

THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURSING

A STUDY TO DETERMINE FACTORS CONTRIBUTING TO
THE NURSING IMAGE IN LUSAKA URBAN

BY

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DECLARATION

I hereby declare that the work presented in this study for the Degree of Bachelor of Science in Nursing has not been presented either wholly or in part for any other degree and is not being currently submitted for any other degree.

SIGNED :

CANDIDATE

APPROVED BY :*M. Adele Dec 1996*.....

SUPERVISING LECTURER

STATEMENT

I hereby certify that this study is solely the result of my own independent investigation. The various sources to which I am indebted are clearly indicated in the paper and in the references.

SIGNED :

DEDICATION

I dedicate this study to the memory of my loving father, the indeed honourable Edward Saini Chitungulu, to my beloved mother Rosemary Chota Chitungulu, to my dearest and most nearest husband Phinias Imasiku Mubuyaeta, friend Mentor, and to my adorable daughters Lungowe and Mwansa.

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ABSTRACT

The main purpose of this study was to determine factors contributing to the Nursing image and the extent to which these factors affect the Nursing Profession, with a view of helping Nurse leaders find a means of improving the profession's public perception. For this purpose, a sample of 100 male and female adult respondents were questioned. These were drawn from Lusaka Urban Clinics; one from a high density area, and one from a low density one, including the University Teaching Hospital.

The study revealed that a mixture of factors do add to the total Nursing image. Included among these are aspects of the Nurses conduct on and off duty, such as attitudes, communication skills and so on. While on duty, Nurses were perceived as caring, hard working and easy to relate to, whilst most respondents did not know the Nurses conduct off duty.

The study also revealed that although certain factors in the work environment do contribute to the total Nursing image, there are some which do not. The results showed taht the public do not blame the Nurse for shortfalls in the work environment and in their opinion, Nurses do quite a lot to try and improve their work conditions.

Although there was a general consensus that the Nurse is an essential worker, most people believe she / he has the rolse of an assistant or care giver and that her social status is moderate (neither high nor low). It was also found taht most people prefer their Nurses to be well educated males and females from the highest institutions of learning like Universities. this if achieved would not only raise professional standards, but also the image of the Nursing Professional

1.0 **INTRODUCTION**

1.1 **BACKGROUND INFORMATION**

In our daily interactions with others, we all develop an image of some sort of the other of the people with whom we relate, based on our perceptions of these people. This image, which can be described as the personality an individual presents to the public, is one which is acquired through mutual process; just as we form images of other people, they too form images of us. This is what sociologists term as the 'self concept', a picture on oneself which has an influence of behaviour. According to Haralambos and Holborn ¹, the self concept is in essence a reflection of the reaction of others towards us. This means that the way we behave is influenced largely by what we think other's expectations of us are. Although this applies mainly to individuals, the same can apply to groupings especially those with professional inclinations, like the Nursing profession. The image that we hold of ourselves is not only important to the present situation, but also has an impact on future occurrences like the possibilities of a realistic career, management structure or any form of career development.

Despite the fact that the perceptions people hold of others are sometimes wide spread, they do not always match reality. In fact, they are made up of a blend of preconceived views, information and misinformation, wished for truths, ideals and a portion of facts ¹. The Nursing image therefore can and will develop from public opinion and, what does not help the situation is the fact that Nurses are on the spotlight twenty-four hours a day, seven days a week, wherever they are. The issue at hand is that, the stigma associated with some labels applied to the profession tends to reinforce what may initially have been short term behaviour. In addition, the effect that these unduly fixed mental impressions have on an individual's or group's opinion of themselves must not be underestimated, because, they may serve to undermine the individual's or group's worth even further.

The two questions one would perhaps want to ask are, why is the Nursing profession so concerned about their public image and how did they acquire the so called labels or stereotypes that they so vehemently want to get rid of? Firstly, Nurses are concerned about their public image because maintaining a good professional image is in actual fact implied in their code of professional conduct, which are rules which provide guidance on normal, acceptable professional behaviour. The United Kingdom Central Council (U.K.C.C.), the Nurses National Board for England, Scotland, Wales and Northern Ireland has a professional code of conduct for Registered Nurses, Midwives, and Health visitors which states:

"Each Registered Nurse, Midwife and Health visitor, shall act, at all times in such a manner as to justify public trust and confidence, to uphold and enhance the good

standing reputation of the profession, to serve the interests of society and above all, to safeguard the interests of individual patients and clients". ²

Just as this guide is provided for Nurses, Midwives and Health visitors, Nurses world-wide, including Zambia are regulated by the International code of conduct.

In answer to the second question the Nursing profession did not acquire its labels overnight. Perceptions are not only acquired gradually, but are also hard to get rid of once established.

It is to this effect that, since time immemorial, the Nurse has been regarded as a caring mother or sister. This is evident in terms associated with the profession like 'Matron' a word derived from the Latin word for mother, whilst 'sister' is a term implying intimate relationship from which sex is explicitly excluded ³. This is perhaps why Nursing is one sphere of human activity in which it is generally regarded as a positive advantage to be a woman. In actual fact, the public image of the Nurse is a figure with distinctly female features. This sexual stereotype, attractive as it may seem, is one which must be addressed, and soon because it has led to the notion that female dominated professions are less worthwhile and that males who join the profession are somehow emasculated ⁴. This is a situation which has and still continues to occur in our own society. Sajiwandani ⁵, agrees with this and says it is in actual fact quite strange to hear of males taking up Nursing as a career in Zambia.

Another image of the Nurse which has been cultivated over the years is one of being a servant. Our present day culture considers occupations that require one to show intelligence overtly and acquire a multitude of skills so important that they overlook many domestic activities like some Nursing duties, which require a minimum of expertise. The role of servant or provider of service has affected the image of the Nursing profession in that, despite all efforts made by Nurses to try and convince the public that they need to be more educated and keep abreast with developments around them, people are adamant in perceiving the profession as one which does not need people who are well educated. The argument is that, even the social status of the Nurse remains low and thus she finds difficulties in marketing herself so that she can be regarded on the same standing with other health professionals and therefore be remunerated accordingly.

The remnants of the Nightingale legacy which made Nurses out of "educated young ladies" has led to the inculcation of subservience, not only during training but also thereafter as the Nurse continues to view herself as being inferior to other professionals like Doctors, and therefore projects this image to the general public ⁴. During training Nurse educators teaching 'professional adjustment' tend to focus their time and energies on aspects like etiquette, which though good tend to lead to the production of Nurses who are not only indecisive, but also lack

self assertion. Nurse leaders have also in a way contributed to this image. According to Paternostro ⁶ leaders must lead the way in recognising Nurses as specialists. Nothing impairs the Nurses image more than the saying "a Nurse is a Nurse is a Nurse". In addition, there were and still are many splinter groups within the profession. This affects group solidarity because each specialist group wants recognition, Paternostro ⁷ adds, moving Nurses from one area of specialisation to another is in actual fact damaging to image, self worth and morale.

Due to all these factors, the profession has a great battle ahead of it in its quest for professional identity. This identity according to Strehlow ² is one which is not achieved easily either as a group or an individual. The profession has to prove its worth in practice and the general public must recognise its practitioners as useful employees whom society cannot do without. Very often, perceptions and images of the public are ignored and are therefore very hard to amend. Furthermore, perceptions and images will always remain somewhat of a dilemma, as it remains difficult to define what constitutes a professional. What Nurses must realise is that they must take the initiative first and recognise, develop and demonstrate their own value, that is to portray an image of self as they would wish others to see it ⁷. Once this image has been successfully established and gives a feedback for progress, it then becomes important to project this and impress it on others ². However, the identity crisis will not be fully overcome until each member of the profession values himself or herself as she or he would wish to be seen by others.

