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Elements of Professional Nursing Identified by Nursing Experts

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ELEMENTS OF PROFESSIONAL NURSING IDENTIFIED

BY NURSING EXPERTS

By

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ABSTRACT

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The purpose of this study was to identify elements that are

necessary in formulating a definition of professional nursing which

are in agreement with specified leaders in nursing of the United

States of America. This descriptive study used a two round Delphi

survey technique. Forty-eight Fellows of the American Academy of

Nursing (F.A.A.N.) responded to the survey. Each subject was mailed

an introductory letter, a demographic inquiry and a questionnaire

containing a list of elements of professional nursing on two

occasions. The data generated by the questionnaires were analyzed

through descriptive statistics, specifically calculating the

percentages for each level of response for each element. A total of

161 elements were identified at the completion of the study. Of these

elements, only one did not meet the criteria for inclusion in a

definition of professional nursing.

Dedication

This study is dedicated to my husband, Dan, who never stops giving his love, support and commitment.

Acknowledgements

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CHAPTER 1

INTRODUCTION

Introduction

The discipline of nursing has had and continues to have image

problems, in part because of years of debate about whether or not

nursing really is a profession. Many believe that the continued

debate over what nursing is and whether or not it is a profession has

caused nursing to be viewed as a weakened and frustrated discipline.

As stated by Steel (1984), "never agreeing on the most basic of

philosophies - such as the lengthy arguments over nursing's definition

- keeps us busy fighting each other while the world moves by. With

this kind of internal struggle, in the end our weakened position is

reflected in our inability to negotiate with others" (p. 16).

It is difficult to pinpoint when the debate over whether or not

nursing is a profession first began. However, in 1902 when the

American Journal of Nursing came into existence, a physician by the

name of Worcester used the journal to discuss the concept of

professionalism (Crowder, 1985). Worcester identified five

characteristics which are necessary for a discipline to be considered

a profession and regarded nursing as a profession. Subsequently, many

physicians argued against his viewpoint and the great nursing

professionalism debate began.

Crowder (1985) highlights various factors which have made it difficult for nursing to be considered a profession. Some historical factors are the differing levels of nursing education currently required for practice as a registered nurse (i.e., diploma, associate and baccalaureate degrees in nursing) and the stereotype of nurses being subservient and obedient to physicians. Crowder also notes that the perception held by many nurses that nursing is a job and not a career, results in a lack of commitment to nursing by its practitioners. In addition, only a small percentage of nurses are members of the American Nurses Association, the major voice for nursing in America. Crowder concludes that the combination of these factors has produced decreased political power for nurses and a clouded view of their own profession nationwide (1985).

On the other hand, with today's increased educational demands for nurses, society's general acceptance of women with careers, and the promotion of women's careers due to increased financial family needs, nursing is viewed more and more as a profession. However, there continues to be debate about whether or not nursing actually is a profession. And even among those who agree that it is, there is lack of agreement on the meaning of the phrase "professional nursing." Because nurses are in disagreement over what characterizes professionalism in their discipline, they lose credibility among other disciplines.

Likewise, nurses become confused about, and then frustrated by, the apparent lack of definition and purpose in the discipline. This lack of definition is demonstrated by the inability of nurses to answer the question, "What is a professional nurse?" In 1859,

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Florence Nightingale wrote " ...the very elements of nursing are all but unknown" (p. 6). One hundred and nineteen years later, little had changed. Partridge noted in 1978, "There is no universal agreement regarding what a nurse, or nursing is" (cited in Coler & Sutherland, 1983, p. 224), and Peplau states in 1978, that nursing continues to suffer an identity crisis (Coler & Sutherland, 1983).

Purpose

This study attempted to elaborate on Florence Nightingale's statement by identifying the essential elements which are necessary for defining professional nursing. This study identified elements that are necessary in formulating a definition of professional nursing based on data generated from specified leaders in nursing of the United States.

CHAPTER 2

REVIEW OF THE LITERATURE AND THEORETICAL FRAMEWORK

Review of the Literature

The literature review conducted for this study included two

separate but related questions. First, what elements are generally

used to define a profession; and second, what elements are

specifically used to describe the nursing profession? The review

identified several common themes used in describing a profession,

including the characteristics of a profession, explaining the image of

a profession and discussing the strength and power of a profession.

The review also revealed that the element of image is the most

important element used to describe the nursing profession.

Because most of the analyses about professions have been written

by sociologists, most of the literature reviewed in this study was

that of sociologists who are well known for their work in analyzing

professions. Parsons (1968), notes three core criteria essential in

determining whether or not a vocation is a profession. First, is the

need for "formal technical training" which is evaluated by some

"institutionalized mode." The evaluation should analyze both the

"adequacy of the training and the competence of the trained

individuals." Second, the profession must have a skill of some form.

Finally, through some "institutional mean," the skill must be put to

"responsible social uses" (p. 536). Parsons also describes the

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professions as being composed of two primary categories. The first is the profession of learning itself which has the two main functions of "learning through research and scholarship, and transmitting the learning to others" (p. 537). The second category of the professions is the "applied branch" which functions to "serve society" (p. 537). Parsons (1968) also states that one prominent characteristic of a profession is "adherence to the pattern of individual fee-for-service practice" by professionals. However, he notes that with more professionals practicing in complex organizations, "it is becoming less and less practicable for a majority of professional personnel in any field to practice in the individual fee-for-service" (pp. 541-542).

Similar to Parsons in describing the overall features of professions, Carr-Saunders and Wilson (1964) also speak of "a technique" which is acquired through "prolonged and specialized intellectual training," and state this technique provides a "specialized service to the community." The service provided is for "a fixed renumeration whether by way of fee or salary" (pp. 284-285). Carr-Saunders and Wilson (1964) also note that a profession has a responsibility to ensure that practitioners are competent in their skill and that this overseeing of competence is sometimes "shared with the State." With or without the cooperation of the State, they form associations which are the "machinery for imposing tests of competence and enforcing the observance of certain standards of conduct." Along with this, they speak of formal associations as a characteristic unique to professions. They state, "A profession can only be said to exist when there are bonds between the practitioners and these bonds can take but of one shape -- that of formal association" (p. 298).

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When speaking of the overall features of professions they speak of "a technique" which is acquired through "prolonged and specialized intellectual training." Overall, Carr-Saunders and Wilson view the unique characteristic of a profession as "the existence of specialized intellectual techniques, acquired as the result of prolonged training" (pp. 284-285).

From another point of view, Elliot (1972), views "the professional ideal" as having three important aspects: "the notion of service, an emphasis on professional judgement based on professional knowledge and a belief in professional freedom and autonomy in the work situation" (p.95). Elliot elaborates on the concept of autonomy by stating that autonomy is dependent on a variety of factors in varying situations. The factors he speaks of include "the type of work, work relationships, associations and institutions" where the professional practices (p. 95).

Although these authors have some similar themes in their definitions of professionalism, there is an overall lack of agreement regarding the elements which constitute a profession. Crowder (1985) further demonstrates this lack of agreement through a review in which 10 theorists stated 41 characteristics which were components of a profession (Bixler & Bixler, 1945; Cogan, 1953; Flexner, 1915; Glader, 1966; Goode, 1972; Greenwood, 1972; Rueschemeyer, 1972; Schwartz, 1904; Storey, 1958; and Worcester, 1902). Of the 41 characteristics, only two had any level of congruence (p. 148).

After reviewing what has been written, it is obvious that there is a lack of congruence in the elements used to describe

professionalism. Nonetheless, there are some prevailing themes throughout the literature. Some common themes include formal intellectual training, specialized skill, formal evaluation of the training program and competence of the practitioners' skills, fee for service, ongoing research to promote learning, autonomy, service to society, and formal associations. While the authors have attempted to define professionalism by looking at its characteristics, others have taken different routes.

Very little research has been documented on the elements to be included in a definition of professional nursing. Most of what has been completed has investigated the image of nursing. Most research about nursing professionalism uses the terms of "role conception" and "nursing image" in an attempt to explain professional nursing instead of trying to define it. Two such researchers are Coler and Sutherland (1983) who studied the linking of professional role image to semantics. Their study took place in an acute care psychiatric unit in a small New England general hospital. The population consisted of 33 individuals who were divided into three groups. Group one was classified as Nursing Service, Professional, which included all 17 registered nurses of the unit. The second group was classified as Nursing Service, Non-professionals, which included 4 licensed practical nurses, 2 mental health technicians, 2 recreational workers, and 8 psychiatric assistants. Group three was classified as Other Professionals, and consisted of 3 psychiatrists and 9 psychotherapists. The subjects were asked to complete a 32 item questionnaire which contained open-ended responses. First they were to list 10 words which described their role. Next, they were asked to

rank, in order of prestige, the professions of their health care team. Finally, they were asked to rank in order of professional importance, the professions of their health care team.

The Role Image Index (RII) was used to calculate a measure of role strength by looking at the use of nouns given in the replies of the subjects. The use of common identification words to identify roles and the subject's view of his or her therapeutic importance to the patient were also measured.

