faith in the fundamental values that underlines the democratic way of life. She is capable of establishing good interpersonal relationships with members of the health team, and with others. Her standard of work and professional achievements are high. She seeks to improve her skill, study and conduct research. She makes use of sound judgement and discretions in dealing with patients and family. She has a sense of responsibility for the status of nursing and tries to enhance it. She is proud of her profession, and considers it on par with other professions.

**Autonomy of Job**

The third aspect considered in this study was autonomy of job. Nursing is a profession that identifies itself as
humanistic, and adheres to a basic philosophy that focuses on individuality and the belief that the actions of men are in some sense free.

Munnall has stated:

"The nurse is the advocate of the individual's autonomy and acts to safeguard the patients' rights." (46 : 176)

Generally the nursing profession in modern industrial societies, needs to be more independent than those in the traditional societies. One of the prime objectives of professionalization is the development of autonomy.

Autonomy may be defined as, "perceived independence or control over work activities." (29 : 48)

Mandi has rightly pointed out that,

"One of the most difficult problems in socializing Indian women to various professional roles is developing independence, freeing them from subservience to the family and other similar groups where they hold status." (48 : 129)

Profession and autonomy are two sides of the same coin. Professions are occupational groups linked with institutions of intellectual and enlightened wisdom with competent selfless service to the society. Autonomy is self righteousness for self determination and self governance - a core component of any profession.
Chowdhary has mentioned that,

"Autonomy is an integral part of professional heritage. It is the very fabric of a profession. Autonomy helps a profession to establish, maintain and promote a distinctive image in a society. By virtue of its autonomous status a profession enjoys power and authority and attains a respectful status in society." (53 : 241)

In the national health services equal to other disciplines, nursing too is a powerful professional force. This profession has the privilege to be called "noble" but the unparallel truth is that nursing is a profession without autonomy. Though nursing is a profession of paramount importance within the national health delivery system, yet it has been deliberately deprived of an autonomous status.

In the prevailing situation of various areas of nursing services, the condition is even more critical. Whether it is within the hospital or community, nurses everywhere work as subordinate to their medical chief. In a hospital, where nurses, function as the major task-force, the leadership positions are deliberately kept away from them. The chief nursing positions in a hospital or in a community set up are always on an inferior rank to that of the medical authorities.

Early nursing in the world did not acquire an autonomous status. This was probably because most nurses were women and status of the female was low. The decision making areas for nurses were narrow. The lack of autonomy has impeded the
progress of the profession making the professional activities sluggish and stagnant. Thus a low opinion of nursing has been imposed gradually, which has altered the course of nursing towards an undesirable end.

History reminds us that autonomy, independence, and freedom do not come; they are to be attained. There has been gradually a growing discontentment amongst the nursing personnel. The professional reform is the main task today before the new generation of nurses. They are to resume the stir with renewed vigour, to push it forward to the path of autonomy.

The World Health Organization expert committee also pointed out that, "if you want to improve medicine, first you should improve nursing." (55 : 112). The care, cure, medicine and the patient are the four pillars of Medical and Nursing profession, both are correlated with each other. Therefore, there is a need for drastic revolutionary changes in the nursing profession, so that society may know the real value, status and position of nursing personnel and the profession. Because our profession is public oriented and it meets the needs of the society, so the nursing profession, needs to be independent in order to meet the health needs of the community.

Pinch has rightly said that,

"Increasing responsibility and accountability of the nurse demand more than scientific knowledge, Nurses must face decision making
that requires them to act with justice and wisdom, it is believed that the autonomy would affect the kind of action taken in the professional role. If the autonomy was not part of the role, the restrictions existing in the work set up that prevent autonomy, then anxiety from ethical dilemmas might result, not necessarily from the inability to resolve the situation, but from the inability to implement the desired solution." (50 : 372)

**Job Specification**

The fourth aspect studied was job specification. Several questions were posed in relation to the topic. However, due to the brevity of this paper, the following factors will be considered:

1. What is job specification?
2. Who should write and what information to include in the job specification.

The knowledge needed by the nurse today differs greatly from that needed three decades ago. She is now required to master a complex growing body of knowledge and make independent judgements about patients and their care. Her knowledge, skill as well as devotion, has to meet the challenge of this automated age of super technology.

According to Goddard, job means,

"The group of duties, responsibilities and activities assigned to an individual." (10 : 45)
The essential foundation for any personnel programme is a careful determination of the scope of the work to be done. It is necessary for the purpose of recruiting a suitable number of desirable and qualified individuals to perform the work and it is equally important as a basis for selection, transfer and promotion.