1.2 **STATEMENT OF THE PROBLEM**

Despite the fact that there is not much documented on the Zambia Nursing image, it is in actual fact not very different from that of other Nurses world-wide. The public image of the Nurse varies between two contrasting extremes; from that of being angelic and "all things to all men" ⁴, to that of being dominating, overbearing and even dangerous to her charges. Like many aspects of societal life, people tend to remember the perpetuate the negative side of issues so much more than the positive side. This is because despite the number of years the profession has existed, and the scores of publications made to try and educate the public, very few people can claim to know let alone understand what Nursing is all about. This ignorance is not confined to lay people, the general public or illiterates but much to the surprise of many, people with whom the Nurse has day to day interactions are included. As a matter of fact this ignorance dates back to the time of Florence Nightingale, the founder of Nursing. In Nightingale ⁸, she says

"It has been said and written scores of times that every woman makes a good Nurse. I believe on the contrary that the very elements of what constitutes good Nursing are as little understood for the well as for the sick".

In her statements, Miss Nightingale was trying to dispute the misconception that Nursing should be confined to the female fraternity. Even in our present day and age, it is not rare to hear people say they prefer Nurses to be women because they believe that they are more caring and devoted to their patients than males. This is in fact a topic subject to discussion as the profession now has quite a substantial number of male nurses who most people would agree can be just as caring and committed as their female counterparts. Miss Nightingale also implied that apart from lay people, even those who have contacts with the Nurse (the sick) have little or no idea about what the profession is all about. In other words the public and other health professionals alike have and still continue to create their own image of what Nursing ought to be and thus base their judgements on this misconception.

The most perplexing question is, why has the public found it necessary to apply a label to the profession as it were? According to Rourke ⁹, society only applies a label when there is a deviation from validated socio-behavioural and cultural norms. This is in order to try and gain an understanding of the deviation and having applied this label, society then behaves in a manner dictated by its perceptions, often making little or no allowance for individuality.

This means that somewhere in its history, the Nursing profession must have departed from society's expectations and thus our present day image. To sight a good example, one point of departure of the professions from societal expectations has been the shortage of Nurses world wide, as well as in our own situation. Namaubo ¹⁰ concluded that not only do Nursing staff shortages lead to poor quality of Nursing care but also the staining of the good image of the Nursing profession and the University Teaching Hospital as a Health institution.

Another very important question is, what really are the contributing factors to the formation of this image? According to Thompson ¹¹, the images we perceive ourselves as having are actually a total sum of ourselves, the organisations to which we belong and its environment. This statement highlights two very important issues, that is not only does the Nurse contribute to the formation of his or her professional image but also the surroundings in which he or she functions. Therefore, it is important to mention that the surroundings or environment in which the Nurse operates is sometimes beyond his or her control. Nightingale ⁹ further states,

"The Nurse is not always to blame. Bad sanitary, bad architectural and bad administrative arrangements often make it impossible to Nurse".

In saying this, Miss Nightingale was not trying to absolve the profession from blame for the poor image alluded to it, but was merely trying to shed light on the fact that a multitude of factors, some of which are in a sense out of reach in terms of control to the Nurse, add to the whole image.

The extent of the environment shows the magnitude of such factors. However, to highlight a few, the surroundings in which the Nurse has to carry out her work does contribute to the poor image the Nursing profession has. Although it is debatable that the Nurse is in actual fact supposed to be responsible for the patients environment, there are aspects she cannot control. This was especially true in our own situation and was most pronounced in the Second Republic, when most health institutions were run down and yet Nurses were faced with the challenge of maintaining standards and indeed keeping a smiling face for their clients. A lot of people would of course say it is laudable for the Nurse to have kept such a courageous image but others misinterpreted it as indifference to her client's plight.

Another contributing factor is the educational level of most of the communities which the Nurse has to serve. Due to the fact that most communities are either semi literate or illiterate, they misinterpret even necessary functions of the Nurse. A good example is the fact that most communities lack knowledge on the need for certain resuscitative measures and thus refuse to have them performed on their significant others. These are measures such as cardiac massage, mouth to mouth respirations which are misconceived as trying to finish off very ill patients. This therefore has contributed to the wrong image that the Nurse can be dangerous to those under her care.

Other factors found in the Nurses environment are those concerned with the communities the profession has to serve. These include the community's cultural beliefs, norms, religious inclinations and occupations and also media portrayal of the profession. As much as it is understandable that the media has to publish articles that will lure the public, they do exaggerate some of their reports and this is to the extent that most people do believe what they read in the print media and hear as well as see on the electronic media. Naish ⁵ says the media often highlight misconduct cases which are, most of the time unsubstantiated. These reports are often received as gospel truths by the gullible public because they serve to confirm their earlier misconceptions and prejudices about the profession.

This is not to deny that some of these allegations are true, but most of them are later proved to be unfounded by regulatory bodies like the Nurses councils. The mistake that these organisations make is that they do not go back to the media after investigations to try and nullify earlier stories and thus the poor image continues to be perpetuated. What these organisations must take note of is that, apart from protecting the vulnerable public from harm, and also rehabilitating erring Nurses, it is also their duty to maintain professional standards at a constantly high level. This is not only done through going round health institutions and checking for quality, but can also be done through setting the record straight with the media. Naish ⁵ adds, improving the public image of the Nurse is not only necessary for the numeric survival of

the profession but also to potential employers who try to make the Nursing career more attractive to prospective employees who are alarmingly reducing in numbers.

In as far as the Nurses contribution to her image is concerned, the Nurses behaviour and conduct as she deals with clients and their significant others has a great impact on the total Nursing image. This includes such factors as personality traits and staff attitudes. In order for the profession to have people of sound character, it requires people of outstanding calibre and social conduct. As a precaution, the type of behaviour expected of a Nurse is taught during training. In spite of all these measures, the publics perception, though sometimes rightly true is exactly the opposite of what it should be. This is because the Nurses conduct on the off duty sometimes leaves much to be desired. If this misconduct occurs on duty, it is recognisable by the code of professional conduct whilst if it occurs off duty, it is regarded as antisocial and even criminal ³. Therefore, it is important to note that being the personal service profession that it is, Nursing calls for concern, sympathy and caring to such an extent as having affection for its clients ¹.

Another factor closely related to conduct is client communication. Maclean ⁴ says, the Nurse makes a good go between for the anxious patient and the over bearing doctor, but there is still a lot of room for improvement. The situation as it stands is such that Nurses have neglected their duty to ensure that they communicate effectively with patients such that they give little time to patients to air their views and concerns. Patients who insist on being heard are labelled as difficult and demanding.

Some members of society are of the view that the current tendency of Nurses to be on first name basis with their patients diminishes their professional image ¹². Poor communication therefore also has contributed to the negative image Nursing has and the sad state of affairs is that Nurses themselves are not willing to shed more light on this aspect. The role that communication plays on society's perception of a profession cannot be over emphasised. What makes our own situation even more difficult is the fact that most of the clients are illiterates who need far more patience and caution in interactions.