Firstly, the results showed Group three, Other Professionals, as having the highest group Role Image Index. Group one, Nursing Service, Professional, was significantly lower than Group three. Group two, Nursing Service, Other Professionals, had the lowest score. Secondly, in the identification of words used to describe roles of their profession, the Nursing Service, Professional group used the most extensive variety of words to define their roles. Thus the investigator concluded a higher degree of confusion among this group. The Other Professional group was second, followed by the Nursing Service Non-Professionals. Finally, in the area of therapeutic importance, only 35% of the subjects in the Nursing Service, Professionals Group ranked their group in the primary position.

Overall, nurses displayed a significant amount of confusion regarding their role. The authors suggest that a definition of the role in "concrete, meaningful, and nominal" terms be developed as opposed to "vague descriptive terms." This would help nurses to "communicate the essence of a strong and stable [nursing] profession" (p. 229).

In a study of the image of nursing, Austin, Champion and Tzeng (1985), used Hughes' 1980 review of magazines, novels, and newspapers dated from 1896 - 1976 to study the public stereotype of nursing. Austin, Champion and Tzeng found nursing to have the image of being a female occupation of virtue, purity and maternal instincts. Minimal notation was made regarding intelligence or academic preparation. The views of the purposes of nursing were: nursing as a road to marriage, a physician's helper, or a religious calling. Due to these findings, Hughes suggested that the nursing profession concentrate on achieving a more professional image by the general public (pp. 231-239).

Austin, Champion and Tzeng (1985), went on to examine conceptual ratings for the words "Nurse" and "Feminine" across 30 various language/culture communities. The authors suggested that before nurses can be valued by the public, it is necessary to research and better understand nursing's present image. Data used for this study were previously collected by May, Miron, and Osgood (1975) in Cross-Cultural Universals of Affective Meaning, which contains ratings on 620 concepts from 30 different language/culture communities around the world. Within each language/culture community a sample of 1,200 high school males rated 620 concepts against the evaluation (E), activity (A), and potency (P) dimensions of each concept. Austin et al. only examined the concepts of "Feminine" and "Nurse."

The results revealed positive attributes or disposition toward the concept of "Nurse" shown by a positive evaluation (E) rating in 29 of the 30 cultures. The dimension of activity (A) was also rated very positively by 26 of the 30 cultures, indicating that nurses were viewed as very active. However, the potency (P) factor reflecting

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strength and powerfulness, was rated negatively in 50% of the cultures. Overall, the concept of "Nurse" was rated good and active, but not powerful.

When the concept of "Feminine" was studied, the results were similar to those seen with the concept of "Nurse" in that "Feminine" was also rated as good and active, but not powerful. Finally, when the concepts of "Feminine" and "Nurse" were compared in their relationship to one another, a strong positive Pearson product moment correlation resulted. Twenty communities had values of $r = .90$, 4 of $r = .80$, 1 of $r = .70$ and 4 of $r = .60$. These results support a strong relationship between nursing and "femininity."

If there is an overall positive attitude toward nursing, why is there so much negative literature about nursing's image? Austin et al. suggest that it may be due to the view that nursing or nurses are not strong or powerful and therefore cannot function independently. They argue that attempts to change the image of nursing must be aimed at changing the public's perception of nursing. The image should change from one of being weak and dependent to one of being strong and independent so that nurses can function effectively in independent and interdependent roles.

Theoretical Framework

Before the nursing profession can become strong and independent and change the public's perception of its discipline, it must first clearly define its role. Role ambiguity forms the basis of the theoretical framework for this study. Hardy and Conway (1978), explain role ambiguity as existing when "the participants in social systems may not entirely agree on which norms are relevant for some

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positions. The norms may be vague, ill defined, or unclear. Disagreements on role expectations are generally associated with a lack of clarity in role expectations rather than conflicting role expectations" (p. 81). All of these conditions apply to nursing. Nursing's role expectations have changed throughout history from being subservient to becoming more independent. Expectations of nursing continue to change in the areas of technology, knowledge, independence, accountability, professional status, and educational requirements. Lastly, nurses are assuming more expanded roles as a result of increased educational requirements. Unfortunately, as the many expectations of nursing have changed, the nursing profession has not agreed upon a "norm" or "definition" of professional nursing as a basis from which to grow. As a result, many people question what nursing is and what the expectations as well as limitations of nursing should be. The profession itself has not agreed on the level of education necessary for entry into practice. This position alone contributes to the role ambiguity within the profession.

Nurses experience this role ambiguity as frustration, confusion and alienation because they are torn between their beliefs and others' expectations. For example, nurses are taught the expectations of the nursing profession in schools of nursing. However, they experience a discrepancy in these expectations when they enter the work force. Nurses become unclear as to which model of nursing they should follow: their own, their employer's, their school of nursing's, or society's.

To help reduce this role ambiguity, Imogene King's conceptualization examines what the foundations for nursing practice

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are regardless of environment and applies this knowledge to develop a framework that is applicable to all aspects of nursing. In her own words, her goal is "to develop a conceptual frame of reference that has implications for practice, teaching, and research in nursing" (King, 1971, p. 124). Five concepts prevail in King's conceptual framework, one of which is interpersonal relations. She defines this concept as the interaction between two or more people to achieve a common goal. King states that nursing must have a common goal from which to build the discipline. She emphasizes that if common goal setting is not achieved then the people involved will not grow because they will not be working together. Nursing presently does not have a common goal upon which the profession agrees and thus nurses are not working together for the growth of the profession.

Summary and Implications of the Literature Review and Theoretical Framework

One theme consistent throughout the literature review is nursing's image as a confused and frustrated discipline. Another image is that the public's perception of nursing must change for nursing to achieve a more professional status in society. However, the literature does not specify what this image should be or how professional nursing ought to be defined. The literature does suggest some general themes associated with professionalism, such as formal technical training, a formal evaluation of the program and of the practitioners, ongoing research, vocational skills, service to society, formal associations, fee for service, establishment of standards and autonomy. But, when summarizing the information available regarding professionalism, it becomes clear that, even though there are common general themes, there

is not clear agreement about what constitutes a profession, let alone what constitutes the profession of nursing. When nursing attempts to define itself as a profession, there are no clear cut standards to apply. Consequently, nurses are experiencing role confusion in their practice because there is not an accepted standard, or definition, of what the realm of professional nursing involves. To decrease this confusion and ensure the future of the nursing profession, an acceptable definition of professional nursing must be established as a philosophical base within which the profession can function. However, before such a definition can be formulated, it is imperative to identify the elements which are necessary in a definition of professional nursing.

Research Question

This study attempted to answer the question; What elements do current leaders in nursing agree upon as necessary in formulating a definition of professional nursing?

CHAPTER 3

METHODOLOGY

Design

This descriptive study was conducted using the Delphi Survey technique to answer the question: what are the elements necessary in formulating a definition of professional nursing? A random sample of nursing leaders were surveyed regarding their opinion about the elements which should be included in a definition of professional nursing. Once the subjects completed one round of ratings, the results were tallied by the investigator. The results were returned to the subjects and they were asked to rate the elements again. The results were again tallied by the investigator to identify the subjects' consensus on the necessary elements.

The Sample

A convenience sample of 100 subjects was targeted for this study. The subjects were Fellows of the American Academy of Nursing (F.A.A.N.), "a body of scholars and statespersons constituted to provide national leadership to guide the future of the nursing profession" (Report from the American Academy of Nursing, June, 1986). The Academy strives to achieve this mission through three mechanisms. "First, the Academy provides leadership for the nursing profession itself, defining and addressing the key issues in nursing practice, scholarship and research, education, administration and

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economics. Second, the Academy represents a major forum through which

the nursing profession contributes to the establishment of the

national health care agenda. Third, the Academy actively promotes

nursing's relations with the public, encouraging recognition and

acceptance of nursing as a distinctive and autonomous profession"

(Report from the American Academy of Nursing, June, 1986).

Members of the Academy are elected when they have made significant

contributions toward excellence in the nursing profession. These

areas of significance may include curriculum development, training

programs, research, nursing education, nursing practice, nursing

management, or health services. The members may also have completed

important authorships, development of health policy, or health

planning. Another area for election is leadership in nursing

organizations at the local, state or national level (American Academy

of Nursing, Fact Sheet, 1985).

The 1989 F.A.A.N. directory, listing 561 members, was used to

identify 100 subjects. The first subject was selected based on a

table of random numbers. Every fifth member from that point on was

selected to participate until 100 subjects were identified.

Instruments

The questionnaire developed specifically for this study contained

98 elements used by various authors to define/describe the words

"profession," "nursing," or "professional nursing." See Appendix A.

While conducting a literature review, the investigator made a list of

any elements authors used in defining or discussing the concept of

professionalism. The list was narrowed down to 98 elements as some

elements were synonymous with one another. The 98 elements composed
the questionnaire for this study.

The subjects were instructed to rate each element according to how
important it was in characterizing professional nursing. The
following ordinal measurement scale was utilized to rate the elements:

3 = Of High Importance

2 = Of Moderate Importance

1 = Of Low Importance

0 = Of No Importance.

Five blank lines were added to the end of the questionnaire so the
subjects could write in additional elements they felt were not
included in the questionnaire. These additional elements were added
to the second questionnaire and identified by prefixing them with an
explanation of why they were on the second questionnaire. The
elements to be included in a definition of professional nursing were
any that had a rating of 2 or 3 by 50% or more of the subjects.