Gallagher has said,

"It is apparent then, that job specification must be prepared. A description of the work to be performed and a description of the qualifications required of the applicant facilitate selection of staff." (70 : 60)

In order to appraise an opportunity, the applicant should have a clear description of the responsibilities and qualifications that a particular position requires of her.

Jean Barrett has clearly mentioned that:

"the function to be performed by the holder of a job, his obligations, and the person, or persons to whom he is responsible should be clearly set down in a job description." (2: 136)

These jobs are customarily prepared by the employer and serves as a form of an agreement, based on a contract. Both employer and employee know what is expected. In all the types of wards, departments and special units, the head nurse should be familiar with the job descriptions for the positions to be filled by persons on her staff. There should be specific activities and responsibilities written for all the nursing personnel.
The personnel department may be involved in the task of observing a person working in the job and then describing the main points of the post. The person performing the job may be asked to undertake the main tasks of collecting information. It is important that once the job specification is written, the employee works towards it. The involvement of nursing personnel is considered very important. For two reasons: (1) Job description is all inclusive because it is developed by the person who actually performs the job, and is familiar with all its intricacies; and (2) it is more readily accepted by the employee because she/he has been consulted as to its format and content.

The staff nurses, the ward sisters, sister tutors, assistant matrons and matrons should be actively involved in the formation and completion of their respective functions.

What to include in job specification depends greatly on the organizational set up and the task requirement of the nursing personnel. In general, the information should include facts that explain what the job is, what specific duties and responsibilities are included, what general conditions and situational factors are involved, where the job is performed and how the duties are performed. One of the sample of job specifications may include title of the job, department, location, job summary, hours of duty, holidays, salary range etc.
The purpose of writing the job specifications, is that all the nursing personnel will be aware of their functions and responsibilities within the department. This would clarify the relationships between jobs, thus avoiding duplication of effort. This also would help the employees to gain an understanding of her/his job.

Some of the advantages are that, the job holder is aware of her/his responsibilities. Competently structured job specification will allow skilled resources to be employed more effectively, encouraging initiative and providing a satisfying degree of autonomy. An accurate analysis of jobs will serve to ensure that conflict of roles do not occur.

Some of the disadvantages are that writing is very time consuming and updating goals require constant revision. Outdated assignments kill initiative, promote lethargy and reinforce resistance to change, and people will only do what is in the written proforma.

Job Satisfaction

The fifth aspect studied was job satisfaction. Ever since the time of man's arrival on this good earth, he/she must have worked for his/her survival and has depended on the work.

Herzberg et al (1957) concludes that:

"There was a systematic relationship between job satisfaction and certain work behaviour as well as job dissatisfaction and other work behaviour." (23: 8)
Job satisfaction thus is a pleasurable emotional state resulting from the perception of one's job fulfilling or allowing the fulfilment of one's important job values, provided these values are compatible with one's needs.

Different levels of satisfaction are related to different occupational levels with the highest occupational level being accompanied by the highest satisfaction. The range reported for each of the occupational groups shows wide variation of satisfaction even within an occupation.

Schaffer (1953), emphasized,

"Variables within the individuals as contributing to satisfaction and to dissatisfaction. He felt there was some psychological set of mechanisms that operated to make people satisfied or dissatisfied in general." (18 : 8)

The term "job satisfaction" has been used in different ways. Job satisfaction is a pleasurable or positive emotional state resulting from the appraisal of one's job experiences. Since a job is not an entity or a physical thing, but a complex of inter-relationships of likes, roles, responsibilities, interactions, incentives and rewards, job satisfaction has to be intimately related to all of them.

The important job dimensions are:

"Work : including intrinsic interest, variety, opportunity for learning, difficulty, chances of success etc."
Pay: including amount, fairness or equity, method of payment etc.

Promotions: including opportunities and fairness of basis for growth in the job.

Recognition: including praise for accomplishment, credit for work done, criticism etc.

Benefits: Such as, pension, annual leave, paid vacations etc.

Working conditions: such as hours of work, rest pauses location etc.

Supervision: including supervisory style and influence, human relations, etc.

Co-workers: including competence, helpfulness, friendliness etc.

Management policy: including concern for employees human relations etc."

