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First year students' awareness of the leadership functions involved in the professional nurse practitioner role

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FIRST YEAR STUDENTS' AWARENESS OF
THE LEADERSHIP FUNCTIONS INVOLVED
IN THE PROFESSIONAL NURSE
PRACTITIONER ROLE

BY

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CHAPTER I

INTRODUCTION

Theories about leadership are undergoing change. Evolving sociological concepts include several factors besides that of the individual leader.¹ Thought is more recently being given to the effect of group member participation and environmental or situational components. Any comprehensive theory of leadership must consider the influence of all these elements.²

Similar ideas have developed in nursing. For some time, the term "leader" has been, and still is, used widely in reference to administrators, consultants, and educators, without connotation of those whom they lead. However, recent consideration of the work situations involving nurses in first level positions has resulted in a definition of their role as it exists within a group framework. The outcome of this has been the development of nursing leaders on the practitioner level.

Formal preparation for this role has begun in some

¹Rose, Murray G. and Hendry, Charles L., New Understandings of Leadership, pp. 17-30.

²Ibid.

schools of nursing. To ascertain whether students enrolled in one of these programs are aware of the new emphasis is the purpose of this study.

Statement of Problem

Are students who have completed six months of one preservice baccalaureate degree program in nursing cognizant of the leadership functions involved in the professional practitioner role for which they are being prepared?

Justification of Problem

Throughout nursing literature much has been written about the inclusion of leadership functions in the role of nurse practitioners. Usually, mention is made in connection with the hospital situation, with specific or implied reference to team nursing. "Interest in and increasing acceptance of the team nursing concept is evident."³ This statement is well substantiated, an example being the enthusiasm of six members of a newly-organized nursing team.⁴ Changes at Syracuse Memorial Hospital have resulted in the introduction of trained operating room technicians. "The professional nurse, who is willing to share her place at the operating table, has a new and interesting role.

³Lambertsen, Eleanor C., Education for Nursing Leadership, p. 3.

⁴Calabrese, Marie Christola et al., "Opinion Poll on Teamwork." Nursing Outlook 1:202-203, April, 1953.

She must see herself as the manager, the coordinator, the teacher of her nursing team."⁵

Daniel Schechter⁶, in interviews with nurses, got responses like "more professional nurses are taking on administrative duties in the supervision of non-professional workers" and "nursing assignments have become more specialized." Lucile Petry Leone⁷, in an address to the National Student Nurses' Association, pointed to leadership in the practitioner role, saying:

This concept of "wholeness of care" for each patient requires more ingenuity in its application when a variety of personnel contribute to the whole..... Here then is a major challenge to leadership--- exploiting for its full worth to the patient the concept of wholeness of care, of individualized care.

While this change is depicted most frequently in connection with the role of the institutional nurse, utilization of these concepts is noted in other areas. "The competencies of the team leader are those required of a professional nurse in any situation."⁸ This seems to

⁵ Alexander, Florence M. and Schehl, Blise L., "Training Technicians for the Operating Room Team." Hospitals 29: 72, January 1955.

⁶ Schechter, Daniel S., "Changes in Relationships." Nursing Outlook 2: 192-193, April 1954.

⁷ Leone, Lucile Petry, "Accent on Leadership." The American Journal of Nursing 58: 1421, October 1958.

⁸ Lambertsen, Eleanor C., Nursing Team Organization and Functioning, p. 4.

be substantiated by a Child Study Association of America report of an experimental training program for public health nurses in the leadership of parent discussion groups. "Public health nurses . . . when properly trained, are in a strategic position to serve as leaders of such groups."⁹

The emphasis on nurse preparation for leadership is a reflection of its need in practice. "The effective functioning of the nursing team in psychiatry . . . demands educational programs that promote cooperative working relations between nurses and aides and attendants."¹⁰ This preparation is thought to be best provided within a preservice educational program.¹¹

The college nursing courses can be built around problem situations and team activity They can provide the kinds of experiences which are fundamental to the care of any patient and which will give the graduate nurse the confidence she needs to assume the leadership role that she is expected to fulfill.¹²

⁹ Auerbach, Aline B., "Public Health Nursing and Parent Education: A Pilot Project of Training for Parent Group Leadership." The American Journal of Public Health 45: 1578, December 1955.

¹⁰ Poplau, Hildegarde E., "The Nursing Team in Psychiatric Facilities." Nursing Outlook 1: 91, February 1953.

¹¹ Lambertson, Eleanor C., Education for Nursing Leadership, p. 3.

¹² Bowen, Eleanor Page, "Choosing an Educational Program." The American Journal of Nursing 55: 824, July 1955.

That this kind of activity is now in progress is evidenced by the following statement. "Some schools are now giving their senior students some training in first level supervision and giving them practice as team leaders, thus giving recognition in the school system to something that is taking place in practice."¹³

The necessity for this kind of student preparation is apparently equalled only by the need for student awareness of that for which they are being prepared. "As a leader, it is clear, a person must recognize and accept his role. It is no longer simply the role of a group member, but calls for new responsibilities and fresh tasks."¹⁴ Specific to nursing is Porter's¹⁵ statement that "whatever contribution nurses may be able to make in the broad social field will be the result of right attitudes toward their immediate tasks and an understanding of their responsibilities."