Before the questionnaire was mailed to the Fellows, it was
reviewed by 10 expert clinicians in Western Michigan, each of whom has
a Master of Science in Nursing degree and a minimum of 6 years of
current health care experience. Each was solicited on the basis of
his/her qualifications and varying nursing expertise. These
clinicians were asked to review the questionnaire for clarity of
directions, the rating scale, any elements not identified, and overall
appearance. Their suggestions were incorporated into the
questionnaire.

A demographic inquiry (Appendix B), was also developed by the
investigator. This included questions relative to the subjects age,

experience, education and geographic location. The demographic
inquiry was used to obtain an overall picture of the subjects'
characteristics.

Human Rights Protection

The investigator obtained implied consent when the completed
questionnaires were returned from the subjects. In addition, a letter
was issued explaining the purpose of the study, how the subjects were
selected, what would be done with the information, assurance of
confidentiality and freedom to withdraw at any time, and a promise
that each subject would receive final results of the study (Appendix
C). Consent from the American Academy of Nursing was sought through a
formal letter from the investigator (Appendix D). Verbal permission
was obtained from the Academy via telephone from the Coordinator,
Administrative Services of the Academy.

Subjects were assigned a code number throughout the study to
assure confidentiality. In addition, the code numbers were kept in a
file at the researcher's home, separate from the other data. If at
any time, a subject expressed the desire to withdraw from the study,
his/her request would have been honored. However, due to the fact
that data were tabulated with each round and distributed to the
subjects for a subsequent round, the data obtained prior to a
subject's request for withdrawal from the study would have remained a
part of the study. None of the subjects requested withdrawal.

Procedure

Each subject was mailed an introductory letter (Appendix C) along
with a demographic inquiry (Appendix B) and an "Elements of
Professional Nursing Identified by Nursing Experts" questionnaire

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(Appendix A). The subjects were instructed to rate the
characteristics on a scale from zero to three, with zero being of no
importance to professional nursing and three being of high
importance. The subjects were asked to return the questionnaire in a
pre-addressed, stamped envelope within 21 days from the date the
questionnaire was mailed. A due date was identified. On the 12th day
from the date the questionnaires were originally mailed, a reminder
post card (Appendix E) was mailed to those subjects who had not
responded. The investigator waited until 4 weeks after the original
due date to begin tabulating data from the first round as
questionnaires were not being returned as anticipated. No additional
questionnaires were returned after this time. For the first round, a
total of 54 completed questionnaires were returned within a 7 week
time period, resulting in a 54% return rate.

The results of the first round were determined by computing the
percentage of responses for each element's score of three, two, one
and zero. For example, if the response of 27 subjects out of 54 was
three, then 50% of the subjects picked the level three response for
that element.

Eleven weeks after the first mailing, a second letter (Appendix F)
and questionnaire with the additional elements (Appendix G) was mailed
to the subjects along with a summary of Fellow subjects' responses in
the form of percentages. The percentages for each level of response
of all the subjects were listed on the second survey underneath each
corresponding element. The subjects' own responses for each element
were listed underneath each element of their particular questionnaire
so they could compare their responses to the others. This second

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round provided an opportunity for all the subjects to maintain or change their responses based on the feedback of the other subjects. The subjects had 41 days from the mailing date to return the questionnaire. Subjects were granted a longer period for return in the second round because 21 days was apparently not enough time in the first round. Again, reminder post cards (Appendix H) were mailed to those subjects who did not respond by the 12th day from the time the second questionnaire was mailed. The investigator waited 4 weeks after the due date to begin tabulating the data to assure that all questionnaires were received. No questionnaires were received after this time. For the second round, a total of 48 completed questionnaires were returned, resulting in a 48% return rate.

The final percentages for the levels of response for each element were computed from the results of the second questionnaire mailing. Any elements having a rating of two or three by 50% or more of the subjects were identified for inclusion in a definition of professional nursing.

After the final data were tabulated and analyzed, the subjects were mailed a letter of appreciation for participating in the study (Appendix I). They also received a summary of the study results.

CHAPTER 4

RESULTS

Characteristics of the Subjects

Forty-nine of the 54 subjects returned the demographic inquiry. All the subjects were over 40 years of age. Twenty-six percent of the subjects were between 41 and 50, 43% were between 51 and 60, and 31% were over 60 years of age. Most of the subjects were Caucasian (n=46). Two subjects were Black and one subject chose to respond to this question as not applicable. Various educational degrees were represented among the subjects and ranged from diplomas in nursing to post doctoral fellowships (Appendix J).

Subjects' responses in relation to years of nursing experience in practice, education and/or administration, were not able to be separated into distinct categories as most of their experiences overlapped. Some subjects also listed other areas of experience that were not included in the inquiry. See Table 1 for a listing of the responses received.

Table 1

Areas of Subjects' Nursing Experiences

Nursing Experience	n	Average years of experience
Practice	46	9.4
Education	46	16.5
Administration	42	11.9
Other	1	11.0
Research	1	14.0
Consultant	1	10.0

Most of the subjects' experiences were in the East and Midwest.

The subjects' present geographic locations were evenly distributed.

(See Table 2.)

Table 2

Primary and Current Location of Subjects' Experiences

Primary Geographic Location of Experiences	n	Subjects' Current Geographic Location	n
Western	9	Western	13
Eastern	15	Eastern	13
Midwestern	18	Midwestern	11
Southern	6	Southern	12
Other*	1		

* The subject stated that the locations of experience for him/her were all about even between Eastern, Midwestern and Southern.

Research Question

To answer the research question; "What elements do current leaders in nursing agree upon as necessary in formulating a definition of professional nursing," percentages were calculated for each level of response, for each element.

The first round had 98 elements listed with five blank lines for the subjects to identify additional elements. The subjects listed an additional 63 elements resulting in a total of 161 elements at the end of round one. Most of the subjects rated the additional elements they listed. However, some listed elements without a rating. Therefore in the second round, the subjects were instructed to rate the 63 additional elements in comparison to 0, 1, or 2 of the subjects' previous ratings.

The investigator received 12 responses from subjects who did not participate in the study with explanations of why they were not able to participate. These explanations included:

-hospitalization

-returned by postal service due to no forwarding address

-just returned from out of the country

-"I really had trouble with completing it (the questionnaire), I didn't get into it."

-unable to participate at this time (3 different responses).

-death

-"First, I have some concerns about your research design, and second, I find it would be too time consuming to deal with these concerns and also to respond to your questions. I hope you do find what you are seeking."

-does not participate in Delphi Study techniques.

-university position is to only complete studies from official nursing related organizations (NLN, AACN, ANA, etc.).

-returned with one-third completed.

Forty-eight subjects of the 54 subjects who responded in round one returned questionnaires in round two. This resulted in a return rate of 48% from the original sample and 89% from the first round sample. Overall, the 48 responses from round two, represented 8.6% of the total F.A.A.N. membership. The investigator did not receive any explanations from the 6 subjects who did not respond in the second round.

All the elements except one were rated at levels 2 and 3 by 50% or more of the subjects. The only element that was rated below 2 by 50% or more of the subjects was "Organizational Employment" with a score of 47.9%. There were 24 elements which 100% of the subjects rated at levels 2 and 3 as shown in Table 3. Some of the elements listed in this table could possibly be viewed as similar. Examples would include ethics, ethical code and ethical, a science and scientific knowledge, utilization of research and use of research results, independent decision making and autonomy in directing and giving care.

Table 3

Elements Rated at Levels 2 or 3 by 100% of the Subjects

| | | % Response | |
Element	n	2	3
Independent decision making	48	12.5	87.5
Collegiality with other professionals	48	18.8	81.3
Expansion of a body of knowledge	47	6.4	93.6
A Science	48	20.8	79.2
Autonomy in directing and giving care	47	8.5	91.5
Self-directedness	47	2.1	97.9
Intellectual knowledge	47	8.5	91.5
Accountability	47	2.1	97.9
Continuing Professional Education	48	6.3	93.8
Ethical Code	48	4.2	95.8
Communicates expert knowledge to professional successors and wider publics	48	4.2	95.8
Commitment to colleagues	48	31.3	68.8
Common values	48	54.2	45.8
Concerned about issues which affect the profession	48	16.7	83.3
Commitment to the profession	48	18.8	81.3
Competence	48	2.1	97.9
Open to new ideas	48	8.3	91.7
Specialized developed skills	48	20.8	79.2
Scientific knowledge	48	10.4	89.6
Ethical	48	6.3	93.8
Utilization of research	48	10.4	89.6
Ethics	46	17.4	82.6
Use of research results	47	19.1	80.9
Use of current literature	48	16.7	83.3

All but one of the elements were rated at levels 2 or 3 by 50% or
more of the subjects. This indicates that these subjects felt that
160 elements were essential in a definition of professional nursing.
Some elements received higher ratings than others. The 10 elements
which received the highest ratings overall are listed in Table 4.