(23 : 8-9)

Job satisfaction results from the perceptions that one's job fulfills or allows the fulfilment of one's important job values and the degree to which the values are congruent to one's needs. Among the most important values or conditions conducive to job satisfaction are:

(1) Mentally challenging work which the individual can cope with successfully.

(2) Personal interest in the work itself.

(3) Work which is not too physically tiring.
(4) Rewards for performance which are just and in keeping with the individual's personal aspirations.

(5) Working conditions which are compatible with the individual's physical needs and which facilitate the accomplishment of his work goals.

(6) High self-esteem on the part of the employee.

(7) Conditions (including individuals) in the work place which help the employee to attain the job values such as interest in work, pay and promotions, etc. and minimize role conflict and role ambiguity."

(23 : 13)

It could be said that if an occupation is chosen, it must be that it is chosen in the expectation of achieving a satisfying state of affairs. After he/she has attained some degree of permanency and has spent considerable time in it, does he/she has the same expectation of satisfaction.

Kuhlen (1963) has reported that,

"Job satisfaction varies with the degree in which a person's needs are satisfied by the occupation." (23 : 14)

Several factors have been shown to relate to registered nurse's job satisfaction. The way nursing care is structured in a hospital, work conditions, commitment to the organization, opportunities for promotion, and pressures of the work. Maximum job satisfaction is derived when the nurse is able to perform
her perceived role and this will be possible only in a conducive and permissive environment.

It is very important that all the categories of nurses will be clear in their role perception, so that they can perform their unique role. Though medical technology is well advanced in the development of sophisticated modern machinery and in various other aspects, yet the nurses in reality have no clear perception about the role they have to play. Thus nurses do not have job satisfaction.

Most studies of nurse's job satisfaction indicate that salaries and fringe benefits are less important to registered nurses than other factors; but compensation is indirectly related to both satisfaction and the length of time a registered nurse remains in a position.

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Weisman, Alexander and Chase found that,

"Satisfaction with pay was fifth in order among subscales of factors. The factors of work, promotion, supervision, and people were rated higher than pay."

(30 : 19)

Job satisfaction is an individual employee's evaluation of the work environment.
Smith (1963) has proposed that, "Job satisfaction was not the result of absolute positive or negative job factors. Instead, he believed that satisfaction was perceived from an individual's frame of reference. The individual's traits, needs, and experiences interact with the work environment to produce felt satisfaction or dissatisfaction with the job." (37: 98)

Actually, job satisfaction or dissatisfaction is the result of various attitudes the person holds towards his job, towards related factors and towards life in general. The various studies conducted in this field have pointed out that favourable experiences, tasks performed, feeling of accomplishment, recognition, coworkers security, and promotion are the main factors associated with this phenomenon. Satisfaction with nursing as a profession and with the specific job in which the nurse is employed may have considerable impact on the nurses' career, her work effectiveness and her relationship with others.

A satisfied nurse is more likely to remain in the work force than her dissatisfied colleague. How she feels about her job may influence the quality of her work and work relationships. In contacts outside of the job, her opinion on nursing may promote or deter the entrance of potential candidates into the nursing profession.

A clear perception of role and no job ambiguity is a very important contributory factor for job satisfaction.
Therefore, one can emphatically state that job satisfaction is synonymous with job autonomy.

Studies

Various studies carried out in relation to occupation and career perceptions of various nursing personnel are discussed in this chapter. Altogether eighteen studies have been presented in this study. Out of these, ten studies were done abroad and eight studies were done in India, two of them being doctoral thesis done by nursing personnel.

The title, name of the study, sample, tool used and the major findings are as follows:

Peter B. Morrison and Norma Grass Russo conducted a study in New York. The purpose of the study was to understand what motivates people to choose nursing education. The participants were 54 women who had been admitted to a two year diploma school of nursing. The students ranged in age from 17 years to 32 years, with a mean age of 20 years. Fiftyseven per cent of the respondents were 19 years old or younger. Of these entrant students were 52 per cent and had some prior experience in the hospitals. The students were presented with the list of ten motives (e.g. (1) Helping people, (2) Interest in science and medicine, (3) Excitement, challenge, (4) Improvement of health care, (5) Close relationships with people, (6) Financial reward, (7) Professional status,
(8) Security, (9) Meeting people, (10) Nurse in family); and were asked to "indicate the order in which they viewed the importance of each motive", and then to "indicate how she felt most people entering nursing school viewed the importance of each motive." Students ranked each motive from "most important", a rank of "1", to "least important", a rank of "10". The instrument was administered anonymously to the students during orientation sessions which took place prior to the beginning of the school year. The data were analyzed by calculating normalized ranks for each motive for the two conditions of self and most people.