Scope and Limitations

This study is based on data received from forty-two nursing students currently enrolled in the first year

¹³ Arnstein, Margaret G., "Nursing's Purpose Stays the Same." The Modern Hospital 82: 70, June 1954.

¹⁴ Rose and Hendry, op. cit., p. 55.

¹⁵ Porter, Elizabeth K., "What It Means to Be a Professional Nurse." The American Journal of Nursing 53: 948, August 1953.

of one four year preservice baccalaureate degree program. The School of Nursing Bulletin states that this program is "designed to assist young women and men to become professional nurses . . . prepared for competent nursing practice."¹⁶ Among the provisions made for student development are "leadership training groups."¹⁷

At the time the data were collected from these students, they had had opportunities to familiarize themselves with the information in the bulletin, had had discussions with their advisors, and had completed, two months previously, a semester course which, according to the catalog description, includes "study of the present role of nursing as a profession" and "provides opportunity for reconsideration of vocational choice in the light of new knowledge."¹⁸ Their contacts with the clinical area at the time the data were collected had not been extensive. Whether that which they had could be expected to provide opportunity to observe professional practitioners in overt nursing leadership functions is not known.

Another factor considered is that students admitted to this program are evaluated, by means of careful admissions procedures, and are considered to have potential for professional nursing. Thus, it is anticipated that

¹⁶ X School of Nursing Bulletin.

¹⁷ Ibid.

¹⁸ Ibid.

they have potential leadership ability.

The concepts of leadership function on which this study of student awareness is based are those of a democratic nature. The importance of this consideration is suggested by Nahn's¹⁹ use of the following objective in a study. "The professional nurse is democratic rather than autocratic in her beliefs and practices."

There are several limitations to the study. All perceptions of practitioner role function are those of students who (1) are enrolled in one preservice educational program and (2) had completed six months of the nursing program when questioned.

A discussion of leadership functions in nursing practice must take into account the fact that "leadership is a shifting and dynamic concept,"²⁰ and that the nurse practitioner role is also a changing concept, as stated earlier.

For the purposes of this study, focus is on the leadership tasks and responsibilities within the nurse practitioner role. Personal qualities considered desirable for effective leadership, group member characteristics, and situational factors are noted only as they have

¹⁹Nahn, Helen, "An Evaluation of Selected Schools of Nursing with Respect to Certain Educational Objectives", Applied Psychology Monographs of the American Psychological Association, p. 7.

²⁰Rose and Hendry, op. cit., p. 31.

direct influence on the performance of these tasks and responsibilities.

Definition of Terms

A preservice baccalaureate degree program is an educational program for students who have not had previous preparation in nursing, and it leads to a Bachelor of Science degree. The professional practitioner role is a term used in consideration of the first level position in a health agency, assumed by a nurse with a broad educational background received in a preservice baccalaureate degree program.

Remembering that leadership is a presently changing concept, this writer has chosen a definition of the term which is seemingly adequate for the purpose of this study. It is "the process (act) of influencing the activities of an organized group in its efforts toward goal setting and goal achievement."²¹ Leadership functions is a term which denotes those tasks and responsibilities involved in this process. Within this study, the work cognizance means the knowledge and/or intuitive recognition of the role activities. The agency involved in the study is referred to as X School of Nursing.

²¹ Stogdill, Ralph M., "Leadership, Membership, and Organization", in Group Dynamics Research and Theory, p. 41.

Preview of Methodology

A questionnaire was used to collect the data, and consisted of a list of twenty nursing activities. Half of the items referred to leadership functions cited in nursing literature as those which a professional practitioner could be expected to perform. The other half of the items, placed at random throughout the list, suggested functions which nurses in the practitioner role have been performing for a longer period of time. The response to each of these items was "Yes" or "No" in answer to the question: "Will this be part of your nursing activities?" If they answered "No", they were to state the reason for their answer and name the person who they thought would be engaged in this activity.

The questionnaire was given to forty-two nursing students currently enrolled in the first year of a four year preservice baccalaureate degree program.

Sequence of Presentation

Following the introductory material, given above, is a chapter concerning the theoretical framework of the study. This includes a review of the available literature pertinent to this problem, the bases of hypothesis, and a statement of the hypothesis. Chapter III is a detailed discussion of the methodology used to obtain the data. Chapter IV is a presentation and discussion of the data,

and Chapter V contains a summary of the study with conclusions and recommendations. A Bibliography and Appendix, containing the questionnaire form and additional tabulated data, are included at the end of the study.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Research in nursing is increasingly prevalent. All degrees of sophistication in method and ideas are seemingly present, as evidenced by various presentations.

Review of Literature

A survey of the writings pertaining to this study has pointed up a fair amount of contributory material, part of which is discussed in Chapter I. Other references have been utilized by the writer in the development of the tool and the hypothesis.

Reports of current studies on leadership *per se* are manifold. In regard to nursing leadership, The American Journal of Nursing and Nursing Outlook contain numerous articles, written mainly by nurses and sociologists, which describe the changes occurring within the role of the nurse practitioner. Similar accounts may be found in hospital, public health, sociological and psychological publications. A few of these place emphasis on the role as being that of a manager. More frequently promoted is the concept of leadership which stresses the maintenance of direct nurse-patient relationships. An apparently unique concept of nurse leadership in the practitioner role is offered by two

sociologists:

A group . . . will, in the course of member interaction, develop two different types of leaders. One person becomes the instrumental specialist or task leader Another person assumes the role of expressive specialist or social-emotional expert.