Table 4

Ten Highest Rated Elements

	Percentage of Response				
Elements	n	3	2	1	0
Competence	48	97.9	2.1		
Self-directedness	47	97.9	2.1		
Accountability	47	97.9	2.1		
Ethical Code	48	95.8	4.2		
Communicates expert knowledge to professional successors and wider publics	48	95.8	4.2		
Intelligent caring	48	95.8	2.1		2.1
Continuing professional education	48	93.8	6.3		
Ethical	48	93.8	6.3		
Research	48	93.8	4.2	2.1	
Honesty and integrity	48	93.8	4.2	2.1	

The elements which received the lowest ratings are listed in
Table 5. Even though these elements may be viewed as having the
lowest ratings, it is important to note that all but one were rated at
levels 2 or 3 by greater than 50% of the subjects. Consequently, even

though these elements received the lowest ratings, all but one would be included in a definition of professional nursing according to the study's criteria.

Table 5

Elements With The Lowest Ratings

Elements	n	Percentage of Response			
		3	2	1	0
Organizational employment	48	8.3	39.6	27.1	25.0
Self employed	48	6.3	58.3	16.7	18.8
Being with	43	25.6	44.2	16.3	14.0
Payment Fee/Charge	46	23.9	45.7	17.4	13.0
Opportunist	48	27.1	41.7	18.8	12.5
Supervise others (LPN, Aide)	48	22.9	47.9	16.7	12.5
Financial reward is not to be considered the measure of success	47	12.8	55.3	21.3	10.6
Referral mechanisms	47	34.0	48.9	6.4	10.6
Internship	48	18.8	31.3	39.6	10.4
System theory knowledge	48	22.9	47.9	18.8	10.4
Economics	48	43.8	37.5	8.3	10.4

CHAPTER 5

DISCUSSION/IMPLICATIONS/CONCLUSIONS

Discussion

The results of this study are congruent with the themes of professionalism found in the literature. These themes included formal technical training, a formal evaluation of the program and of the practitioners, ongoing research, vocational skills, service to society, formal associations, fee for service, establishment of standards, and autonomy. The subjects did agree on which elements are important to include in a definition of professional nursing. However, in concert with the literature, the subjects were not able to narrow down the elements which characterize the nursing profession.

Are all of these elements truly essential to a definition of professional nursing? Do the many demands and expectations made on nurses today reflect all of these elements? Or, should the criteria for inclusion be altered to include only the top 10 elements with a level 3 rating or all elements rated at levels 2 and 3 by 100% of the subjects for levels 2 and 3? These data would be more manageable to incorporate into a definition of professional nursing.

Table 4 lists the 10 highest rated elements according to the number of level 3 ratings they received. The elements of "competence," "self-directedness," and "accountability" were the highest rated elements.

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Another way for identifying the essential elements, would be to look at those which were rated at levels 2 and 3 by 100% of the subjects. As illustrated in Table 3, there are 24 elements which fall into this category. The only element, according to the results of this study, which would not be included in a definition of professional nursing is "organizational employment." Even though the majority of nurses in the United States are organizationally employed, the subjects did not feel this was a necessary element for professional nursing. Therefore, it can be assumed that location of employment is not indicative of professionalism.

Finally, by comparing the 10 highest rated elements with the 10 lowest rated elements, it becomes apparent that the 10 highest rated elements are of a cognitive nature whereas the 10 lowest rated elements are more process oriented. Perhaps a definition could be achieved by using the top 10 rated elements as major categories. Then, the remaining elements could be appropriately classified under one of the 10 categories to further clarify the components of the category. For example, the element of competence may have the elements of system theory knowledge, intellectual knowledge, hands-on expertise, and specialized developed skills identified with it to further clarify what is meant by the term of competence.

These data re-emphasize the present confusion regarding the role of the professional nurse. As early as 1971, Imogene King's goal has been to eliminate this confusion by "developing a conceptual frame of reference that has implications for practice, teaching, and research in nursing" (King, 1971, p. 124). King believes that nursing must have a common goal from which to build the discipline. She states

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that if a common goal is not defined, people will not be working

together and therefore the people and the profession will not grow.

This study did not identify a common goal for nursing.

Implications

The findings from this study have implications for nurses in

clinical practice, nursing educators, nursing administrators, nurse

researchers and clients. Nurses in clinical practice will continue to

experience role ambiguity until a definition of professional nursing

is agreed upon and realized. Role ambiguity will continue to be

displayed by nurses as frustration, confusion and alienation because

they will continue to be torn between their beliefs and others'

expectations.

Clients will continue to experience the role ambiguity within the

nursing profession as they have contact with nurses who are

frustrated, confused and alienated. Clients will also continue to be

confused about nursing's role as their expectations may differ from

those of the nursing profession. Consequently, clients may perceive

that they are not receiving adequate health care from the nursing

profession.

Nursing educators have an obligation to incorporate the findings

of this study into their instructional activities so that students

will be better prepared to understand and adjust to the role ambiguity

within the profession. Educators should include content in their

curriculum which addresses the problem of role ambiguity and how

students can adjust and cope with the resulting confusion. Nursing

students must be aware that their values regarding professional

nursing may differ from others thus resulting in role conflict. This

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awareness would help nurses to understand and better cope with the role confusion they experience when entering the work force.

Nursing administrators are responsible for defining the elements of professional nursing within their organizations, communicating this definition to the nursing staff, and enabling nurses to practice in an environmnent consistent with the definition. In concert with this, nursing administrators and educators are obligated to collaborate with one another so that the expectations which are taught within the schools are in synchrony with the expectations of the work place and that the workplace is conducive to the educational theory taught within schools of nursing. For example, in developing curriculums, nursing educators and nursing administrators need to consult with one another to assure that students are being prepared by educators to meet the needs of the workplace and that practicing nurses are receiving new knowledge regarding the profession from their employers.

Nursing researchers need to continue to conduct studies which analyze whether or not the profession is reaching a consensus on the elements necessary in formulating a definition of professional nursing. Once the elements are identified, nursing researchers must continue the process by analyzing whether the profession is reaching consensus on a definition of professional nursing which is realistic and practical for the profession.

Limitations

Although randomly drawn, the 48 subjects who returned questionnaires resulted in a relatively small sample size in comparison to the entire Academy membership. A larger sample size of

the Fellows may produce different results. Therefore, the results

should only be applied to the Fellows who completed the study.

Other limitations include the inability of the investigator to

verify that the subjects completed the questionnaires themselves as

opposed to delegating it to another person; interruptions while

completing the questionnaire which may have changed the subjects'

thought processes; the environments in which the subjects completed

the questionnaire may have varied from those which were quiet and

conducive to concentration and those which were noisy and not

conducive to concentration; potential misunderstanding of the

directions to the questionnaire; and lack of clarity of the levels

used for rating the elements.

Recommendations

In conducting a similar study, the investigator has several

recommendations:

1. The original time frame of 21 days to return the

    questionnaire was too short and should be increased to 7

    weeks as this is the time frame it actually took to receive

    the completed questionnaires.

2. The reminder post-cards should be mailed out 3 to 4 weeks

    after the original mailing date as opposed to 12 days. Many

    questionnaires were returned within the first 3 weeks,

    therefore the investigator would be saved extra work by

    waiting a longer period of time.

3. The rating categories should distinguish critical elements.

    For example, instead of defining level 3 as being of high

importance, a better definition might be "is absolutely imperative to professional nursing."

4. Elements added by the subjects were viewed as synonymous with those which were originally listed on the questionnaire. However, in order to avoid investigator bias, these elements were not incorporated with the original elements. Instead, they were listed as separate elements. Perhaps if the "like" elements were combined, a greater consensus would have been achieved because the element list would have been more condensed. One way to avoid investigator bias in this situation, would be to appoint a panel of judges who would decide if the additional elements would be viewed as synonymous with those listed in the original questionnaire.

5. In the first round the subjects were asked to rank the elements as opposed to rating them. This error in terminology was noted by one of the subjects. Subsequently, the subjects were asked to rate the elements in round two. It is not known whether this had an effect on the results.

6. A pilot study may help to illustrate items on the questionnaire which needed to be changed or clarified to help the subjects obtain a more narrowed consensus.

7. A larger sample should be surveyed to be more representative of the overall group consensus.

8. It would be interesting to have other members of the nursing profession complete the questionnaire of this study. Other members to consider would be university faculty, deans of schools of nursing, vice presidents for nursing in various

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health care settings, staff nurses in various facilities, nurses who are self-employed and any other groups which can be identified. These groups could be studied either individually or in comparison to one another.

9. This Delphi study included two rounds. If additional rounds were completed, perhaps a greater consensus would be achieved.

10. It would be interesting to conduct a study listing the top 10 elements as categories and then request subjects to place the remaining elements under the categories as appropriate.

Conclusions

This study identified the elements which are necessary in formulating a definition of professional nursing by 48 fellows of the American Academy of Nursing. One hundred sixty-one elements were identified with only one element not meeting the criteria for inclusion in the definition.

The findings of this study could suggest that nursing continues to be a profession which is confused or unclear regarding role expectations of its members. Even when consensus is sought, the varying opinions of its members make it difficult to compile the information into a meaningful and practical definition. The findings could also suggest that the nursing profession has numerous expectations which make it difficult to define. However, some common themes are apparent and perhaps all of the elements identified in this study could be categorized into these themes. Though these results are disconcerting, the profession must continue to strive toward achieving a definition from which all of its members can identify and build upon to strengthen and empower the profession.