The study showed, "how initial stage students of nursing ranked the importance of selected motives for themselves and for most people and it was found that there were significant differences in the way they perceived the importance of these motives for themselves and other people. Half of the motives were ranked significantly different for self and for most people. Students ranked their own motives as more altruistic and less materialistic than those of most of their colleagues.

"Helping people" and "Interest in science and medicine" ranked first and second and were not significantly different for self and others. The other three motives which students did not rate significantly different in importance were, "security", "meeting people", and "excitement challenge". The latter motive, "excitement challenge" is ranked third for self
and fifth for most people. Respondent's rating of "improvement of health care" ranked more important for self and "financial reward" ranked more important for most people. Further students viewed, "close relationships with people" as significantly more important to themselves than to most others, and they viewed "professional status" as significantly more important to the majority of their colleagues than to themselves. And, "nurses in the family" ranked last.

In conclusion, students apparently rated the importance of their own motives differently from the motives of most people entering nursing school and tended to see themselves as essentially more altruistic and human than their fellow students.

(46 : 34-40)

Reasons for entering the nursing profession and expectations of the entrance about the future career in nursing were studied by Loree and Lackie (36 : 30) in research project titled, "Occupation and Career Perceptions of Nursing Students in New Brunswick."

A questionnaire was distributed to all the students enrolled in the School of Nursing in 1976 in the University of Moncton and the University of New Brunswick. The response was received from 750 students, that is 80.6% of the total population. In the questionnaire the respondents were asked to select from the list of possible choices and rank in order of importance those students that closely corresponded with their own reasons for selecting nursing as a career. The responses were developed into two categories namely, those that
indicated a more professional concept of nursing and those
that illustrated a more traditional humanitarian image of the
nurses. (45: 34-40)

From the analysis of the respondents it was observed
that the students perceived diploma and baccalaureate programme
differently. Service to the others and an overall humanitarian
perspective was indicated by a majority of students surveyed but
there were also many who expressed a professional orientation
toward nursing. A significantly greater proportion of
Baccalaureate students than Diploma students were among the
latter group.

The relationship between programme and orientation
towards the nursing profession was given additional support by
data which indicated that Baccalaureate and Diploma students
also perceived their future career in nursing. Their nursing
roles were rather different. Occupational career goals and
expectation patterns both short and long term reflected
recognition by students of the relationship between their
preparation and career possibilities. Their selection was also
affected by the images of nurses and nursing that the students
hold prior to the enrolling programme.

The other study was done on incentives which vitally
affect role perception and role performance. This aspect of
incentive in the profession of nursing was studied by Carol and
Doris (1983) (55: 246) under the title "Incentives to nurses
and employment. The investigator had selected randomly 2000 nurses.

The objective of the study was to see the difference in the perceived incentives by the employed and non-employed nurses. Some of the factors considered as incentives were:

1. Professional role of the nurse.
2. Support given to the nurse by the administrative staff and/or nursing office.
3. Adequacy of laws regulating the practice of nursing.
4. Economic benefits.
5. Educational benefits.
6. Time demands of family and/or transportation.
7. Availability of desired schedules and/or position.
8. Adequacy of working conditions.

The tool used for the collection of data consisted of a questionnaire which contained 47 items. Each item had a 4 point rating scale and the respondents were asked to rate the statement.

The findings of the study were reported by the employment category namely, full-time, part-time, non-employed. The major findings as reported by the investigator were as under:

The workload factor, for the non-employed group, appeared to be similar to the autonomy factor, of the part-time group.
The professional recognition factor was more for the full-time employed group, also the recognition factor was similar.

In the part-time group there was a great concern for professional recognition. This recognition can come from the organizational structure, a monetary reward, or a sense that individuals are appreciated for their contributions.

Employed nurses seemed to have incentives they perceived as indicating. They are valuable members of the profession and feel they have control over their work.

The non-employed persons indicated that they want to be valued as professionals and it is important to them to be able to structure their work time.

The second question in the study investigated, whether or not incentives specified in the questionnaire discriminated among the employed and non-employed groups of nurses. A discriminant analysis was computed using three groups - full-time, part-time and non-employed.