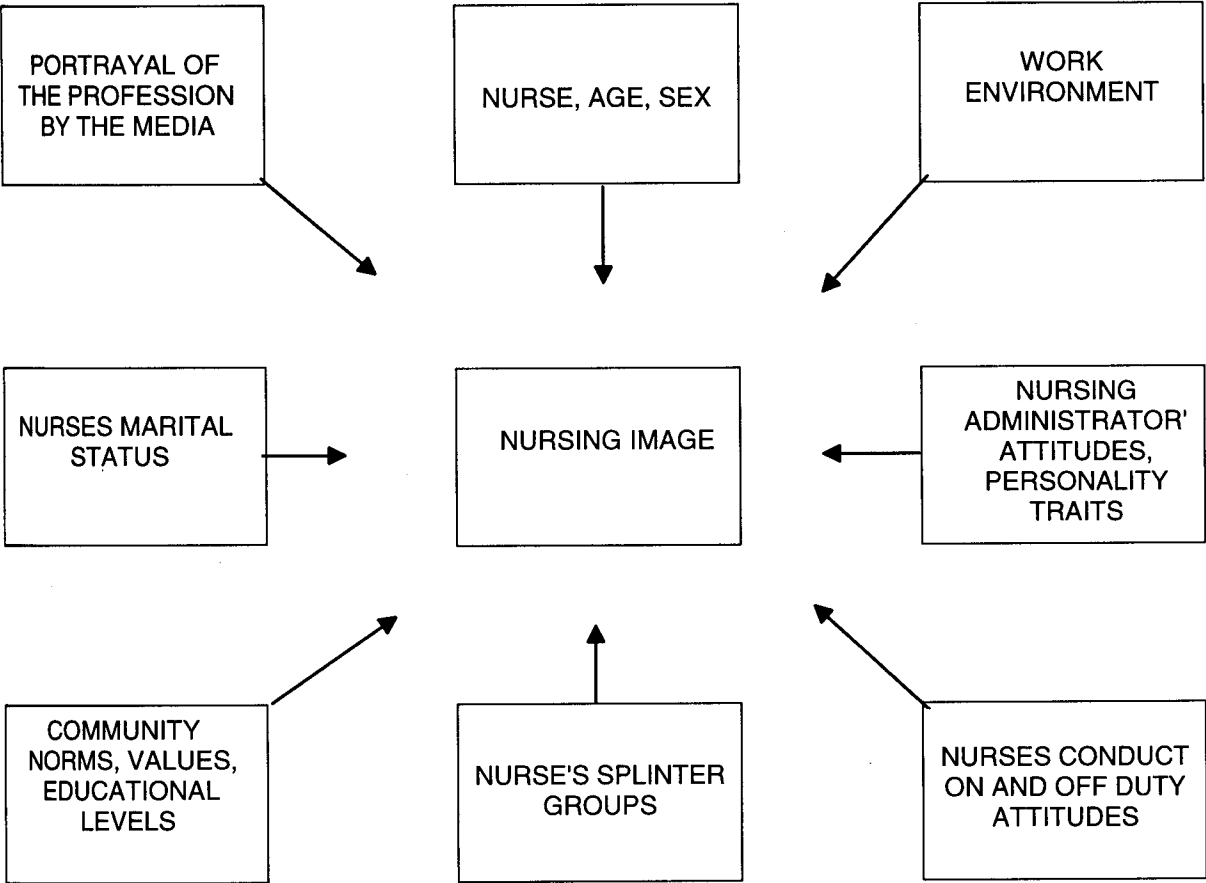
A final factor is the fact that the Nursing profession is still struggling to find its own identity. This has been made more difficult because of the many splinter groups within the profession. If Nursing is to acquire the professional standing that it deserves, it has to take into consideration some of the distinguishing characters of a profession. Maclean ⁴ says, members of a profession firstly have to undertake a lengthy and difficult period of training, thereafter, they are faced with a trial or test which if negotiated successfully, will be followed by tacit agreement to certain moral guides which will govern their behaviour thereafter. Having fulfilled all these, they are then ritually admitted to the ranks of the profession, which also involves the addition of their

names to an exclusive register or roll and the awarding of documents which give real evidence of their symbolic acceptance.

Most people would however argue that if these are the requirements, then Nursing does qualify to be called a profession, but to the contrary, the situation as it stands does not portray Nursing as such. The truth of the matter is, achieving a massive image about turn will require a significant long term effort if nurses are finally to acquire the respect accorded to other health professionals.

This is not to say the task ahead is too much to contemplate. In fact in our own situation, the General Nursing Council of Zambia was so concerned about the Nurses image that it organised a workshop in conjunction with the Ministry of Health, the Zambia Nurses Association and the World Health Organisation from 11th to 13th July, 25th to 27th July and 8th to 10th August, 1995 whose title was "District campaign to promote positive attitude of Nurses and Midwives towards quality health care" ¹³.

FACTORS CONTRIBUTING TO THE NURSE IMAGE



In conclusion, the prejudices that the public have about Nursing personnel must be dealt with not only in order to provide for better health care, but also when marketing the profession becomes of paramount importance in the ever competing world around us. Public prejudices and labels have continued because Nurses have not paid much attention to them. The Researcher would therefore like to establish factors that contribute to the poor image in spite of all measures being implemented. The findings will go a long way in helping Nursing leaders find means of not only uplifting Nursing standards, but also improving the general public's perception of the Nurse.

1.3 **PURPOSE OF THE STUDY**

At the moment no study has been carried out in this country on the subject hence the need to undertake the study. The results will be used to give recommendations to Nurse leaders and the Ministry of Health so that in their various capacities they can try and address the situation and improve the Nursing image.

1.4 **STUDY OBJECTIVES**

GENERAL OBJECTIVE

To determine the factors that contribute to the public image of the Nurse and the extent to which these factors affect the Nursing profession.

SPECIFIC OBJECTIVES

1. To determine the public's perception of the Nurses role.
2. To identify factors in the work environment that contribute to the Nurses public image.
3. To determine public awareness of the ideal Nurses role.
4. To help Nursing leaders find means of improving the public perception of the Nurse by giving recommendations.
5. To identify other issues for further research.

1.5 **HYPOTHESIS**

1. Nurses conduct leads to poor Nursing image.
2. Adverse conditions in work environment leads to poor Nursing image.

1.6 **OPERATIONAL DEFINITIONS**

For the purpose of this study, the following terms are operationally defined as:-

IMAGE	:	How the Nurse is perceived by others.
PUBLIC	:	The community in general served by the Nursing profession.
PUBLIC IMAGE	:	The personality presented to the public by the Nurse.
NURSES ROLE	:	Expected functions of the Nurse.
PROFESSION	:	The occupation of Nursing.
LABEL	:	The wrong description or classification accorded to the Nursing profession.
PERCEPTION	:	The way the public view the Nursing profession.
STEREOTYPE	:	A conception shared by most members of the public.
MISCONCEPTION	:	the mistaken opinion or attitude the general public have about the Nursing profession.
PREJUDICE	:	The unfavourable opinions based on inadequate facts people hold.