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APPENDICES

Appendix A

Elements of Professional Nursing Identified

by Nursing Experts

By

Audrey D. Haag

Questionnaire (Round One)

The following pages contain elements which have been used by various authors to define/describe "profession," "nursing," or "professional nursing." Circle the number which most accurately reflects how important each word or phrase is to you, in characterizing professional nursing (3 being of high importance and 0 being of no importance).

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

| | | Rating | | |
Elements	NO	LOW	MOD.	HIGH
1. Independence	0	1	2	3
2. Independent decision making	0	1	2	3
3. Collegiality with other professionals	0	1	2	3
4. Development of nursing theory	0	1	2	3
5. Monopoly of a service	0	1	2	3
6. Prestige	0	1	2	3
7. Expansion of a body knowledge	0	1	2	3
8. Interest of society before personal interest	0	1	2	3
9. An art	0	1	2	3
10. A science	0	1	2	3
11. Service orientation	0	1	2	3
12. Autonomy in directing and giving care	0	1	2	3
13. Adhering to a culture within the profession	0	1	2	3
14. Mandatory Licensure	0	1	2	3
15. Members credentialed by their peers who control the accrediting system	0	1	2	3

0 = Of No Importance			2 = Of Moderate Importance		
1 = Of Low Importance			3 = Of High Importance		

	Rating			
Elements	NO	LOW	MOD.	HIGH
16. Courteous	0	1	2	3
17. Cheerful	0	1	2	3
18. Well groomed	0	1	2	3
19. M.S.N.	0	1	2	3
20. B.S.N.	0	1	2	3
21. Political influence	0	1	2	3
22. Technical language	0	1	2	3
23. Unique standards	0	1	2	3
24. Self-directedness	0	1	2	3
25. Hands-on expertise	0	1	2	3
26. Nursing process	0	1	2	3
27. Dedication	0	1	2	3
28. Financial reward is not to be considered the measure of success	0	1	2	3
29. Practical	0	1	2	3
30. Intellectual knowledge	0	1	2	3
31. Community sanction	0	1	2	3
32. Accountability	0	1	2	3
33. Continuing professional education	0	1	2	3
34. Basic field of inquiry is University recognized	0	1	2	3

		Rating		
Elements	NO	LOW	MOD.	HIGH
35. Ethical code	0	1	2	3
36. Unique body of knowledge	0	1	2	3
37. Specialized expertise	0	1	2	3
38. Expertise founded on a theoretical body of knowledge	0	1	2	3
39. Communicates expert knowledge to professional successors and wider publics	0	1	2	3
40. Commitment to colleagues	0	1	2	3
41. Common values	0	1	2	3
42. Concerned about issues which affect the profession	0	1	2	3
43. Commitment to the profession	0	1	2	3
44. Leadership	0	1	2	3
45. Power	0	1	2	3
46. Competence	0	1	2	3
47. Medical knowledge	0	1	2	3
48. Compassion	0	1	2	3
49. Ability to inspire	0	1	2	3

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

| 0 = Of No Importance | | | 2 = Of Moderate Importance | |
| 1 = Of Low Importance | | | 3 = Of High Importance | |

Elements	Rating			
	NO	LOW	MOD.	HIGH
50. Confident	0	1	2	3
51. Open to new ideas	0	1	2	3
52. Having a sense of humor	0	1	2	3
53. Dignity	0	1	2	3
54. Self-assurance	0	1	2	3
55. Manager	0	1	2	3
56. Treat	0	1	2	3
57. Cure	0	1	2	3
58. Greater than the sum of its parts	0	1	2	3
59. Comfort	0	1	2	3
60. Coordination	0	1	2	3
61. Collaboration	0	1	2	3
62. Intelligent caring	0	1	2	3
63. Reimbursement	0	1	2	3
64. Formal technical training, that validates the adequacy of the training, and competence of the trained individuals	0	1	2	3
65. Specialized developed skills	0	1	2	3
66. Institutional means of assuring the skill is put to socially responsible uses	0	1	2	3

			Rating		
Elements		NO	LOW	MOD.	HIGH
67. Research		0	1	2	3
68. Authority		0	1	2	3
69. Organizational employment		0	1	2	3
70. Self employed		0	1	2	3
71. Formal associations		0	1	2	3
72. Sense of responsibility for the competence and honor of colleagues		0	1	2	3
73. Prolonged training		0	1	2	3
74. Caring		0	1	2	3
75. To serve		0	1	2	3
76. Empathy		0	1	2	3
77. Sensitivity		0	1	2	3
78. Compassion		0	1	2	3
79. Primary care		0	1	2	3
80. Secondary care		0	1	2	3
81. Tertiary care		0	1	2	3
82. Health care		0	1	2	3
83. Community care		0	1	2	3
84. Home care		0	1	2	3
85. Institutional care		0	1	2	3
86. Mental health care		0	1	2	3

0 = Of No Importance
1 = Of Low Importance
2 = Of Moderate Importance
3 = Of High Importance

0 = Of No Importance			2 = Of Moderate Importance			
1 = Of Low Importance			3 = Of High Importance			

	Rating			
Elements	NO	LOW	MOD.	HIGH
87. Holistic care	0	1	2	3
88. Self care	0	1	2	3
89. Treatment of individuals	0	1	2	3
90. Treatment of families	0	1	2	3
91. Treatment of groups	0	1	2	3
92. Treatment of communities	0	1	2	3
93. Observe	0	1	2	3
94. Listen	0	1	2	3
95. Test	0	1	2	3
96. Assess	0	1	2	3
97. Diagnose	0	1	2	3
98. Monitor	0	1	2	3

*Note: In numbers 99 through 103, list any concepts which, in your opinion, have not been identified in this questionnaire and rate them accordingly.

99. Other_____	0	1	2	3
100. Other_____	0	1	2	3
101. Other_____	0	1	2	3
102. Other_____	0	1	2	3
103. Other_____	0	1	2	3

Appendix B

Demographic Inquiry

Please complete the following information before proceeding to the "Concepts of Professional Nursing Identified by Nursing Experts" questionnaire:

1. EDUCATION (list most recent first)
   School   Location   Degree   Year

   _____

   _____

   _____

2. YEARS OF NURSING EXPERIENCE IN THE FOLLOWING AREAS:

   a. Practice_____ years

   b. Education_____ years

   c. Administration_____ years

3 Your age (check):

   a._____ 30 - 40 years   c._____ 51 - 60 years

   b._____ 41 - 50 years   d._____ > 60 years

4 Your primary demographic location of experience has been in (circle):

   a. Western U.S.A.   c. Midwesten U.S.A.

   b. Eastern U.S.A.   d. Southern U.S.A.

5 Your present demographic location is (circle):

   a. Western U.S.A.   c. Midwestern U.S.A.

   b. Eastern U.S.A.   d. Southern U.S.A.

6 Your ethnic background is (circle):

   a. Caucasian   c. Black   e. Other
   b. Hispanic   d. Oriental

Appendix C

Introductory Letter

Date: October 3, 1989

Name:
Address:

Dear :

As a knowledgeable leader in nursing and as a Fellow of the American
Academy of Nursing, you have been randomly chosen to participate in a
research study entitled "Elements of Professional Nursing Identified
by Nursing Experts." This research study is part of my master's
thesis under the direction of Emily Droste-Bielak, Ph.D., Associate
Professor at Grand Valley State University, Allendale, Michigan.

I have identified ninety-eight elements of professional nursing
through a literature review. There are also five blank lines at the
end of the questionnaire for you to fill in elements which you feel
have not been identified. I am requesting that you rank the elements
in reference to their importance in the formulation of a definition of
"professional nursing."

Your personal response will be a crucial and valuable aspect of this
study. The Delphi Technique has been chosen as the procedure to
assist in the evaluation and consensus process. Ranking of the
concepts will be requested at two mailings. The first is enclosed
with this mailing and the second will be sent in December. A third
mailing will furnish you with the results of the survey. The
questionnaire will take about thirty minutes to complete.

Consent for participation in the study will be implied by completing
the questionnaire. All data will remain confidential by assigning
each participant a code number. Only the researcher will have access
to the names which correlate with each code number. If, for any
reason, you wish to withdraw from the study, your request will be
honored. However, due to the data being tabulated with each round and
distributed to the subjects for a subsequent round, any data obtained
prior to your withdrawal must remain part of the study.

The first questionnaire is enclosed with a stamped self-addressed envelope for your convenience. I am requesting that you return this to me by October 24, 1989.

Thank-you for your consideration.

Sincerely,

Audrey D. Haag, B.S.N., R.N.
Graduate Student, M.S.N. Program
Grand Valley State University
Allendale, Michigan 49401

Appendix D

F.A.A.N. Permission Letter

November 11, 1988

Bette E. Mitchell
Coordinator, Administrative Services
Center for Research
American Academy of Nursing
2420 Pershing Road
Kansas City, Missouri   64108

Dear Ms. Mitchell:

I am a candidate for a Master of Science in Nursing Degree at Grand
Valley State University in Allendale, Michigan. Presently, I am
completing my thesis proposal entitled "Concepts of Professional
Nursing Identified by Nursing Experts." The "Nursing Experts" I have
identified in my proposal are a random sample of the Fellows of the
American Academy of Nursing. I am writing to obtain the Academy's
approval in using the Fellows as participants in my study.