To differentiate among the three groups in this study, two functions were computed. Sixtyfive per cent of the nurses were classified as either full-time, part-time or non-employed. Although this is a relative percentage of accurate classification, 35% of nurses not appropriately classified tended to be in the part-time group.

A second analysis was computed for only the employed and non-employed nurses. In this analysis 84% of the subjects
were accurately classified by the discriminate function. There were differences in the functions generated for the two groups.

The first analysis did not classify the groups as accurately as the second analysis, because for some items the part-time nurses responded similarly to the full-time nurses. For other items, their responses matched those of non-employed categories namely:

1. The group of students that aspired to be nurses.
2. The group of students that did not want to be nurses.
3. The group of nurses that rejected nursing after initial consideration.

The average age of all students included in sample was 17 years, and their achievements in verbal test of intelligence was nearly identical. The main findings of the study were:

1. The majority approved of doctors, nurses and teachers, combining career and marriage but not while their children were of pre-school age.
2. Nursing aspirants felt more assured as a career than the other students.
3. The most frequent source of information about nursing for nursing aspirants were people and mass media associated with the profession, for students in either groups, those outside the profession.
(4) The primary source about nurses for the total group was the nurse herself.

(5) Most students conceptualized nursing as dedication to service but were uninformed about the degree of independence of function in nursing.

(6) Nursing aspirants, however, seemed more aware of the different levels of nursing functions.

(7) The students most often perceived subjective rewards as the major advantage and bad working hours as the major disadvantage of the career.

(8) Only half of the nursing aspirants and almost none of the other students ranked nursing first as the career offering the greatest opportunity for satisfaction.

To find out the reasons for the growing shortage of individuals in nursing profession and to account for higher turnover and high drop out rate, a nursing research was undertaken by John and Sophia to find out the reasons for dropouts. Various investigators indicated as follows:

(1) Scholastic failure.
(2) Loss of interest.
(3) Dislike for nursing profession.
(4) Increased personal and family responsibilities.
(5) Disadvantages of background.
With a view to provide information to the career counsellor and screening committee for nursing programme, with insight and information useful in identifying students with the greatest likelihood of becoming nurses, Pavalko (1969) had also conducted a research project. The study was intended to identify the social characteristics of young women recruited to the nursing profession.

The investigator had studied the problem keeping in mind the five different variables namely, socio-economic status, residence, marital status, attitude and time of occupational choice.

The result clearly reflected that many persons who planned to become nurses, when they were seniors in high school, had not achieved their goal by the time they reached young adulthood. Also race, in particular being black, was also a contributing factor in the failure to realize the expectation to become a nurse. Persons of low socio-economic status were less likely to become nurses than were those of high socio-economic status, but analysis revealed that this effect was linked with race and ability.

The data add to the growing evidence that recruitment into nursing is changing. It is further indicated that the demand for nursing careers among the traditional student groups (young, single female) is decreasing but it is increasing among the "non traditional" groups (older persons with experience who often have family responsibilities).
It is also found that an early decision to enter nursing is related to greater commitment to a career in the nursing profession and marital status bears little relationship to whether a nurse is actively employed in the profession. It is further noticed that women today are following less traditional roles with respect to work and family. (36 : 236)

Another study entitled "Preconceptions of the Nursing Role." A case study of an entrant class was undertaken by Eleanor P. Stoller in New York. A questionnaire was administered to 34 students who had registered for First Year class in three year's diploma school of nursing in the first week of their class.

The same questionnaire was also administered to the 23 students who were to graduate in a week. The questionnaire which was administered, consisted of 21 statements describing attitude towards the nursing role. The students were to express their responses in a seven point scale. The 21 statements in the question were related to the different aspects of nursing roles, professional, traditional and utilitarian.

Analysis of the response showed, "Shift in the attitudes of the entrants and the senior students. For each of the 21 students the mean score and the standard deviations were calculated. The difference in the mean of the entering students and those of the graduating students were compared. The results were also compared on the basis of experience of the
entrants. It was observed that the entrants brought with them preconceptions of the nursing role. The freshmen with previous hospital experiences differed from the freshmen without experience in their anticipation of greater detachment in their relationship with the patients. Students at initial stage did not view the registered nurse as an expert with definite contribution in describing the plan of her patient care. The graduating students had developed more awareness of the contribution of the registered nurse in determining patient care. They showed greater commitment to the nursing profession." (69 : 2-14)

Another study was conducted in the University of Minnesota by Professor Mitzi L. Duxbury et al. The topic of the study was "Head nurse leadership style with staff nurse Burnt Out* and job satisfaction in neonatal intensive care units."