2.0 **LITERATURE REVIEW**

2.1 **INTRODUCTION**

The Nursing image is an issue of great concern not only to Nurses in this country but indeed to Nurses the world over. This concern is not because Nurses feel that their profession is perfect and should therefore be perceived as such but because generally, Nurses feel misunderstood. Public prejudices and stereotypes have had an effect not only on the growth of the profession but also influence the decision that young people make concerning whether to join the Nursing profession or not. Time and again, one hears the phrase that Nursing is at the cross roads, and indeed this has been so for many years. Unfortunately, instead of taking a new road, the profession seems to be stagnant and thus wrong perceptions and prejudices continue to be upheld ¹⁶. It would therefore be timely for the profession to make a final and binding decision either in improving the public's perceptions or in making the necessary changes to the profession. It is therefore not surprising that the Zambian Nursing fraternity has expressed the need for Zambian Nurses to change their attitudes.

Literature search revealed that through history, the Nursing profession has had several images. These ranged from the feminine, the religious and service image and finally to the present day image which is to a certain extent influenced by the media. It also revealed that several studies have been done on the subject and these have yielded diverse results.

2.2 **HISTORICAL PERSPECTIVE**

The concept of Nursing as it was originally perceived is slightly different from what we now call professional Nursing. Nursing in the sense of caring for the sick dates back to ancient times when the task of caring was carried out by family members and friends who were mostly female. Through their caring behaviour these 'Nurses' developed the reputation and the practice of Nursing which we now call professional Nursing ¹⁷. In most societies women happen to be the first Nurses one comes into contact with. It is to this effect that most people cannot delink the words feminine and Nursing. It is however important to mention that records show that the very first Hospital Nurses in India could have been male. The fact that men were expected to carry out Nursing duties was probably due to the inferior position of women in that society ⁴. However, the perception of Nursing in the feminine role was quite common in the earliest historical records and is still present in certain cultures which are not yet fully civilised ¹⁸.

As a consequence of changes that took place in the middle ages in Europe, the feminine image slowly began to die out and in came the religious image. With Christianity and its teachings

came the link between caring for the sick, healing, and ethical belief ¹⁸. During this era, people believed that caring for the sick was a means of serving God and was even used as a way of atoning for one's sins. The Church emphasised brotherhood and service, self sacrifice and charity and thus a lot of people decided to take on the task of caring for the sick ¹⁷. As a result, it was during this time that the Nursing profession gained itself the image of a service which could be offered even without remuneration. Hospitals were thought of as substitutes for homes and the service which they offered was such as members of one's family would ordinarily provide for another ⁴.

The advent of the Protestant churches however brought about a different image to the profession because unlike their catholic predecessors, these felt no obligation to care for the sick. This therefore led to a complete shift from the image of the selfless Nurse to one of being a duty to be carried out by servants. It was shifted to the low class in society, those whose morals were low and had to carry out this work as their only means of earning a living ¹⁸. Consequently during this time, Nursing acquired itself a low status and Nursing duties were regarded as domestic duties. This is one image of the profession that persisted over a long period of time and this was to such an extent that it still has an impact on the profession today.

The one person who can be credited for having changed the course and image of Nursing is none other than Miss Florence Nightingale. She established the concept of Nursing as an economical means of earning a living which is independent of any religious inclinations and beliefs. She also brought in the aspect of the profession being an art that required intelligence and skill apart from devotion and moral purpose ¹⁷. Having come from an affluent background, Miss Nightingale gave up her comfortable life to fulfil what she perceived as gods calling. Her main aims were to improve standards in hospitals in terms of environment as well as the quality of Nursing care. She as a result established the need for Nurses to be trained through formal instruction so that the Nurse could rightfully take her place in the health team. This led to the profession gaining prestige and a higher status than had been accorded to its predecessors. Miss Nightingale's contribution to Nursing can best be summed up in three words; "knowledge, humanitarianism and compassion" ¹⁷. However, like the previous image, the Nightingale one also had negative aspects. The type of training the Nursing recruits received can only be compared to the military type of discipline ⁶. This was because Nurses were expected to be unquestionably obedient and carry out orders only because they had been told to do so and not because they believed they were right or even important. This is probably what led to the relationship between the Nurse and the Doctor being that of a leader and "subservient follower" ⁶.

2.3 PRESENT DAY IMAGE

Although some of today's Nurses would not wish to be associated with their distant predecessors, there is little doubt that the stereotype of the Nurse in the pre-Nightingale era still influences her distant descendants⁴. It is therefore not surprising that today's Nursing image still has some of the telltale features that one would have thought died out with the passage of time. The image is in actual fact very similar to those that have been held before.

THE FEMININE IMAGE

After all has been said and done, Nursing is still viewed as a predominantly female profession by many. Most people cannot delink the words female and Nursing but this view is perhaps justifiable by the number of women found in the profession today. In Great Britain, women make up 90% of the Nursing workforce though these are dominated by men in their managers, educators and those who advocate for the profession¹⁹. This male domination was proved by a survey carried out in 1983 which showed that almost half (50%) of the top jobs in Nursing specifically in management and education, are held by men though they make up only 10% to 12% of the entire professional workforce²⁰. This is indeed a picture that can be said to be true all over the world, including Zambia where until recently, only females were admitted into all its Nursing schools. This has led to the effect that females outnumber their male counterparts by a considerably large margin. This is also one development which may have been perpetuated by the founder of Nursing. This is because she made Nurses out of 'educated young ladies' and not males. In fact evidence shows that only females were admitted to the first Nursing schools to be established. Miss Nightingale saw nothing wrong with the interconnection of Nursing with womanhood¹⁹.

The link between Nursing and feminism harmless as it may seem may have been the cause of some of the setbacks the profession has faced in being recognised for what it's worth. As a matter of fact, as a predominantly female profession, Nursing does not enjoy much social power²¹. This sad state of affairs is because the struggle for professional advancement in Nursing also encompasses the struggle for women in society, to gain political, economic and academic freedom¹⁷. This means that the social standing that has been accorded to women in general also affects the professional standing of Nurses. Clay¹⁹ says there are obvious links between women's status in society and Nurses' positions in the health care hierarchies. Ezitoni categorised Nurses as semi professionals together with teachers and social workers due to the female domination within these occupational groupings²². It is therefore important to take note of the fact that for as long as Nursing is equated with feminism, factors affecting women will affect the profession, either directly or indirectly.

A study was carried out to determine the way the words 'Nurse' and 'feminine' were perceived in thirty language / culture communities. It revealed that the image of the Nurse was similar to the feminine one because both were perceived to be "good, active, but also weak". This led the authors to ask the questions whether the link between the two (feminine and Nurse) was because the profession is dominated by women or because the act of Nursing is linked to the act of mothering. They also wondered if the profession can retain the good aspects of being linked with femininity and also become more dominant ²³. The feminine image is in fact one that has persisted despite the fact that there are now men within the profession and they are making significant contributions ¹⁷. These men are however in the minority and according to Casey and Buchan, a lot needs to be done in attracting more men and ethnic minorities into the profession. This is because, according to their findings, most Nurses in the United Kingdom are white and female. Their findings also showed that there is a division in terms of earnings according to sex because they found that a male Registered or Enrolled Nurse earns approximately 230.90 Pounds weekly while his female counterpart with the same qualifications earns 205.47 Pounds ²⁴.