. It is our contention . . . that there is a clear division of labor in which the nurse assumes the role of expressive specialist and the doctor that of instrumental specialist.

. Now it is quite true that the nurse does perform technical functions, some of them quite complex. It is also true that the doctor performs expressive functions in that he too reassures the patient and shows that he understands. . . . In other words instrumental functions are performed primarily by the doctor and secondarily by the nurse, and the expressive functions are primary for the nurse and secondary for the doctor.¹

Within the scope of this writer's review, one book, Education for Nursing Leadership, by Eleanor C. Lambertsen, stands out as a single, profound attempt to outline the formal preparation necessary for nursing leadership in the professional practitioner role. A review of Nursing Research and the American Nurses' Association's Clearing House for Studies in Nursing did not reveal any studies similar or related to this one.

¹Johnson, Miriam M. and Martin, Harry W., "A Sociological Analysis of the Nurse Role." The American Journal of Nursing 58: 374-375, March 1958.

Bases for Hypothesis

There is a great deal of controversy among people in nursing about what functions should be included in the professional practitioner role. "Nurses of all categories disagree almost completely as to who should undertake the tasks which make up the labor which they divide among themselves."² Similar discord is noted in a study initiated by the American Hospital Association. "Many hospitals evidently still find themselves with a hodgepodge of people and policies, shadows of the past and portents of the future."³

Amidst this confusion, definite changes are occurring in the nurse practitioner role, one being the increase in leadership functions, as stated before.

The recent emphasis in nursing curriculums on the social sciences, on understanding the dynamics of social situations, on the development and exercise of leadership skills, on the handling of interpersonal and intergroup relations, and on the principles and techniques of administration reflect not only the aspirations for what nurses and nursing may become, but also an adjustment to the reality of what the nursing role now is.⁴

²Hughes, Everett C., Hughes, Helen MacGill, and Deutscher, Irwin, Twenty Thousand Nurses Tell Their Story, p. 176.

³Burling, Temple, Lentz, Edith M., and Wilson, Robert N., The Give and Take in Hospitals, p. 101.

⁴Saunders, Lyle, "The Changing Role of Nurses." The American Journal of Nursing 54: 1097, September 1954.

This concept is implied in the stated functions of the general duty nurse, defined as a registered professional nurse. He or she "is aware of the total nursing needs of the patient and is responsible for seeing that they are fulfilled. . . . The general duty nurse participates in the administration of nursing service in a general or special hospital."⁵

The Department of Baccalaureate and Higher Degree Programs of the National League for Nursing has set forth one objective of preservice collegiate programs of education for nursing which is specific to team nursing. A graduate of one of these programs "can plan and give skilled care to a group of patients and can also function as a team leader in helping others to plan and give such care."⁶ However, in a National League for Nursing study of the stated objectives of educational programs in nursing, only in twenty per cent of the preservice programs was emphasis put on student ability to assume team leadership.⁷

The students from whom the data were collected are

⁵American Nurses' Association, "A.N.A. Statements of Functions, Standards, and Qualifications." The American Journal of Nursing 56: 898, July 1956.

⁶National League for Nursing, Self-evaluation Guide for Collegiate Schools of Nursing, p. 14.

⁷National League for Nursing, Objectives of Educational Programs in Nursing, p. 14.

enrolled in a program which does not have a specific objective of leadership attainment. Statements implying leadership development are numerous in the school bulletin. Emphasis is placed on continued cultural and educational growth and on the constant improvement of the quality of nursing provided by the profession to society,⁸ and development in the areas of "communication, interpersonal relations, management, . . . problem solving, and teaching."⁹

Statement of Hypothesis

This writer believes that the first year students in this preservice educational program have some cognizance of the leadership functions involved in the practitioner role for which they are being prepared, but that they are less aware of the leadership functions than they are of the other nursing functions included in the questionnaire.

⁸ X School of Nursing Bulletin.

⁹ Ibid.

CHAPTER III

METHODOLOGY

"When the survey emphasizes the obtaining of information about feelings, beliefs, future plans, etc., interviewing, questionnaires, and projective techniques are the appropriate methods."¹ Of these three methods, the questionnaire seemed most appropriate for this study. The additional time required for personal interview seemed disproportionate to the kind and amount of data which could be obtained above and beyond that collected by questionnaire. Although the tool employs stimulus situations, they are structured and have objective meaning, in contrast to those characteristic of projective methods.²

Selection and Description of Sample

The nature of the research problem was an obvious determinant in the choice of respondents. In order to resolve the question effectively, it was desirable to obtain the replies of a great majority of the first year

¹Jahoda, Marie, Deutsch, Norton, and Cook, Stuart W., Research Methods in Social Relations, Part I: Basic Processes, p. 51.

²Ibid., pp. 210-211.

students. Out of the fifty-six students enrolled in the first year of a four year preservice baccalaureate program, forty-two, or seventy-five per cent, of the group were contacted.

To reiterate, these students had had a number of varied opportunities to examine the role of the professional nurse. Curricular studies in which they were enrolled at the time the questionnaire was administered included Freshman Composition, History of Western Civilization, Integrated Biological and Physical Sciences, Orientation to College, and Fundamentals of Nursing.³

Tool Used to Collect Data

The questionnaire consisted of a list of twenty items.⁴ Each item was a brief statement describing a nursing activity representative of a broader nursing function.