The purpose of the study was to find out the relationship of head nurse’s leadership style with self-reported staff nurse burnt out and job satisfaction in neonatal intensive care units.

The sample consisted of 283 registered nurses employed in staff nurse positions in 14 neonatal intensive care units (NICUS). The population studied was all staff nurses employed in the NICUS. These nurses reported 57.3% of all potential subjects from the 14 NICUS. Participation was unrelated to sex, age, type of

*Burnt out is an individual’s behavioural manifestation of inability to cope with continued emotional stress. (37 : 98)
nursing, education, marital status, work, effort (part-time or full-time), previous experience and the number of years in the nursing field.

A self contained questionnaire was given to all staff nurses who had participated in the study.

The findings of this study clearly supported that, "the leader's attitude and behaviour tend to affect the behaviour and attitudes of the subordinates. Further, study emphasized that the competence in NICU nursing requires an over expanding knowledge and a background for complex decision making on moral and ethical issues." (38 : 97-101).

This research supports the fact that a head-nurse promotes the organizational goals of high production emphasis and maintains higher levels of NICU staff nurse satisfaction and lower levels of NICU staff nurse burnt out, when the leader also manifests higher scores on consideration.

Rebecca Bergman et al conducted a study on "Worklife of the graduates of school for practical nurses in Israel." One of the purposes of the study was to determine whether there was job satisfaction in the nursing profession. Opinions were obtained by questionnaire from a random stratified sample of 431 graduates.

The study revealed that, "Personal satisfaction with nursing was high (3.06 out of maximum 4.0) among most of the respondents. Work conditions, the next highest item (2.39)
was graded considerably lower than personal satisfaction. Both salary conditions (1.97) and career opportunities (1.96) received less than 50 per cent satisfaction. This showed greater satisfaction in nursing in general than with the work situation.” (31 : 167-198)

Studies of nurses and other health professionals indicated that autonomy is an important determinant of job satisfaction and turn over. Cheryl Alexander et al conducted a similar study. This study analysed selected characteristics of hospital nursing units to identify those features of the work setting, that influence staff nurse’s perceptions of autonomy and comparisons among nurses who work in different clinical areas.

Data were collected by introducing 789 non-supervisory registered nurses who were employed full time at one large university affiliated to a hospital. Personal and job related information was obtained for each nurse. Structural features of units, such as workload, were gathered from head nurses’ reports and hospital records.

Findings indicated that, "Nurses' perceptions of autonomy are influenced by both personal characteristics of the nurse and structural features of the units. The nurses' sense of personal efficiency and the relationship she has with her head nurse are two important determinants of autonomy, across all units. Workload, primary nursing, and staffing patterns
are influential factors in predicting autonomy for nurses, who work in critical care areas. Nurses' decision making power is enhanced when they care for smaller number of patients, particularly in more critical care environments, such as surgical and special care units. Nurses who rotate shifts on special care units, report higher level of perceived autonomy than do nurses who work fixed shifts. It also suggested that amount of control nurses have over their work is the first logical step in promoting nurses' job satisfaction, reducing their turn over and in promoting the professionalization of nursing. Redesigning jobs by instituting primary nursing or reducing the number of patients each nurse must care for, appears to increase nurses' involvement in work related decision making." (29 : 48-52)

Another research study was conducted among 200 engineers and accountants. The workers were asked in their first interview, what experiences at work has a marked effect in increasing their job satisfaction. The second interview was conducted to ask the workers what experiences had resulted in job dissatisfaction. The findings indicated that, "five factors stood out as strong determinants of job satisfaction, achievements, recognition of achievement, work itself, responsibility and advancement. A completely different set of factors caused job dissatisfaction and that is company policy, administration, supervision, salary, interpersonal relations
and working conditions. A good environment prevented job
dissatisfaction but did not create true happiness. True job
happiness came from the nature of the work itself." (4 : 26-27)

Another study was conducted for job satisfaction of
college teachers, from the junior and senior colleges in
S.V. University area of Andhra Pradesh. The sample for the
study was 440 college teachers equally distributed between
the two sexes, two managements and two levels. The sample was
selected by a multistage stratified random sampling procedure.
In that the hypothesis was that:

(1) Women teachers would be more satisfied with their
job than their men counterparts.

(2) Teachers in government colleges would be more
satisfied than those in private colleges.