In anticipation of this project, I was graciously invited, by Ingeborg
Mauksch, to attend the 14th Annual Scientific Session in December, 1986
This allowed me to meet many of the F.A.A.N. members and learn more
about the Academy. I believe that this association strives to fulfill
its mission to "provide leadership for the nursing profession" and
therefore feel its members are the most qualified candidates for my
project.

I will be utilizing a two round Delphi Survey Technique with the
participants receiving the final results in the third round. I
purchased the F.A.A.N. Directory, distributed in 1986. I am
requesting any updates in the F.A.A.N. membership, or addresses, since
this time period.

Thank-you for your consideration.

Respectfully submitted,

Audrey D. Haag, M.S.N. Candidate
16159 Baird Court
Spring Lake, MI 49456

Appendix E

Reminder Post Card - Round One

Dear :_____

This is a reminder to please return your response to the research
study entitled "Elements of Professional Nursing Identified by Nursing
Experts" by October 24, 1989. If you have already returned your
response, please ignore this reminder.

Thank-you again for your participation in this study.

Sincerely,

Audrey Haag
M.S.N. Student
Grand Valley State University

Second Round Letter

Date: December 21, 1989

Name:
Address:

Dear:

Your prompt response to the Delphi Study entitled "Elements of Professional Nursing Identified by Nursing Experts:" is appreciated. This is the final round of the research.

With the information you and other participants have provided, I have followed the usual format for a Delphi study to compute the percentage for each response of every element. Please review the enclosed questionnaire and again, rate each concept. THIS ROUND PROVIDES AN OPPORTUNITY FOR YOU TO MAINTAIN OR CHANGE YOUR RESPONSE BASED ON THE FEEDBACK FROM OTHER PARTICIPANTS. This is the same questionnaire sent to you in October with the addition of other elements identified by individual participants. These additional elements contain only the rating the participant has awarded it. Rank these concepts as you do the others.

For this questionnaire, to confirm the degree of consensus for these elements, I am seeking 100 percent return of the questionnaires. It is important that you provide your responses to me by January 31, 1990.

Thank-you for your dedicated and continued support of this research. You will receive a copy of the results of this study.

Sincerely,

Audrey D. Haag, B.S.N., R.N.
Graduate Student
Grand Valley State University
Allendale, Michigan 49401

Appendix G

Code No. _____

Elements of Professional Nursing Identified
by Nursing Experts

By

Audrey D. Haag

Questionnaire - Round Two

The following pages contain words or phrases which have been used by
various authors to define/describe "profession," "nursing," or
"professional nursing." Under each element are the percentages which
reflect how the participants responded in the first round. For
example in element number one, 0% of the respondents rated the element
as being of no importance, 3.8% of the respondents rated it as being
of low importance, 30.2% as being of moderate importance and 66.0% as
being of high importance. The number which follows these, indicates
what you rated the element (i.e., Y =). The number of participants
who responded to each element is fifty four (i.e., n = 54), unless
indicated otherwise after the element statement. For example, the
number of participants who rated element number one is 53 (i.e., n =
53). With this information now available to you, please circle the
number which most accurately reflects how important each element is to
you, in characterizing professional nursing (3 being of high
importance and 0 being of no importance). You may change your
original rating or choose to leave it the same.

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

Elements	NO	Rating LOW	MOD.	HIGH
1. Independence (n=53)	0	1	2	3
(0=0%) (1=3.8%) (2=30.2%) (3=66.0%) (Y=2)				
2. Independent decision making	0	1	2	3
(0=0%) (1=0%) (2=20.4%) (3=79.6%) (Y=2)				
3. Collegiality with other professionals	0	1	2	3
(0=0%) (1=0%) (2=20.4%) (3=79.6%) (Y=3)				
4. Development of nursing theory	0	1	2	3
(0=5.6%) (1=14.8%) (2=29.6%) (3=50%) (Y=2)				
5. Monopoly of a service (n=52)	0	1	2	3
(0=11.5%) (1=44.2%) (2=34.6%) (3=9.6%) (Y=3)				
6. Prestige	0	1	2	3
(0=5.6%) (1=13.0%) (2=53.7%) (3=27.8%) (Y=3)				
7. Expansion of a body of knowledge	0	1	2	3
(0=0%) (1=1.9%) (2=16.7%) (3=81.5%) (Y=2)				
8. Interest of society before personal interest	0	1	2	3
(0=1.9%) (1=7.4%) (2=37.0%) (3=53.7%) (Y=2)				
9. An art	0	1	2	3
(0=0%) (1=13.0%) (2=40.7%) (3=46.3%) (Y=2)				

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

Elements	NO	Rating LOW	MOD.	HIGH
10. A science	0	1	2	3
(0=0%) (1=1.9%) (2=33.3%) (3=64.8%) (Y=2)				
11. Service orientation (n=53)	0	1	2	3
(0=0%) (1=5.7%) (2=30.2%) (3=64.2%) (Y=3)				
12. Autonomy in directing and giving care	0	1	2	3
(0=0%) (1=0%) (2=14.8%) (3=85.2%) (Y=3)				
13. Adhering to a culture within the profession (n=51)	0	1	2	3
(0=5.9%) (1=29.4%) (2=52.9%) (3=11.8%) (Y=3)				
14. Mandatory Licensure	0	1	2	3
(0=3.7%) (1=5.6%) (2=27.8%) (3=63.0%) (Y=3)				
15. Members credentialed by their peers who control the accrediting system (n=53)	0	1	2	3
(0=5.7%) (1=5.7%) (2=30.2%) (3=58.5%) (Y=3)				
16. Courteous	0	1	2	3
(0=0%) (1=22.2%) (2=46.3%) (3=31.5%) (Y=1)				
17. Cheerful	0	1	2	3
(0=5.6%) (1=33.3%) (2=48.1%) (3=13.0%) (Y=0)				
18. Well groomed	0	1	2	3
(0=3.7%) (1=18.5%) (2=48.1%) (3=29.6%) (Y=1)				

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

Elements	NO	Rating LOW	MOD.	HIGH
19. M.S.N.	0	1	2	3
(0=5.6%) (1=7.4%) (2=35.2%) (3=51.9%) (Y=0)				
20. B.S.N.	0	1	2	3
(0=3.8%) (1=3.8%) (2=20.8%) (3=71.7%) (Y=0)				
21. Political influence	0	1	2	3
(0=0%) (1=5.6%) (2=38.9%) (3=55.6%) (Y=3)				
22. Technical language	0	1	2	3
(0=1.9%) (1=20.4%) (2=55.6%) (3=22.2%) (Y=3)				
23. Unique standards (n=53)	0	1	2	3
(0=0%) (1=11.3%) (2=50.9%) (3=37.7%) (Y=3)				
24. Self-directedness (n=53)	0	1	2	3
(0=0%) (1=1.9%) (2=3.8%) (3=94.3%) (Y=3)				
25. Hands-on expertise	0	1	2	3
(0=0%) (1=3.7%) (2=40.7%) (3=55.6%) (Y=1)				
26. Nursing process	0	1	2	3
(0=3.7%) (1=24.1%) (2=35.2%) (3=37.0%) (Y=0)				
27. Dedication	0	1	2	3
(0=1.9%) (1=13.0%) (2=44.4%) (3=40.7%) (Y=1)				
28. Financial reward is not to be considered the measure of success	0	1	2	3
(0=13.0%) (1=27.8%) (2=42.6%) (3=16.7%) (Y=0)				

| | 0 = Of No Importance | | 2 = Of Moderate Importance | | | |
| | 1 = Of Low Importance | | 3 = Of High Importance | | | |

| | | | Rating | | |
Elements		NO	LOW	MOD.	HIGH
29. Practical		0	1	2	3
(0=3.7%)　(1=22.2%)　(2=48.1%)　(3=25.9%)　(Y=0)					
30. Intellectual knowledge		0	1	2	3
(0=0%)　(1=0%)　(2=17.0%)　(3=83.0%)　(Y=2)					
31. Community sanction		0	1	2	3
(0=3.8%)　(1=5.7%)　(2=39.6%)　(3=50.9%)　(Y=3)					
32. Accountability		0	1	2	3
(0=0%)　(1=0%)　(2=7.4%)　(3=92.6%)　(Y=3)					
33. Continuing professional education		0	1	2	3
(0=0%)　(1=1.9%)　(2=20.4%)　(3=77.8%)　(Y=3)					
34. Basic field of inquiry is University recognized (n=53)		0	1	2	3
(0=1.9%)　(1=3.8%)　(2=20.8%)　(3=73.6%)　(Y=2)					
35. Ethical code		0	1	2	3
(0=0%)　(1=1.9%)　(2=13%)　(3=85.2%)　(Y=3)					
36. Unique body of knowledge (n=53)		0	1	2	3
(0=1.9%)　(1=5.7%)　(2=39.6%)　(3=52.8%)　(Y=2)					
37. Specialized expertise		0	1	2	3
(0=0%)　(1=3.7%)　(2=25.9%)　(3=70.4%)　(Y=3)					
38. Expertise founded on a theoretical body of knowledge		0	1	2	3
(0=0%)　(1=1.9%)　(2=16.7%)　(3=81.5%)　(Y=3)					