Ten items were structured so that each portrayed some task or responsibility (activity) related to functions termed "direct nursing care" by Kreuter.⁵ These activities included bathing, feeding, dressing, moving,

³ X School of Nursing Bulletin.

⁴ Appendix A.

⁵ Kreuter, Frances Reiter, "What Is Good Nursing Care?", Nursing Outlook 5: 302-304, May 1957.

and teaching patients, observation of patients, listening to patients, administration of medications and treatments to patients, and helping patients to undergo tests.

Intermingled with these were ten items depicting nurse practitioner activities of a different nature. Some were representative of leadership functions named in the following statement:

As a team leader, every general duty or staff nurse must be capable of evaluating the nursing needs of each patient; of assigning the required functions to the appropriate worker; of evaluating the service rendered by each team member, and of maintaining good morale among both workers and patients.⁶

The functions drawn from the above excerpt were

- (1) evaluation of services rendered by a team member,
- (2) delegation of function to the appropriate person, and
- (3) maintenance of the morale of workers.

The professional nurse also plays an important role as a member of the professional health team. . . . Here she interprets the patients' nursing needs to other allied professional workers and shares in giving and receiving information which contributes to the total plan of care for the patient.⁷

The function of interpretation of patients' nursing needs to allied workers, as stated in this quotation of Leino, was the basis for one activity depicted in a

⁶McIver, Pearl, "Nursing Moves Forward." The American Journal of Nursing 52: 822, July 1952.

⁷Leino, Maelia, "Organizing the Nursing Team." The American Journal of Nursing 51: 665, November 1951.

questionnaire item.

Other derived functions incorporated into the questionnaire items were (1) planning the nursing care of patients with team members, (2) coordinating patient services rendered by members of the health team, (3) supervising the nursing care given by team members, (4) control of the patients' therapeutic environment, (5) teaching team members, and (6) organization of the nursing team.⁸

Preceding the list of items were directions for the respondents to envision their future role as a nurse practitioner and to circle the "Yes" or "No" placed at the side of each item, in answer to the question: "Will this be part of your nursing activities?" If they answered "No", they were to give their reason, and state who they thought would perform this activity. It was anticipated by the writer that some students might reject an item because of a value judgment of the activity per se. By having them state their reason for a negative reply, those that were based on this kind of criticism could thus be discounted.

The tool was pretested with two first year nursing students enrolled in a four year preservice baccalaureate degree program located in another part of the United States.

⁸Lambertsen, Eleanor C., Nursing Team Organization and Functioning, pp. 21-31.

One student completed the form with apparent understanding of what the writer was attempting to convey. The second student's replies indicated misinterpretation of one item due to the phrasing. This item was subsequently reworded.

Procurement of Data

Initial arrangements for the obtainment of data were made with the help of the Chairmen of the Basic Professional Nursing Division of X School of Nursing. With her approval, the writer contacted the President of the Freshman Class who, in turn, was instrumental in scheduling a time when the majority of students would be free to take the questionnaire.

The questionnaire was administered to the assembled group of students in a classroom reserved for this purpose. It was given following a regularly-scheduled science class.

Verbal instructions to the students prior to the administration of the questionnaire were kept to a minimum. They were told that no grades would be attached to their performance on the questionnaire, and that the significance of their replies would be considered for study purposes only. Mention was made to them that if they were interested in learning the results they could place their names on the questionnaire but that this was optional. It was stated that after they received the form no questions from them would be recognized. Rather, they were to answer each item to the best of their ability without additional cues.

Although they were allowed one hour for its completion, all students were able to answer the twenty items within twenty minutes.

CHAPTER IV

FINDINGS

In tabulating the replies to the questionnaire described in the previous chapter, attention was given primarily to data which answered the study question. However, other information obtained proved equally valuable. Its inclusion is subsequent.

Presentation and Discussion of Data

The administration of the twenty-item questionnaire to forty-two students was expected to elicit an overall total of 840 replies to the question: "will this be part of your nursing activities?" Also, unless all replies were in the affirmative, some data could be anticipated concerning students' reasons for a "No" response, as well as names of persons who would perform the activities not considered theirs.

In reviewing the 836 replies obtained, it was evident that classifications would have to be made other than those labeled a definite "Yes" and a definite "No". Some students responded by circling both the "Yes" and the "No". Some responded by circling the "Yes" and making a comment to the effect that the activity depicted would be part of

their future practitioner role but not exclusively. Others circled the "No" in response to an item but qualified it by saying that they would perform this activity under certain circumstances. "Yes" - and - "No" responses, qualified "Yes" responses, and qualified "No" responses are hereafter grouped together and classified as indecisive replies.

Of the overall total, a definite "Yes" response was made 330 times to items referring to direct-care nursing functions. The same response was made 307 times to items involving leadership functions in the practitioner role. Corresponding figures for indecisive responses and for definite "No" responses are shown in this table.

Table 1. Replies made by first year students in regard to future practitioner functions.