THE SERVICE IMAGE

This is also one misconception that has persisted until the present day despite the many changes that have taken place in society in general. Nursing is classified by many today as one of the service professions, which are concerned with serving the community in general and their client in particular, rather than supporting sectional interests of furthering their own interests ¹. It is therefore not surprising that people expect Nurses to be born for the profession and toil for very little pay ¹⁷. The notion that the profession exists for the benefit of society is one which many would like to identify with because, who wouldn't like to be associated with serving fellow men? It is however the other aspects of being a service profession that are of great concern to many. People still find it difficult to perceive Nurses as educated men and women standing up for their own and their clients rights, and indeed trying to earn a living wage in whatever workplace they find themselves; be it an industry, a school or of course a hospital ¹⁹.

It is also not surprising that many people still perceive the profession as one which is subordinate to others most especially in the health hierarchies. A good example is this is the image that the Doctor is viewed as the powerful leader whilst the Nurse is seen as the subservient follower. Clay ¹⁹ sums it up when he says that the world at large does not equate the two professions.

"Doctors are educated, Nurses are trained (sometimes); Doctors have and use their knowledge, Nurses do what comes naturally, Doctors rely on research, Nurses on kindness and common sense, Doctors give orders, Nurses carry them out" ¹⁹.

In a nutshell, the general public view the Doctor as the one who is more powerful, knowledgeable and important. This image is one which could not have been created by the general public. This is because an uninformed public cannot be blamed for having made inaccurate judgement of what the profession is, its worth and its value to patient care ¹⁷.

It is therefore important that the profession seeks public participation and active support in its efforts to professionalise. The public must be informed that the profession is advancing into an area of independent practice with new, more challenging roles like Nurse clinicians, practitioners and are willing to stand up for their professional conduct, in whatever circumstances they find themselves in ¹⁷. This is indeed a picture which is very different from what it is in many places today. Karpf says, Nurses are not seen as authoritative commentators on health issues even if they would have been the right people to consult because they have far more direct experience in as far as patient care is concerned than the Doctor ²¹.

In Jordan, Nursing is still considered as menial work, as the role and responsibilities of the Nurse have not yet been defined by the relevant authorities including the Nursing profession. In actual fact Nurse educators have noticed the disparity between the training and practice roles. Nurses in Jordan function mainly as medical assistants or housekeepers although they are trained to take up many other roles such as being change agents, advocates, health educators and critical thinkers ²⁹.

Although the service image has persisted for so long in many places, it is beginning to change in some areas. In the African region, the image of the Nurse as merely a provider of care is changing. In spite of this role being paramount, the Nurse is now taking up a more managerial role as he or she is now not only a planner of services in local areas, but is also an organiser, supervisor, teacher and supporter of auxiliary health personnel. She also collaborates with health and other workers to ensure development in terms of health ²⁵.

According to Casey and Buchan, the misconception that Nurses work for very little money no longer holds water in the United Kingdom. This is because in their research, they found that most Nurses are the main bread winners in their homes. A clinical grading exercise showed that a salary of twenty thousand Pounds per annum is not a far fetched dream especially for those in key clinical positions. They however did point out that the Nursing profession is still comparatively poorly paid ²⁴. It is therefore time that the stereotype that Nurses are people whose love for the profession overrides the need for them to earn decent wages, went.

MEDIA IMAGE

Despite the argument that journalism is rarely an originating profession but one which draws on already existing cultural beliefs and norms, and reinforces them, the media does in fact play a crucial role in forming public opinion. Casey and Buchan say that most images are distorted and misrepresented and are perpetuated by factors outside the Nursing profession like television, films, the press and romantic fiction ²⁴. This is especially true where tabloids are concerned because they often exaggerate very small issues just by giving them over dramatic headlines. The main issue at hand is that people do not even bother to buy ordinary papers which portray a more realistic image, and thus do not even know the truth ⁵.

Nurses are portrayed either as "angels or maddonnas, sex objects or tarts" and even as angry agitators ²⁴. Clay sums up the media images in three words; "the harridan, the angel and the nymphomaniac" ¹⁹. Vogt says films portray Nurses as empty headed immoral females who are not only subservient to Doctors but also spend most of their time either trying to look beautiful or performing menial tasks ¹⁷.

It is quite evident that even in the media, the feminine and service images are perpetuated. Clay says, if an image does not fit a particular preconceived role, it is manipulated until it finally does ¹⁹. A good example of this is one given by Karpf when she points out that movie makers portray Doctors as people who spend most of their time giving psychological care and tender loving care, a task which is in reality performed by the Nurse ²¹. It is however important to mention that some film makers do portray Nurses as they really are. The British Broadcasting's 'Angels' and 'Casualty' are films which portray Nurses as hard working human beings who have the right to be called professionals.

Another reason why the media images are slowly turning around is because Nurses are challenging their media portrayal by organising, speaking out and insisting that their voice be heard. In the United States, Nurses pressure groups like the American Nurses' media watch have campaigned to have Nurses portrayed as they really are, in medical drama and comedy. Such campaigns however risk exposing the inferior value given to Nursing skills and emphasising the superiority of Doctorly technical tasks ²¹.

A study carried out by Kalisch, Kalisch and Belcher, a news based forecasting model, was developed for the purpose of showing effects of key Nursing issues on the image of Nursing. Newspaper articles were collected and analysed monthly from January 1978 to December 1981, a sample of 27,623 articles. The model used was in fact for the purpose of showing the effects on key Nursing issues on the Nursing image. The study revealed that articles that

showed Nurses in clinical settings as well as those that portrayed Nurses as playing a major role were the most important in projecting a positive image of Nursing. The model was also used for the purpose of constructing forecasts for the Nursing image from 1982 to 1984. This forecast predicted that the image of Nursing was to improve over this stated period because of a projected increase in the number of articles that showed Nurses in this positive image ²⁶.

This study not only proved that the media portrayal does have an impact on how people perceive the profession in reality but also further proved that the Nursing image can be improved if only Nurses concentrated more on clinical settings, as well as ensuring that Nurses played a major role in whatever issues that concern their profession, either directly or indirectly. If the media consistently misrepresents the image of the professional Nurse, this can have a negative effect on the public's perception of Nurses ²⁷. Therefore, the media images must be changed if only to narrow the disparity between these images and reality. As far as concentrating on the clinical aspect is concerned, Clay agrees with the statement that Nurses can only achieve the highest levels in the profession if more stayed at the bedside ¹⁹.

In the Zambian context, the media image of the Nurse also leaves much to be desired. Not only is the profession portrayed as a declining one, but also the impression that is given is that Nurses concentrate more on non Nursing duties like counting of linen. Indeed this was especially true in the Second Republic when Nursing seemed to have no serviceable direction. It however is not true in some situations today but the bad portrayal of the profession has continued because Nurses have not spoken out against it nor tried to show people what Nursing is all about ²⁸. It is in fact not rare to read articles in the local media about people complaining about the misdeeds of Nurses, most especially now when freedom of speech is encouraged. It is therefore time that Nurses led the way in designing the nature and direction of the Nursing profession in Zambia. It is time that Zambian Nurses proved that it is a highly specialised profession, not worthy of all the bad publicity that it is getting.

2.4 **EMPIRICAL REVIEW**

Nurses the world over attach great importance to the need to have a proper Nursing image. As a consequence of this, a number of studies have been done in many countries and the findings have been just as varied.

A study was carried out in Sweden to identify what preconceptions student Nurses have of Nursing at their point of entry into the training programme at University, and how these views change during the course. The study revealed that the student Nurses perceived Nursing in a very traditional way and this view remained stable throughout the training period. It was also found that a third of the students developed a new perspective and self concept as a Nurse during the course but the traditional image of the Nurse persists ³⁰.