(3) Junior lecturers would be less satisfied than
senior lecturers.

The study revealed that, "Women teachers are more
satisfied with their job than their men counterparts. Teachers
employed in Government Colleges are less satisfied than those
in Private Colleges. There is no significant difference
between the level of job satisfaction of lecturers working in
junior colleges and degree colleges." (52 : 211-218)

P.K. Nandi conducted a study on, "Cultural Constraints
on Professionalization. The Case of Nursing in India." She
A socio-economic survey was done by Ramchandra. The nurses were selected on the basis of random stratified sample, giving proportionate representation to nurses belonging to different professional status. The income patterns was also taken into consideration.

For selecting the sample, the different aspects covered under the study were: (1) Educational background, (2) Income, (3) Job satisfaction, (4) Expenditure, (5) Housing conditions, (6) Family background, (7) Cultural communal and social background, (8) Recreational activities and membership of T.N.A.I. (Trained Nurses' Association of India) and S.N.A.I. (Students Nurses' Association of India).

From the study the following findings were arrived at:

"On the whole it could be seen that the educational background of the nurses was quite satisfactory. On the professional front, they were not so happy. Pay scales were very poor in comparison to the heavy duty load, the income and expenditure pattern showed that the nurses
from a class of their own with lower middle class economy. It was the facilities like free accommodation etc. Provided by the Government that enabled the nurses to make both ends meet, with their meagre income. Their housing conditions were generally good. The families of the nurses were pretty large with the majority of adult members remaining unemployed. The profession had cosmopolitan character with members from all parts of the country." (51 : 84-86)

Kakad and Dean had undertaken a study on "Nursing Student's Background, Choice of Profession and Professional Satisfaction."

Their study was confined to 20 B.Sc. Post basic and 28 B.Sc. Nursing students of the Nursing College, Chandigarh. The data was collected from this sample by using interview as a tool.

Their main findings were that,

"Twenty percent of the nursing students joined the profession only when they failed to secure admission in medical college. Nearly 48 per cent of the students had joined the nursing profession because of certain advantages in the profession for example, if they entered the nursing profession, jobs are easily available. Twenty per cent of the respondents felt
that entry into this profession will enable them to go abroad and only 15 per cent of the students had joined the profession with an intention of serving humanity. The other aspect that was considered in the study, was a job satisfaction. It was observed that 62.5 per cent of the students had job satisfaction whereas the remaining 37.5 per cent of the students expressed that they did not have job satisfaction. The students who had expressed the dissatisfaction mainly belonged to the group who had joined the profession only because they failed to get admission in medical college."

The problem of "Change of occupation among nurses" had been studied by Kakad and Dean. This study was undertaken by interviewing 250 nurses. The study revealed that,

"Nearly 55 per cent of the group expressed the desire to seek an occupational change. Those who sought to change the field of work mainly were Hindus and Sikhs. The majority of the Christian nurses were against changing their occupation. The desire to change the occupation was mainly expressed by the nurses living in urban areas, since it provided greater opportunity to improve the standard of living. It was also observed that the majority of the nurses desiring a change, belonged to the age group of 26 years to 35 years."
Another factor which was responsible to change the occupation was availabilities of facilities to acquire higher education." (43 : 61-63)

Another study was conducted by Jayalakshmi (1979) on "Nurses' Role Performance." The results of the study showed that:

1. The activities related to direct nursing care functions had not been adequately performed.

2. All the activities related to indirect nursing care functions had been regularly performed. In case of failure or indifference in the performance of these activities, they were liable for adverse actions.

3. Regularity in nurses' performance was mainly determined by the organization.

4. Nurses' role performance was also influenced by the role perception but not to the extent of being regular, because of the workload.

The findings could be concluded as follows:

"The nurses' role performance is influenced by three factors: (1) role demands, (2) role perceptions, and (3) role facilities.

The study also highlighted that,

"the hospital organization was mainly responsible for inadequate role performance of the nurses. The organization was specific in the role demands only
regarding the subsidiary functions of the nurse. It failed to give due emphasis on nursing functions. The research report rightly concluded that the organization's inability to provide comprehensive nursing care was mainly due to inadequate role performance of nurses, which in turn was greatly affected by defective policies, and lack of role facilities in the organization." (41 : 63-68)

The above study indicates that there are a lot of differences in the role performance of nurses and the hospital demands. Hospital policies and routines are the determining force in a nurse's role performance.