Type of Reply	Number of Replies to Each Type of Item	
	Direct-care	Leadership
Definite "Yes"	330	307
Indecisive	39	18
Definite "No"	26	40

From this table it may be noted that the number of definite "Yes" replies to direct-care items and to leadership items were nearly equal. In line with the writer's

hypothesis, there was greater recognition of items referring to direct-care functions than of those involving leadership. The table also indicates over twice as many indecisive replies in regard to direct-care items as in regard to leadership items. On the other hand, one and one-half times as many replies were a definite rejection of leadership items as were they of direct-care items.

At this point, it should be recalled that the writer's purpose in requesting students to give a reason for a negative reply was to ascertain their understanding of these items. The unqualified "No" replies, recorded above, have been so validated. That is, students who made these negative replies gave a reason which was clearly stated, did not criticize the activity, but did indicate that this activity would be outside the scope of their future practitioner role functions. The indecisive replies, recorded above, were counted in light of the same criterion. The reasons given for negative replies, while not in themselves pertinent to this study, have been tabulated because of their interest value, and are presented in Appendix B.

Reasons for indecisive responses to direct-care items included (1) usually done by someone else, (2) could be done by someone else, and (3) would do this if time permitted. Six replies indicated that the item was part of their nursing activities, but that assistance might be ob-

tained from allied workers, such as the clergy, the doctor, the public health nurse, and the physical therapist. Expression of individual diversity of thought within the area of direct-care functions was implied in several questionnaires. For example, one student's reason for rejecting item #9, feeding a blind patient, was that it "does not require special training and is too time consuming." Yet her response to item #14, dressing a patient, was an unqualified "Yes".

The most frequent comment made in reference to leadership activities was "Yes, if asked or assigned." Several replies to item #7, "show an older nurse how to change a new type of bandage with which she is not familiar", were indecisive or negative because students felt that their doing this might cause the older nurse to be embarrassed or resentful. It was suggested that the head nurse, an instructor, or another nurse her own age be the one to perform this activity. Possibly, students' hesitance to recognize leadership functions as part of their future role is not due to unwillingness.

That students identified as many leadership functions in the professional nurse practitioner role as they did is a fact somewhat surprising to the writer. Its apparent significance will be discussed in the next chapter. The illustrations on the following two pages are graphic representations of the main findings. A partial item analy-