A similar study was carried out in Scotland and it was aimed at finding out the accord and discord in student's images of Nursing. It was discovered that although most aspects of the Nursing image did change, the picture of adult medical-surgical Nursing as typical of real Nursing persisted throughout, that is from entry to training through early clinical practice. Staff attitudes were also noticed to be major determinants of the quality of student experiences and also formation of image. The study concluded that students need support in order to adapt to disparities between their own images and reality ³¹.

A comparative study carried out by Moule to determine the social profile of diploma learners and under whose influence they decided to enter the profession of Nursing; showed that majority of students who came from middle socio-economic backgrounds chose to enter the profession whilst they were still at school and their main influences were Nursing role models and the media. The study also showed the need for accurate dissemination of appropriate information to schools in general and specifically to career advisors. It was decided that in order to attract more learners, effective marketing of the profession should be carried out, which involves influences of the media and the use of Nursing role models. On the other hand it was found that tutors needed to know the course content and expectations of learners which would help in the formulation of effective recruitment policies and curriculum development ³².

Another comparative study was done in Korea to find out the opinions of Doctors, Nurses, other hospital personnel and the general public on the Nursing image. This study revealed that the image of the Nurse was different for each of the groups of respondents. The public in general was found to have a positive image of Nurses but the exact opposite was the case where hospital personnel were concerned. One notable finding was that Nurses gave themselves a low grade. Compared to Doctors, they showed negative in terms of value of their job, professionalism and their contribution to clinical practice.

Finally, a survey was carried out in Great Britain by the Market and Opinion Research International (MORI). This showed that the disparity between what the public's image of Nurses is and what it should be is minimal. It was also discovered that the public saw Nurses as professionals in their own right who are not only hard working and caring, but also understanding. It however showed that the social status of the profession is low and also that Nurses do not do much to try and improve their working conditions. It was also discovered that Nurses are no longer seen as being authoritative and neither as sex symbols ³⁴.

2.5 **CONCLUSION**

Although the public image of the Nurse and Nursing remains more or less the same in most places as it was throughout the history of Nursing, it is beginning to change in some. As a result, Nurses in these places are viewed more and more as they would wish to be perceived and what has really contributed to this is that Nurses have spoken out against these negative images and misconceptions. Concern for the public perception of Nurses and their profession has also prompted the undertaking of a variety of studies in many countries concerning the image and the results have just been as varied.

3.0 **METHODOLOGY**

3.1 **STUDY DESIGN**

The study was a non-intervention descriptive type of study which was qualitative in nature.

Cormack defines a descriptive survey as one which involves the collection of data with the aim of describing things, as they are ¹⁵. The study was therefore concerned with eliciting opinions or perceptions of the general public on the Nursing image, a subject of crucial importance to the Nursing profession. It was a non-intervention or non experimental type of design in the sense that it took place in an uncontrolled and natural setting. The researcher did not administer any stimuli and the study concentrated on a small study population which allowed for in depth description of identified variables.

The dependent variable for the study was the Nursing image whilst the independent variables identified were:-

- (i) Nurses conduct on and off duty
- (ii) Personal characteristics of the Nurse like age, sex
- (iii) The Nurses social status like the marital status
- (iv) Nurse Leaders leadership styles
- (v) Splinter groups in the Nursing profession
- (vi) Characteristics of the Community being served like education level, community norms and values

3.2 **RESEARCH SETTING**

The study was carried out in Lusaka urban, at the University Teaching Hospital and Chawama and Chilenje Clinics. The University Teaching Hospital was conveniently chosen because it has the highest population of outpatients at any given time whilst the two clinics were chosen by lottery method. The number of clinics chosen (2) form 10% of the total number of clinics found in Lusaka Urban (22).

3.3 **STUDY POPULATION**

The study population was made up of adults from all walks of life. For the purpose of this study, the adult is defined as any male or female above 15 years.

3.4 **SAMPLING METHOD**

Due to the nature of the population under study, the researcher was unable to obtain a sampling frame with single study units. As an initial step, the University Teaching Hospital was chosen conveniently whilst the two clinics were chosen randomly. A complete listing of all clinics found in Lusaka Urban was made and these were written on separate pieces of paper and put in a box. After mixing them, two were picked randomly and thus Chawama and Chilenje Clinics were chosen.

In order to avoid bias in the selection of study units the first respondent was chosen randomly by using card numbers which were put in a box and one randomly chosen. The next respondents were chosen systematically and the interval was worked out using the sampling interval fraction $K = N / n$ where N is the total number of outpatients available and n is the sample size. The first respondent and also those thereafter had to meet the predetermined criteria and were interviewed regardless of sex.

3.5 **SAMPLE SIZE**

For the purpose of this study, the sample size was 100 respondents. This sample ensured feasibility in terms of time and resources available.

3.6 **DATA COLLECTION TECHNIQUE**

- (a) The data collection technique used was a structured interview schedule. This was decided upon because the respondents were from different educational backgrounds and social statuses. The interview was selected because it has the following advantages.
 - (i) It can be used even for illiterate populations
 - (ii) The response rate is higher most of the time than for a self administered questionnaire
 - (iii) It allows for clarification of unclear questions
 - (iv) Interviews are more likely to yield valid answers due to the depth associated with this technique

The structured interview schedule also ensured consistency and uniformity in data collection. Data was collected using the same instrument. For those who were unable to understand English, the questions were translated into a language they best understood.

- (b) Focus Group discussion was carried out to supplement information gathered from the interview schedule. Although it was held in one area, participants were such that they were drawn from different backgrounds. A Focus Group Discussion Guide was used to avoid straying from the topic. Information gathered was recorded during the session.

3.7 **ETHICAL CONSIDERATIONS**

As the study involved interviewing the general public, permission was obtained from the Executive Director's office for the University Teaching Hospital and from the Director of Public Health at Lusaka Civic Centre for the two clinics. Brief explanations on the nature and purpose of the study were given to respondents in order to obtain informed consent. Respondents were also assured that confidentiality would be maintained when publishing results and no names were asked for.

3.8 **PILOT STUDY**

This was carried out in Kitwe Urban on sample similar to the one used in the final study. The study was carried out on 04th July 1996 and a total of 10 adults respondents were interviewed. The test enabled the researcher to ascertain:

- (i) Reliability and validity of data collection tool
- (ii) Duration for each interview session
- (iii) Appropriateness and clarity of language used

Changes made to the interview schedule were as follows:-

- (i) Questions which were not clear were rephrased whilst those which were too difficult simplified.
- (ii) Some closed questions were made open whilst some open ended ones were closed.

3.9 **LIMITATIONS OF STUDY**

The major limitations of the study were firstly the time frame within which it was to be carried out was too small. Also most respondents interviewed were too busy and so it had to be carried out during the time they were waiting to be seen. Data was collected over a span of one week from 09th to 16th August 1996 and during this time the researcher was only able to interview 100 respondents. As such the findings of the study can only be generalised to the Lusaka Urban Public.

9.1 **DATA ANALYSIS PROCEDURE**

Data from the study instruments was summarised by entering data onto a data master sheet. Answers to open ended questions were categorised and analysed manually as well as using the computer statistical package SPSS.