			Rating		
Elements		NO	LOW	MOD.	HIGH

39. Communicates expert knowledge to professional successors and wider publics			0	1	2	3
(0=0%)	(1=0%)	(2=14.8%)	(3=85.2%)	(Y=3)		

40. Commitment to colleagues			0	1	2	3
(0=0%)	(1=1.9%)	(2=38.9%)	(3=59.3%)	(Y=3)		

41. Common values			0	1	2	3
(0=0%)	(1=1.9%)	(2=53.7%)	(3=44.4%)	(Y=3)		

42. Concerned about issues which affect the profession			0	1	2	3
(0=0%)	(1=0%)	(2=31.5%)	(3=68.5%)	(Y=3)		

43. Commitment to the profession			0	1	2	3
(0=0%)	(1=0%)	(2=33.3%)	(3=66.7%)	(Y=3)		

44. Leadership			0	1	2	3
(0=0%)	(1=3.7%)	(2=18.5%)	(3=77.8%)	(Y=3)		

45. Power			0	1	2	3
(0=0%)	(1=7.4%)	(2=38.9%)	(3=53.7%)	(Y=3)		

46. Competence			0	1	2	3
(0=0%)	(1=0%)	(2=5.6%)	(3=94.4%)	(Y=3)		

47. Medical knowledge			0	1	2	3
(0=3.7%)	(1=18.5%)	(2=40.7%)	(3=37.0%)	(Y=2)		

48. Compassion			0	1	2	3
(0=0%)	(1=5.6%)	(2=48.1%)	(3=46.3%)	(Y=1)		

52

Elements	NO	Rating LOW	MOD.	HIGH
49. Ability to inspire	0	1	2	3
(0=1.9%) (1=5.6%) (2=48.1%) (3=44.4%) (Y=1)				
50. Confident	0	1	2	3
(0=3.7%) (1=0%) (2=27.8%) (3=68.5%) (Y=0)				
51. Open to new ideas	0	1	2	3
(0=0%) (1=0%) (2=20.4%) (3=79.6%) (Y=2)				
52. Having a sense of humor	0	1	2	3
(0=5.6%) (1=22.2%) (2=38.9%) (3=33.3%) (Y=0)				
53. Dignity	0	1	2	3
(0=0%) (1=14.8%) (2=44.4%) (3=40.7%) (Y=1)				
54. Self-assurance	0	1	2	3
(0=1.9%) (1=3.7%) (2=35.2%) (3=59.3%) (Y=2)				
55. Manager	0	1	2	3
(0=5.6%) (1=16.7%) (2=44.4%) (3=33.3%) (Y=0)				
56. Treat (n=53)	0	1	2	3
(0=7.5%) (1=15.1%) (2=35.8%) (3=41.5%) (Y=0)				
57. Cure (n=53)	0	1	2	3
(0=9.4%) (1=24.5%) (2=49.1%) (3=17.0%) (Y=0)				
58. Greater than the sum of its parts (n=50)	0	1	2	3
(0=10.0%) (1=8.0%) (2=30.0%) (3=52.0%) (Y=0)				
59. Comfort (n=53)	0	1	2	3
(0=9.4%) (1=5.7%) (2=35.8%) (3=49.1%) (Y=0)				

		Rating		
Elements	NO	LOW	MOD.	HIGH

Elements	NO	LOW	MOD.	HIGH
60. Coordination (n=53)	0	1	2	3
(0=5.7%) (1=7.5%) (2=35.8%) (3=50.9%) (Y=0)				
61. Collaboration	0	1	2	3
(0=1.9%) (1=3.7%) (2=24.1%) (3=70.4%) (Y=0)				
62. Intelligent caring (n=53)	0	1	2	3
(0=1.9%) (1=0%) (2=13.2%) (3=85.0%) (Y=0)				
63. Reimbursement	0	1	2	3
(0=3.7%) (1=9.3%) (2=38.9%) (3=48.1%) (Y=0)				
64. Formal technical training, that validates the adequacy of the training, and competence of the trained individuals (n=48)	0	1	2	3
(0=0%) (1=6.3%) (2=37.5%) (3=56.3%) (Y=2)				
65. Specialized developed skills	0	1	2	3
(0=0%) (1=0%) (2=38.9%) (3=61.1%) (Y=2)				
66. Institutional means of assuring the skill is put to socially responsible uses (n=51)	0	1	2	3
(0=3.9%) (1=11.8%) (2=37.3%) (3=47.1%) (Y=2)				
67. Research	0	1	2	3
(0=1.9%) (1=1.9%) (2=16.7%) (3=79.6%) (Y=0)				
68. Authority	0	1	2	3
(0=0%) (1=7.4%) (2=29.6%) (3=63.0%) (Y=3)				

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

0 = Of No Importance	2 = Of Moderate Importance
1 = Of Low Importance	3 = Of High Importance

Elements	Rating			
	NO	LOW	MOD.	HIGH
69. Organizational employment (n=53)	0	1	2	3
(0=20.8%) (1=30.2%) (2=32.1%) (3=17.0%) (Y=0)				
70. Self employed	0	1	2	3
(0=14.8%) (1=20.4%) (2=53.7%) (3=11.1%) (Y=3)				
71. Formal associations (n=52)	0	1	2	3
(0=3.8%) (1=3.8%) (2=53.8%) (3=38.5%) (Y=3)				
72. Sense of responsibility for the competence and honor of colleagues (n=53)	0	1	2	3
(0=0%) (1=1.9%) (2=35.8%) (3=62.3%) (Y=3)				
73. Prolonged training	0	1	2	3
(0=7.4%) (1=13.0%) (2=33.3%) (3=46.3%) (Y=3)				
74. Caring	0	1	2	3
(0=1.9%) (1=3.8%) (2=28.3%) (3=66.0%) (Y=0)				
75. To serve	0	1	2	3
(0=3.7%) (1=11.1%) (2=35.2%) (3=50.0%) (Y=3)				
76. Empathy	0	1	2	3
(0=1.9%) (1=11.1%) (2=33.3%) (3=53.7%) (Y=0)				
77. Sensitivity	0	1	2	3
(0=1.9%) (1=7.4%) (2=35.2%) (3=55.6%) (Y=3)				
78. Compassion	0	1	2	3
(0=1.9%) (1=7.4%) (2=37.0%) (3=53.7%) (Y=3)				
79. Primary care	0	1	2	3
(0=11.1%) (1=13.0%) (2=29.6%) (3=46.3%) (Y=0)				

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

Elements	Rating			
	NO	LOW	MOD.	HIGH
80. Secondary care	0	1	2	3
(0=11.1%) (1=13.0%) (2=42.6%) (3=33.3%) (Y=0)				
81. Tertiary care	0	1	2	3
(0=11.1%) (1=18.5%) (2=33.3%) (3=37.0%) (Y=0)				
82. Health care	0	1	2	3
(0=7.4%) (1=5.6%) (2=20.4%) (3=66.7) (Y=0)				
83. Community care	0	1	2	3
(0=9.3%) (1=11.1%) (2=24.1%) (3=55.6%) (Y=0)				
84. Home care	0	1	2	3
(0=9.3%) (1=11.1%) (2=29.6%) (3=50.0%) (Y=0)				
85. Institutional care	0	1	2	3
(0=9.3%) (1=16.7%) (2=33.3%) (3=40.7%) (Y=0)				
86. Mental health care	0	1	2	3
(0=9.3%) (1=9.3%) (2=33.3%) (3=48.1%) (Y=0)				
87. Holistic care	0	1	2	3
(0=11.1%) (1=3.7%) (2=29.6%) (3=55.6%) (Y=0)				
88. Self care	0	1	2	3
(0=9.3%) (1=5.6%) (2=33.3%) (3=51.9%) (Y=0)				
89. Treatment of individuals	0	1	2	3
(0=9.3%) (1=3.7%) (2=29.6%) (3=57.4%) (Y=0)				
90. Treatment of families	0	1	2	3
(0=9.3%) (1=3.7%) (2=25.9%) (3=61.1%) (Y=0)				

0 = Of No Importance	2 = Of Moderate Importance
1 = Of Low Importance	3 = Of High Importance

Elements	NO	Rating LOW	MOD.	HIGH
91. Treatment of groups	0	1	2	3
(0=9.3%) (1=5.6%) (2=31.5%) (3=53.7%) (Y=0)				
92. Treatment of communities	0	1	2	3
(0=13.0%) (1=5.6%) (2=31.5%) (3=50.0%) (Y=0)				
93. Observe	0	1	2	3
(0=5.6%) (1=9.3%) (2=24.1%) (3=61.1%) (Y=0)				
94. Listen	0	1	2	3
(0=5.6%) (1=7.4%) (2=24.1%) (3=63.0%) (Y=0)				
95. Test	0	1	2	3
(0=5.6%) (1=9.3%) (2=31.5%) (3=53.7%) (Y=0)				
96. Assess	0	1	2	3
(0=5.6%) (1=5.6%) (2=25.9%) (3=63.0%) (Y=0)				
97. Diagnose	0	1	2	3
(0=7.4%) (1=9.3%) (2=18.5%) (3=64.8%) (Y=0)				
98. Monitor	0	1	2	3
(0=5.7%) (1=3.8%) (2=28.3%) (3=62.3%) (Y=0)				

*Note: The following elements are those which have been
identified by the participants of this study in addition to those
identified by the researcher in numbers 1 - 98. Each of the
following elements have been identified by one participant (n=1),
with a "3" rating unless otherwise indicated. Please rate these
elements accordingly.