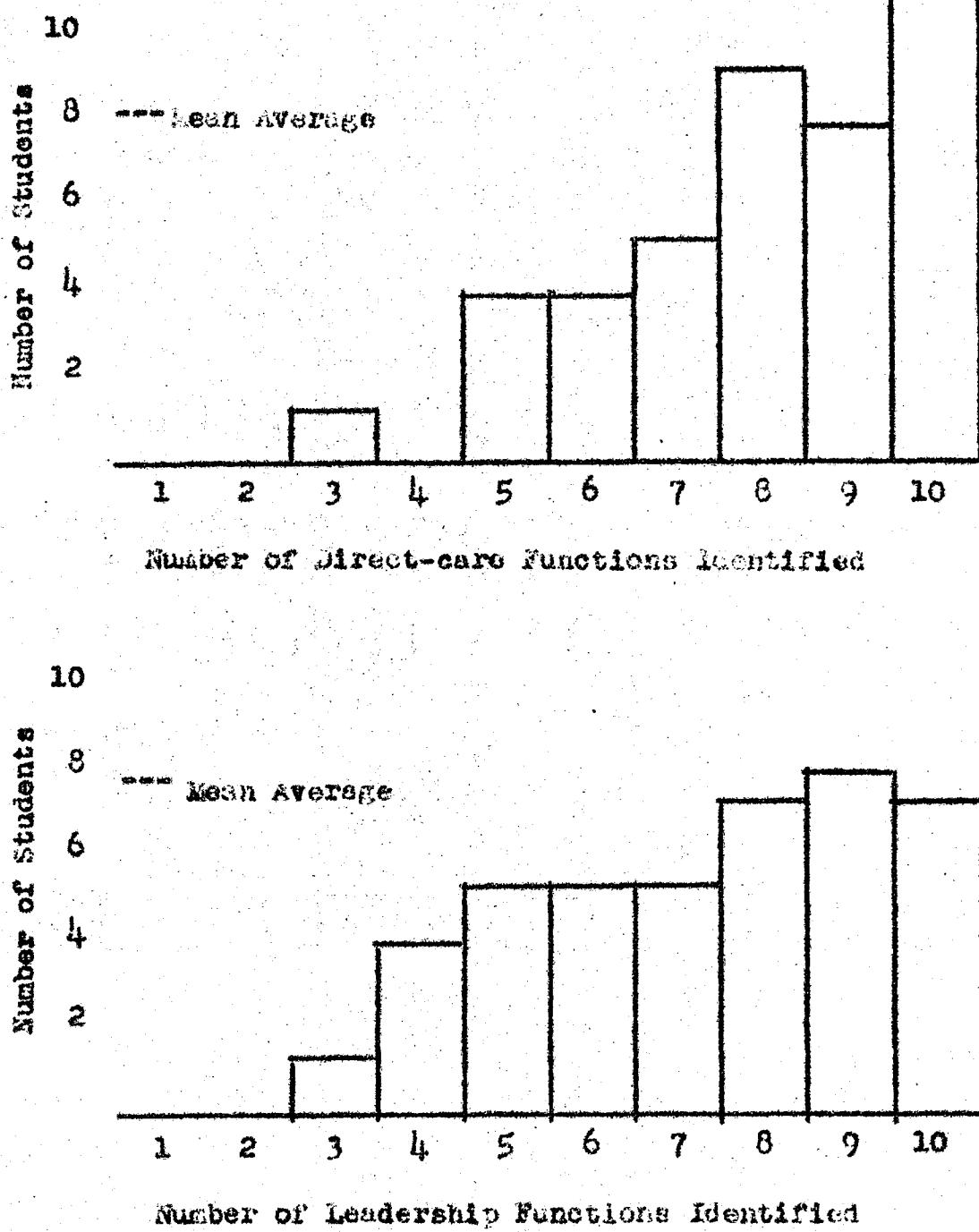
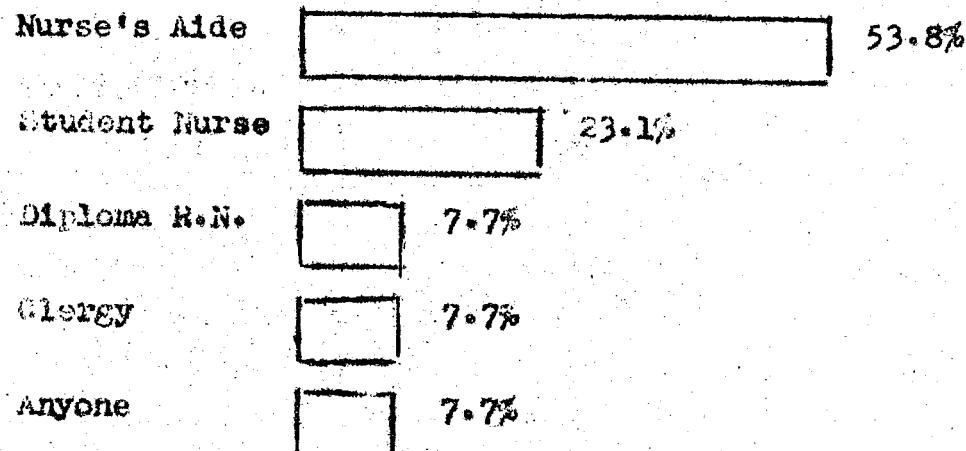
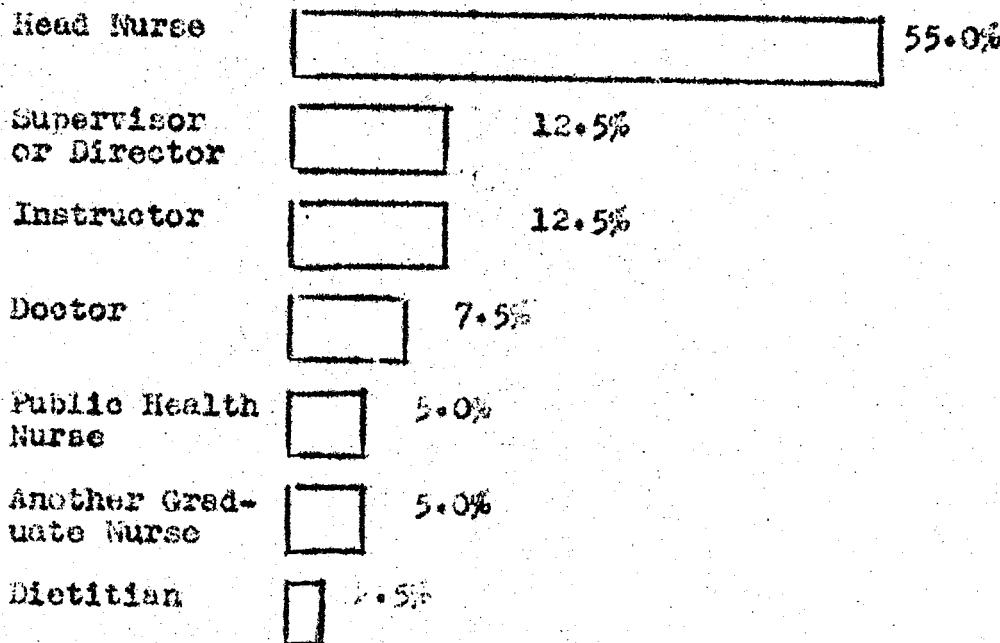


Fig. 1 Number of direct-care functions and leadership functions which forty-two first year nursing students expect will be part of their future practitioner role.



Persons Named to Assume Direct-care Functions



Persons Named to Assume Leadership Functions

Fig. 22 Relative frequency of assignment of personnel to functions considered by first year nursing students to be outside the scope of their future practitioner role.

basis of the questionnaire is presented in Appendix C.

For various reasons seventy-four "No" responses were necessarily discounted. As a result of the stipulation mentioned before, sixty-seven replies could not be counted, either because the reason elaborated indicated misunderstanding of what was being asked, accounting for thirty-three discarded items, or because no reason was given, as happened in thirty-four instances.

Of the thirty-three replies showing misunderstanding, nine were so brief they could not be interpreted by the writer without inference. Replies to the other twenty-four, four direct-care and twenty leadership, were based on criticisms of the activity itself rather than its unsuitability in the role of the professional nurse practitioner. One example of this is a reason given for Item #7, described above. "If her way has been accepted thus far, why change her ideas." Item #5, expressing appreciation to an orderly, was rejected three times on the basis that, as one person wrote, it is "nice but not necessary." Item #12, checking to see that extensive treatments are not in progress during rounds, was rejected three times because it was considered an impossibility. Eight students criticized the activity depicted in item #20; five said that charting blood pressures was the nurse's responsibility, intimating that it could not be delegated; two said the ward secretary is not trained to do this, and

one comment showed misinterpretation of the word "request". As stated before, these replies did not contribute to the answer of the research question. They do point up possible areas for future study.