The above mentioned studies illustrate that the nurses' role performance is influenced by the following factors:

(1) Most of the nurses, who come from the lower socio-economic group, are more interested in bettering themselves financially than professionally.

(2) Nurses learn theory from tutors and practice is gained under the supervision of ward staff. This ambiguity causes lower role performance.

(3) Job satisfaction was rather poor. Many entered the profession when they failed to get admission to the medical colleges.

(4) Professional pride and international activities were seen only in certain areas, for example, in emergency
ward, ICCU (Intensive Coronary Care Unit) and A.K.D. (Artificial Kidney Dialysis).

(5) Many of the nurses in the age group of 26 to 35 of urban areas, wished to change their profession due to facilities for higher qualifications.

(6) The organization policies seemed to easily evaluate the non-nursing functions than comprehensive nursing care, which is a real nursing function.

Thus, there seemed to be a perceived difference in the role performance of nurses and the hospital demands, which are mostly non-nursing nature, for example, record keeping, equipment etc.

Thus it can be concluded that proper selection of candidates with right attitude is a must. Therefore, the hospital organization must be geared up to help nurses to put emphasis on their comprehensive care and encourage the nurses' pride in their profession and thereby achieve high role perception.

The following two Dissertations for Ph.D. degree are discussed as follows:

Vinodini G. Namjoshi (1974) has written a thesis for her Ph.D. degree on "Social background of nurses in two districts—of Gujarat State" namely Ahmedabad and Bhavnagar.
In her thesis there is an attempt made to study how values and norms of society affect status of an occupation in society and to study the social background of nurses. She prepared two tools for data collection. One tool was a self administered questionnaire for the nurses and second tool was for the interview for the nursing tutors, doctors and social workers.

The data was collected from 210 nurses of which 158 were from Ahmedabad and 52 were from Bhavnagar.

The findings of the study are shown as under:

"It was found that the nurses did not want to improve their professional status either by inservice training or by participating in other professional activities. The commitment of the nurses to the profession was comparatively less, because they had joined the profession for economic reasons.

The investigator had observed that due to misconceptions about the profession, nurses have been looked down in society. The author has suggested that efforts should be made to bring about changes in the public image regarding the nature of work and the responsibility of the nurses towards society. And this change can be achieved with the help of social workers."
Since the training of the nurses as it was practised then, did not create professional conscientiousness in the nurses, so the training programme should be reconsidered.

The respondents had also suggested that due to different personnel participating in teaching, theory by nurse tutors and clinical experience is given by sisters and staff nurses, so there is a creation of ambiguity. Respondents also felt that they were exploited by the hospitals. Hence the basic nursing training should be discontinued and the degree course in nursing must be started.

The author has expected that it was an exploratory study and hence generalizations can not be done on the basis of its findings." (67 : 244-252)

Another study related to the field of nursing was undertaken by Naina S. Potdar (1985), Principal of I.T. College of Nursing, Bombay. The title of the study is, "A Critical Study of Existing Admission Procedure for Admission to the B.Sc. Nursing Course."

It is the latest work and it describes and discusses the admission criterion followed by different Colleges of Nursing. The data was collected from 17 out of 20 Colleges of Nursing, all over India, by the questionnaire and interview method, as a tool for data collection.
The study revealed that,

"All the Colleges of Nursing have some criteria for admission of candidates to the B.Sc. Nursing Course. Marks of the qualifying examination was considered as one of the criteria in a large number of colleges. Entrance examination of the colleges included either/or all criteria namely, achievement test, interview, practical test and aptitude test. The necessity of standardized procedure regarding the admission of candidates to the B.Sc. Nursing Course should be emphasized to the Indian Nursing Council, Heads of the institutions, teachers and students of Colleges of Nursing.

With the limited number of colleges and seats and the large number of applicants for the B.Sc. Nursing Programme, efforts should be made to following the standardized admission procedure for the selection of students.

It is very important to standardize the achievement test for B.Sc. Nursing as one of the criteria for entrance examination. Aptitude test exclusively for Nursing should be prepared and made available to the Colleges of Nursing, so that it can be used as one of the criteria for entrance examination to bring up the standard of Nursing Education and patient care."
To increase the productive value for academic success it is worthwhile to improve the interview and practical test procedure and they should be also included at the entrance examination. The high correlation between the achievement tests and B.Sc. nursing examination marks suggests the need for including the achievement test as one of the criteria for the entrance test." (68 : 247-248)

In the following chapter method of study is discussed in detail.