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

| | Rating | | | |
Elements	NO	LOW	MOD.	HIGH
99. Scientific Knowledge	0	1	2	3
100. Internship	0	1	2	3
101. Supervise Others (LPN, Aide)	0	1	2	3
102. Economics	0	1	2	3
103. Being With	0	1	2	3
104. Mentoring	0	1	2	3
105. Tolerance	0	1	2	3
106. Experimentative	0	1	2	3
107. Assertiveness	0	1	2	3
108. Consultation	0	1	2	3
109. Intervention	0	1	2	3
110. Treat	0	1	2	3
111. Interpersonal Skill	0	1	2	3

0 = Of No Importance		2 = Of Moderate Importance	
1 = Of Low Importance		3 = Of High Importance	

Elements	NO	Rating LOW	MOD.	HIGH
112. Control Over Practice	0	1	2	3
113. Professional Practice Environment	0	1	2	3
114. Knowledge of the world and the forces that have made it and are reshaping it	0	1	2	3
115. Knowledge of oneself and a refusal to submit to the homogenizing tendencies on today's societies	0	1	2	3
116. Knowledge of one's craft and a passionate commitment to excel in the practice of it	0	1	2	3
117. Ethical	0	1	2	3
118. Utilization of Research	0	1	2	3
119. Nurture	0	1	2	3
120. Proactive	0	1	2	3
121. Insightful	0	1	2	3
122. Opportunist	0	1	2	3
123. Resourceful	0	1	2	3
124. Negotiator	0	1	2	3
125. Ethics	0	1	2	3

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

Elements	NO	Rating LOW	MOD.	HIGH
126. Cooperation with other health professionals in planning care	0	1	2	3
127. Adaptability	0	1	2	3
128. Ability to write well	0	1	2	3
129. Ability to speak well	0	1	2	3
130. Role model for colleagues	0	1	2	3
131. Sensitive to societal needs	0	1	2	3
132. Role Model (in health matters for clients and patients)	0	1	2	3
133. Honesty and Integrity	0	1	2	3
134. Capable of explaining the work	0	1	2	3
135. Writing about the work	0	1	2	3
136. Sure	0	1	2	3
137. Secure	0	1	2	3
138. Take risks in the service of others	0	1	2	3
139. Quality Appraisal	0	1	2	3
140. Use of ANA Standards of Practice	0	1	2	3

		Rating		
Elements	NO	LOW	MOD.	HIGH
141. Use of Research Results	0	1	2	3
142. Use of Current Literature	0	1	2	3
143. Philosophy	0	1	2	3
144. Authenticity	0	1	2	3
145. Public Service	0	1	2	3
146. Facilitates Quality of Life	0	1	2	3
147. Technology	0	1	2	3
148. Economically Sound	0	1	2	3
149. Awareness of Human Relationships	0	1	2	3

*Note: Each of the following elements were identified by two participants (n=2) and rated as a "3." Please rate them accordingly.

150. Teacher	0	1	2	3
151. Political	0	1	2	3
152. Creativity	0	1	2	3

*Note: Each of the following elements were identified by one participant (n=1) and rated as a "2." Please rate them accordingly.

0 = Of No Importance   2 = Of Moderate Importance

1 = Of Low Importance   3 = Of High Importance

Elements	NO	Rating LOW	MOD.	HIGH
153. Conduct Research	0	1	2	3
154. Facilitator	0	1	2	3
155. System Theory Knowledge	0	1	2	3
156. Cultural	0	1	2	3

*Note: Each of the following elements were identified by one participant (n=1), but not given a rating. Please rate them accordingly.

	NO	LOW	MOD.	HIGH
157. Productivity	0	1	2	3
158. Patient Teaching	0	1	2	3
159. Education	0	1	2	3
160. Referal Mechanisms	0	1	2	3
161. Payment Fee/Charge	0	1	2	3

Thank you for your participation.

Appendix H

Reminder Post Card - Round Two

Dear :_____

This is a reminder to please return your response to the research
study entitled:"Elements of Professional Nursing Identified by Nursing
Experts" by January 31, 1990.

If you have already returned your response, please ignore this
reminder.

Thank-you again for your participation in this study.

Sincerely,

Audrey Haag
M.S.N. Student
Grand Valley State University

Appendix I

Final Letter

June 7, 1990

Name:
Address:

Dear:

Your participation in the Delphi Study entitled "Elements of
Professional Nursing Identified by Nursing Experts," is greatly
appreciated.   Enclosed are the results of the study.

Again, thank-you very much for your participation.

Sincerely,

Audrey D. Haag, B.S.N., R.N.
Graduate Student
Grand Valley State University
Allendale, MI 49401

enc.

Appendix J

Educational Degrees of Subjects

Degree	n	Degree	n
R.N.	1	M.Phil.	1
Diploma	8	Ed.M.	1
A.D.	0	Ph.D.	28
B.A.	3	Ed.D.	7
B.S.	16	D.N.Sc.	3
B.S.N.	27	Dr.Ph.	1
M.A.	13	D.S.N.	1
M.S.N.	14	J.D.	1
M.Ed.	3	A.B.	1
M.S.	11	A.M.	1
M.N. R.N.	1	A.S.	1
M.N.	5	Post Doctoral Fellowship	1
M.P.H.	2	Certificate, Psychiatry	1
M.P.N.	1		

LIST OF REFERENCES

References

Alexander, J. A. (1982). Nursing unit organization, its effect on staff professionalism. Ann Arbor: UMI Research Press.

American Association of Colleges of Nursing (1986). Essentials of college and university education for nursing, a working document. Washington D.C.

Andrews, K. (1969). Toward professionalism in business management. Harvard Business Review, 47(2), 50.

Austin, J. K., Champion, V. L., & Tzeng, O.C.S. (1985). Crosscultural comparison on nursing image. International Journal of Nursing Studies, 22(3), 231-239.

Austin, R. W. (1961). Code of conduct for executives. Harvard Business Review, 39(5), 53-60.

Carr-Saunders, A. M., & Wilson, P. A. (1964). The professions. London: Frank Cass and Co. Ltd.

Chubon, S. J., & Emihovich, C. (1984, February). Socialization of nursing students for professional commitment: The patriarchal effect. Paper presented at the Annual Meeting of the American Educational Research Association. New Orleans, LA.

Coler, M. S., & Sutherland, M. (1983). A semiquantitative method to assess role image in nursing through the application of semantics. International Journal of Nursing Studies, 20(4), 223-229.

Conway, M. E., & Hardy, M. E. (1978). Role theory, perspectives for health professionals. New York: Appleton-Century-Crofts.

Crowder, E. L .M. (1985). Historical perspectives of nursing's professionalism. Occupational Health Nursing, 33(4), 184-190.

DeYoung, L. (1985). Dynamics of nursing. St. Louis: C.V. Mosby.

Diers, D. (1986). To profess - to be a professional. Journal of Nursing Administration, 16(3), 25-28.

Elliot, P. (1972). The sociology of professions. New York: Herder and Herder.

Erickson, H. C., Tomlin, E. M., & Swain, M. A. (1983). Modeling and role-modeling, a theory and paradigm for nursing. Englewood Cliffs: Prentice-Hall.

Flexner, A. (1910, June). Medical Education in the United States and Canada. Bulletin Number Four of the Carnegie Foundation for the Advancement of Teaching.

Gamer, M. (1979). The ideology of professionalism. Nursing Outlook, 27(1), 111.

Gruending, D. L. (1985). Nursing theory: A vehicle of professionalization? Journal of Advanced Nursing, 10(6), 553-558.

Gulack, R. (1983). What a nurse means when she says: "I'm a professional." RN, 46(9), 29-35.

King, I. (1971). Toward a theory for nursing, general concepts of human behavior. New York: John Wiley and Sons.

May, W. H., Miron, M.S., & Osgood, C. E. (1975). Cross-cultural universals of affective meaning. Urbana: University of Illinois Press.

Nightingale, F. (1859). Notes on nursing. Philadelphia: Edward Stern and Company.

Parsons, T. (1968). Professions. The International Encyclopedia of the Social Sciences, 12, 536-546.

Salmond, S. W. (1985). Nursing knowledge: Ammunition for power. Orthopaedic Nursing, 4,(4), 9.

Schorr, T. M. (1983). If not now, when? Text of the Keynote address. Oncology Nursing Forum, 10(3), 70-71.

Steel, J. E. (1984). The social policy statement: Assuring a positive future for nurse practitioners. Nurse Practitioner, 9(2), 15-16, 68.

Styles, M. M. (1982). On nursing, toward a new endowment. St. Louis: C.V. Mosby.