Of the thirty-four "No" responses for which no reasons were stated, most of the responses were accompanied by the name of the person who would carry out this activity. Such responses would seem to indicate neither indecision nor confusion but rather assumption on the part of the students that their reasons were self-evident. This assumption could not, of course, be made.

The remaining discounted items included responses of "don't know", made twice by one student and once by one student, and four different items left unanswered, each by one student.

Throughout all responses to direct-care items, except those of an unqualified "Yes" nature, one finding occurred so frequently as to be of definite significance to nurse educators. Following partial or complete rejection of an item as part of their activities as a graduate professional nurse practitioner, students, in many instances, stated that, as students, they would or might be the person who would perform this activity. Thought might be given to whether the educational objectives or the learning experience should be altered; a third possibility is that the

students' objectives will grow to meet those of the educational program, negating the need for curriculum modification.

Another significant finding was the reference made by two students to a team; one used the term "ward team" and the other spoke of a "nursing team". Because two students mentioned this, the writer wonders if they are the only ones who have been introduced to the team concept or if others are similarly informed but did not see its applicability to this questionnaire.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study has been to determine whether students enrolled in the first year of one pre-service baccalaureate degree program in nursing are cognizant of the leadership functions involved in the professional practitioner role for which they are being prepared. To accomplish this, a twenty-item questionnaire was administered to forty-two students, and they were asked to accept or reject each item in terms of whether the activity depicted would be part of their future practitioner role. Ten items, or activities, depicted functions of the nurse practitioner described as "direct nursing care" by Kreuter.¹ Ten items were based on statements made by other outstanding people in the field of nursing, namely McIver², Leino³, and Lambertson.⁴ These items reflected the current emphasis on leadership func-

¹Kreuter, op. cit.

²McIver, op. cit.

³Leino, op. cit.

⁴Lambertsen, Eleanor C., Nursing Team Organization and Functioning, pp. 21-31.

tions within the practitioner role. For each item rejected students were asked to give a reason for their reply and to name the person who would perform this activity. Negative responses were counted only if a clearly-stated reason was given and it indicated that an approach was made similar to that intended by the writer.

Of the ten direct-care functions depicted, the mean average number recognized by students was 8.0. By the same calculation, 7.3 leadership functions were acknowledged. Indecisive replies, or those which were not a definite "Yes" or "No", occurred twice as frequently in regard to direct-care functions as in regard to leadership functions. Of the validated "No" responses, sixty-one percent were in rejection of items pertaining to leadership, the head nurse being the most frequently-named person to carry out the function depicted. Rejected direct-care functions were most frequently thought to be those of an aide.

Conclusions

Based on the findings of this study, the following inferences are made:

1. First year students enrolled in X School of Nursing have some awareness of the leadership functions involved in the professional practitioner role, for which they are being prepared.

2. These students are less aware of the leadership functions involved in this role than they are of those pertaining to direct nursing care.
3. There is evidence of ambivalence on the part of these students with respect to what functions will be theirs as professional nurse practitioners; this is particularly true of functions involving direct care.
4. The students who rejected leadership functions did so with more finality, in the belief that these are totally outside the scope of their future practitioner role.
5. Leadership and direct-care functions not seen by these students as part of their future practitioner role are most often ascribed to the head nurse and nurse's aide, respectively.

Recommendations

The writer believes that action indicated by the findings of this study is only tentative. Because the students questioned are in the first year of the educational program, it seems logical to assume that they will have opportunities to develop further cognizance of the leadership functions involved in the professional practitioner role. It is anticipated that they will receive instruction through a course in team nursing, placed in the

fourth year of the program.⁵

Steps which might be taken by a School of Nursing to enhance this growth are:

1. Careful examination, through readings, group discussions and observations, of the contributions which the head nurse, nurse practitioner, and nurse's aide can make separately and collectively, to patient care; the desired result of this scrutiny being the development of personal philosophies which recognize the interrelatedness of nursing personnel function.
2. The inclusion of an objective in the educational program which attests faculty endeavor to prepare students for leadership functions involved in their practitioner role.
3. The selection and organization of clinical experiences which allow students to function within the framework of a nursing team throughout the educational program.
4. Continual faculty-student appraisal of the clinical area in the realization that nursing is a continuously-evolving concept.

The action outlined above might help students per-

⁵ A School of Nursing Bulletin.

sonally, as well as professionally, in that "all of us like to do what is expected of us, and most of us also want to meet the demands of our own ideal image. To the extent that we cannot match these images in our behavior, we are frustrated."⁶

If these steps were taken to reduce role confusion, one recommendation for a future study would be to re-examine the same group in their fourth year of nursing, using like methodology, and compare responses with those recorded in this study. The writer believes that the questionnaire devised for this study might yield additional valuable data if respondents were asked to state their reasons for positive, as well as negative, replies.