4. **PRESENTATION OF FINDINGS**

DEMOGRAPHIC CHARACTERISTICS

CHARACTERISTICS	FREQUENCY	RELATIVE FREQUENCY	CUMULATIVE FREQUENCY
SEX			
1. MALE	27	27%	27
2. FEMALE	73	73%	100
AGE			
1. 15 - 24	24	24%	24
2. 25 - 34	40	40%	64
3. 35 - 44	25	25%	89
4. 45 - 54	6	6%	95
5. 55 - 64	5	5%	100
MARITAL STATUS			
1. SINGLE	13	13%	13
2. MARRIED	77	77%	90
3. DIVORCED	2	2%	92
4. WIDOWED	8	8%	100
RELIGION			
1. CHRISTIAN	99	99%	99
2. ZION	1	1%	100
OCCUPATION			
1. FORMAL EMPLOYMENT	23	23%	23
2. INFORMAL EMPLOYMENT	21	21%	44
3. UNEMPLOYED	12	12%	56
4. OTHER (HOUSEWIFE, STUDENT)	44	44%	100
INCOME			
1. 150,000 & BELOW	32	32%	32
2. 151,000 - 300,000	7	7%	39
3. 301,000 - 450,000	2	2%	41
4. 451,000 - 600,000	2	2%	43
5. 601,000 - 750,000	1	1%	44
6. NOT APPLICABLE	56	56%	100
EDUCATIONAL LEVEL			
1. PRIMARY	41	41%	41
2. SECONDARY	50	50%	91
3. UNIVERSITY	5	5%\	96
4. NONE OF ABOVE	4	4%	100

TABLE 1

Respondents composed mainly of females (73%) whilst males were (27%) giving a total of 100 respondents. The mean age was 32.3 years, modal age 29.3 years and the median age 31 years. The age range had a wide spread of 50 years. Majority of respondents were married (77%) followed by the single (13%). In terms of religion, 99% of respondents were Christian and only one (1%) came from the Zion movement. Majority of the respondents do not earn any sort of income (56%) because most were either housewives or students (44%) followed by those in formal sector (23%). Those who had an educational level of secondary school formed the biggest percentage (50%) in terms of level of education and they were followed by those with primary school level of education.

RESPONDENTS SEX IN RELATION TO RESPONSE AND REASONS AS TO WHETHER THEY THINK NURSES ARE CARING OR NOT

	RESPONSE								
	YES				NO				
	REASONS				REASONS				
SEX	SHOW CARING ATTITUDE	AVAILAB L WHEN NEEDED	IT IS THEIR JOB TO BE CARING	ROW SUB TOTAL	RUDE TO PATIENTS	DO NOT ATTEND TO PEOPLE ON TIME	DEPENDS ON NURSES PERSONA LITY	ROW SUB TOTAL	ROW TOTAL
MALE	14(14%)	5(5%)	2(2%)	21(21%)	3(3%)	2(2%)	1(1%)	6(6%)	27(27%)
FEMALE	27(27%)	11(11%)	13(13%)	51(51%)	6(6%)	16(16%)	-	22(22%)	73(73%)
COLUMN SUB TOTAL	41(41%)	16(16%)	15(15%)	72(72%)	9(9%)	18(18%)	1(1%)	28(28%)	100(100%)
CATEGORY TOTAL	72(72%)				28(28%)				

TABLE 2

72% of respondents thought Nurses are caring (21% males and 51% female) because Nurses show a caring attitude (41%, 14% males and 27% females), they are available when needed (16%, 5% males and 11% females), it is their job to be caring (15%, 2% male, 13% female). Those who thought Nurses are not caring, 28% composed of 22% females and 6% males and they thought so because they believed Nurses are rude to patients (9%, 3% males and 6% females), they do not attend to people on time (18%, 2% males and 16% females and those who said it depends on the Nurses personality formed 1% of the total 28%).

RESPONSE									
YES					NO				
SEX	REASONS					REASONS			
	THE NATURE OF THEIR JOB IS DEMANDING	THEY HAVE LONG WORKING HOURS	THEY SPEND MOST OF THEIR TIME ON DUTY OFTEN ATTENDING TO PATIENTS	ATTEND TO PATIENTS PROMPTLY	ROW SUBTOTAL	SPEND MOST TIME ON DUTY LOITERING	NURSES KNOCK OFF BEFORE TIME	ROW SUB TOTAL	ROW TOTAL
MALE	6(6%)	2(2%)	6(6%)	7(7%)	21(21%)	6(6%)	-	6(6%)	27(27%)
FEMALE	10(10%)	6(6%)	31(31%)	10(10%)	57(57%)	13(13%)	3(3%)	16(16%)	73(73%)
COLUMN SUB TOTAL	16(16%)	8(8%)	37(37%)	17(17%)	78(78%)	19(19%)	3(3%)	22(22%)	100(100%)
CATEGORY TOTAL	78(78%)					22(22%)			

TABLE 3

Most respondents think Nurses are hard working, 78%, 21% of these being male and 57% female. For females the most frequent reason was because they think Nurses spend most of their time on duty attending to patients, whilst for males it is because they think Nurses attend to patients promptly 7%, 22% thought Nurses are not hard working and the most frequent reason was because respondents felt they spent most time on duty loitering (19%, 13% females and 9% males).

RESPONDENTS SEX IN RELATION TO RESPONSE AND REASONS AS TO WHETHER
THEY FIND IT EASY TO RELATE TO NURSES OR NOT

	RESPONSE							
	YES				NO			
	REASONS				REASONS			
SEX	NURSES RESPOND WELL WHEN APPROACHED	NURSES ARE READILY AVAILABLE	IT IS THE NURSES JOB TO BE FRIENDLY	ROW SUB TOTAL	NURSES ARE UNFRIENDLY, CHOOSY	NURSES ARE RUDE	NURSES THINK IT IS A WASTE OF TIME TALKING TO PEOPLE	ROW TOTAL
MALE	12(12%)	4(4%)	1(1%)	17(17%)	3(3%)	6(6%)	1(1%)	27(27%)
FEMALE	37(37%)	2(2%)	6(6%)	45(45%)	5(5%)	22(22%)	1(1%)	73(73%)
COLUMN SUB TOTAL	49(49%)	6(6%)	7(7%)	62(62%)	8(8%)	28(28%)	2(2%)	100(100%)
CATEGORY TOTAL	62(62%)				38(38%)			

TABLE 4

Most people say they find it easy to relate to Nurses (62%) mostly because Nurses respond well when approached (49%). Other reasons were because Nurses are readily available (6%) and also because they felt it is the Nurses job to be friendly (7%). Out of the 38% who said they do not find it easy to relate to Nurses, 28% felt that this is so because Nurses are rude and other reasons were because Nurses are unfriendly and choosy (8%) whilst others still felt Nurses think it is a waste of time talking to people (2%).

RESPONDENTS SEX IN RELATION TO THEIR RESPONSES AND REASONS AS TO WHETHER THEY THINK NURSES ARE CONCERNED WITH PHYSICAL NEEDS OR NOT

	RESPONSE						
	YES			NO			
	REASONS			REASONS			
SEX	ENSURE PATIENTS PHYSICAL NEEDS ARE MET	IT IS THEIR JOB TO CONCERN THEMSELVES WITH PATIENTS PHYSICAL NEEDS	ROW SUB TOTAL	LEAVE IT TO PATIENTS RELATIVES	DO NOT CONSIDER IT THEIR DUTY	ROW SUB TOTAL	ROW TOTAL
MALE	15(15%)	6(6%)	21(21%)	1(1%)	5(5%)	6(6%)	27(27%)
FEMALE	36(36%)	16(16%)	52(52%)	4(4%)	17(17%)	21(21%)	73(73%)
COLUMN SUB TOTAL	51(51%)	22(22%)	73(73%)	5(5%)	22(22%)	27(27%)	100(100%)
CATEGORY TOTAL	73(73%)			27(27%)			

TABLE 5

73% of respondents stated that Nurses are concerned with patients physical needs because they ensure that they are met, (51%) and also because it is their job to concern themselves with these (22%). Out of 27% who said Nurses are not concerned with patient physical needs, 22% felt it was because Nurses do not consider it their duty and 5% stated that Nurses leave this task to patients relatives.