Other studies could use similar methodology to collect data from a different sample of students in the same or another school of nursing. As mentioned before, in light of some students' comments obtained by this study, an investigation might be made of their value judgments concerning various nursing functions; particularly, the effect of present clinical nursing practice on their denial of functions involved in their future practitioner role.

⁶ Henne, Kenneth D. and Bennis, Warren, "The Role of the Professional Nurse." The American Journal of Nursing 59: 198, February 1959.

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APPENDIX A

In answering this questionnaire, look ahead to the time when you will be a graduate professional nurse, giving nursing care to patients in the clinical area.

Beside each numbered item, circle either Yes or No in answer to the question:

WILL THIS BE PART OF YOUR NURSING ACTIVITIES?

If you answer No, write briefly why you think this will not be part of your activities, and name the person who you think will do this.

1. Yes No 1. give a patient a bath.

If you answer No,
your reason:

person who will do this:

2. Yes No 2. give a patient a medication.

If you answer No,
your reason.

person who will do this:

3. Yes No 3. make arrangements for a dietitian to talk to a patient about his diet before he is discharged.

If you answer No,
your reason:

person who will do this:

4. Yes No 4. help a patient to maintain the necessary, but uncomfortable, position while a doctor performs a spinal tap.

If you answer No,
your reason:

person who will do this:

5. Yes No 5. express appreciation to an orderly who did a kind favor for a patient.

If you answer No,
your reason:

person who will do this:

6. Yes No 6. listen to a very ill patient talk about his philosophical and religious beliefs.
If you answer No,
your reason:
person who will do this:
7. Yes No 7. show an older nurse how to change a new type of bandage with which she is not familiar.
If you answer No,
your reason:
person who will do this:
8. Yes No 8. make out patient assignments for various personnel who are to participate in giving morning care.
If you answer No,
your reason:
person who will do this:
9. Yes No 9. feed a blind patient.
If you answer No,
your reason:
person who will do this:
10. Yes No 10. take a patient's temperature.
If you answer No,
your reason:
person who will do this:
11. Yes No 11. observe the skin of a patient who is confined to bed to be sure he is not getting a bedsore.
If you answer No,
your reason:
person who will do this:
12. Yes No 12. check to see that no extensive treatments are in progress when the doctors are on rounds.
If you answer No,
your reason:
person who will do this:
13. Yes No 13. evaluate with a practical nurse the care she gave to a patient.
If you answer No,
your reason:
person who will do this:

14. Yes No 14. put shoes and stockings on a patient who is allowed up but who is not supposed to bend over.

If you answer No,
your reason:

person who will do this:

15. Yes No 15. supervise a nurse's aide the first time she helps a patient get into a wheelchair.

If you answer No,
your reason:

person who will do this.

16. Yes No 16. turn a patient who cannot turn himself.

If you answer No,
your reason:

person who will do this:

17. Yes No 17. lead a group of nursing personnel in planning an outline of care for a patient who has many specific likes and dislikes.

If you answer No,
your reason:

person who will do this:

18. Yes No 18. explain to a social worker the nursing problems involved in the care of a patient for whom she must select a convalescent home.

If you answer No,
your reason:

person who will do this:

19. Yes No 19. answer a patient's questions about how he can manage at home with a cast on his leg.

If you answer No,
your reason:

person who will do this:

20. Yes No 20. request the ward secretary to chart a list of blood pressures which you have taken.

If you answer No,
your reason:

Person who will do this:

APPENDIX B

Table 2. Direct-care functions depicted in questionnaire and number of "Yes" responses made by forty-two first year students to each item in acknowledgment of functions as part of their future practitioner role.

Item Number	Function Depicted in Item	"Yes" Responses Made	
		Number	Per Cent
1	Bathing patients	30	71
2	Administration of medications to patients	42	100
4	Helping patients through tests	40	95
6	Listening to patients	30	71
9	Feeding patients	22	52
10	Administration of treatments to patients	36	86
11	Observation of patients	41	98
14	Dressing patients	23	55
16	Moving patients	37	88
19	Teaching patients	35	83

Table 3. Leadership functions depicted in questionnaire and number of "Yes" responses made by forty-two first year students to each item in acknowledgment of functions as part of their future practitioner role.

Item Number	Function Depicted in Item	"Yes" Responses Made	
		Number	Per Cent
3	Coordination of health team services	33	79
5	Maintenance of morale among team members	37	88
7	Touching nursing team members	29	69
8	Organization of the nursing team	26	62
12	Control of the patients' surroundings	33	79
13	Evaluation of nursing team members' services	30	71
15	Supervision of nursing team members' services	34	81
17	Planning patient care with team members	25	60
18	Interpretation of patients' nursing needs to allied workers	32	76
20	Delegation of nursing functions to the appropriate worker	23	67

APPENDIX C

Table 4. Reasons given by first year nursing students for rejection of questionnaire items depicting their future practitioner functions.

Reason	Item Numbers Rejected	Number of Times Item Rejected for This Reason
"Requires little or no skill"	1 4 9 10 11 14	2 1 3 1 1 4
"Lack of time"	1 9 14	1 1 3
"The job of another"	1 9 10 14	2 2 1 2
"Will not be qualified"	3 6 17 18	1 2 2 1
"Not part of nursing care"	3 8 13	1 1 1
"Would cause ill feelings"	7	3
"Not the responsibility of the general duty nurse"	3 7 8 12 13 15 17 18 20	3 2 9 2 5 2 4 2 1