RESPONDENTS SEX IN RELATION TO RESPONSE AND REASONS AS TO WHETHER NURSES CONCERN THEMSELVES WITH PATIENTS EMOTIONAL NEEDS

	RESPONSE								
	YES			NO					
	REASONS			REASONS					
SEX	LISTEN TO PEOPLE'S EMOTIONAL PROBLEMS	NURSES GIVE REASSURANCE COUNSEL PEOPLE	ROW SUB TOTAL	DO NOT EVEN ASK ABOUT EMOTIONAL CONCERNS	DO NOT LISTEN TO PEOPLES EMOTIONAL CONCERNS	DO NOT HAVE TIME TO TAKE CARE OF EMOTIONAL NEEDS	NURSES ARE NOT COMPETENT TO CARE FOR EMOTIONAL NEEDS	ROW SUB TOTAL	ROW TOTAL
MALE	6(6%)	2(2%)	8(8%)	13(13%)	2(2%)	3(3%)	1(1%)	19(19%)	27(27%)
FEMALE	9(9%)	16(16%)	25(25%)	36(36%)	6(6%)	6(6%)	-	48(48%)	73(73%)
COLUMN SUB TOTAL	15(15%)	18(18%)	33(33%)	49(49%)	8(8%)	9(9%)	1(1%)	67(67%)	100(100%)
CATEGORY TOTAL	33(33%)			67(67%)					

TABLE 6

A major part of respondents believe that Nurses do not concern themselves with patients emotional needs (67%) mostly because they do not even ask patients about their emotional concerns (49%). Out of 33% who felt Nurses do concern themselves with emotional needs 18% said it was because they felt Nurses do take the time to counsel and reassure people.

RESPONDENTS SEX IN RELATION TO THEIR OPINION AS TO HOW NURSES SPEND THEIR TIME ON THE WARD

	OPINION						
SEX	BUSY WORKING	ATTENDING TO PATIENTS	SITTING AT THEIR TABLES OR IN OFFICES	HOLDING CONVERSATIONS	SELLING THINGS	WALKING ABOUT DOING NOTHING	ROW TOTAL
MALE	7(7%)	11(11%)	5(5%)	3(3%)	-	1(1%)	27(27%)
FEMALE	28(28%)	22(22%)	10(10%)	10(10%)	1(1%)	2(2%)	73(73%)
COLUMN TOTAL	35(35%)	33(33%)	15(15%)	13(13%)	1(1%)	3(3%)	100(100%)

TABLE 7

The opinion of most respondents was that most Nurses spent most time on duty busy working (35%) or attending to patients (33%) whilst 15% said Nurses spend most time sitting at their tables or in their offices (15%), holding conversation amongst themselves (13%), selling things (1%) or walking about doing nothing (3%)

RESPONDENTS SEX IN RELATION TO THEIR OPINION ON WHETHER NURSES ARE READILY AVAILABLE WHEN PATIENTS NEED THEM OR NOT

	OPINION		
SEX	YES	NO	ROW TOTAL
MALE	19(19%)	8(8%)	27(27%)
FEMALE	57(57%)	16(16%)	73(73%)
COLUMN TOTAL	76(76%)	24(24%)	100(100%)

TABLE 8

Most respondents think Nurses are readily available when needed (76%) and 24% said they are not. Out of 76% who thought they are, 19% were males and 57% female and out of 24% who felt they were not, 8% were males and 16% females.

RESPONDENTS SEX IN RELATION TO HOW THEY THINK NURSES BEHAVE OUTSIDE THEIR WORKING ENVIRONMENT

	RESPONSE					
SEX	NURSES ARE CHEERFUL WELL BEHAVED	BEHAVE LIKE ALL OTHER HUMAN BEINGS	NURSES ARE KIND HEARTED HELPFUL	NOT FRIENDLY STICK TO WORKING MATES	DOES NOT KNOW	ROW TOTAL
MALE	2(2%)	9(9%)	4(4%)	1(1%)	11(11%)	27(27%)
FEMALE	10(10%)	16(16%)	15(15%)	3(3%)	29(29%)	73(73%)
COLUMN TOTAL	12(12%)	25(25%)	19(19%)	4(4%)	40(40%)	100(100%)

TABLE 9

Most respondents did not know how Nurses behave outside their work environment (40%) whilst 25% said they behave no differently from any other human being. 19% felt Nurses are kind hearted and helpful whilst 12% believe Nurses are cheerful and well behaved. Only 4% felt Nurses are unfriendly and stick to work mates.

RESPONDENTS OCCUPATIONAL STATUS IN RELATION TO THEIR RESPONSE AND REASONS AS TO WHETHER NURSES ARE TO BLAME FOR DEFICIENCIES IN THEIR WORK ENVIRONMENT OR NOT

RESPONSE											
YES						NO					
OCCUPATION	REASONS						REASONS				
	DO NOT ENSURE THEY HAVE ALL THEIR REQUIREMENTS	DO NOT EXPLAIN THEIR NEEDS TO APPROPRIATE AUTHORITIES	IT IS THE NURSES DUTY TO ENSURE THERE ARE DEFICIENCIES	NURSES DO NOTHING ABOUT DEFICIENCIES	ROW SUB TOTAL	EMPLOYERS ARE RESPONSIBLE	DEFICIENCIES CANNOT BE AVOIDED	NURSES ARE NOT HIGHLY MOTIVATED	MANY FACTORS CONTRIBUTE TO DEFICIENCIES	NURSES DO BEST EVEN UNDER TRYING CIRCUMSTANCES	ROW SUB TOTAL
FORMAL EMPLOYMENT	-	-	1(1%)	-	1(1%)	19(19%)	1(1%)	1(1%)	-	1(1%)	22(22%)
INFORMAL EMPLOYMENT	-	1(1%)	2(2%)	-	3(3%)	17(17%)	-	-	-	1(1%)	18(18%)
UNEMPLOYED	1(1%)	-	2(2%)	1(1%)	4(4%)	8(8%)	-	-	-	-	8(8%)
OTHER (house wife, school going)	6(6%)	-	7(7%)	-	13(13%)	27(27%)	2(2%)	-	1(1%)	1(1%)	31(31%)
COLUMN TOTAL	7(7%)	1(1%)	12(12%)	1(1%)	21(21%)	71(71%)	3(3%)	1(1%)	1(1%)	3(3%)	79(79%)
TOTAL			21(21%)					79(79%)			100(100%)

TABLE 10

Only 21% of the respondents felt Nurses are to blame for deficiencies in their work environment, most of them housewives and school going children (13%) mostly because they feel it is the Nurses duty to ensure there are no deficiencies in the work environment (12%). On the other hand the majority of respondents felt Nurses are not to blame (79%) again mostly housewives and school going children (31%), mostly because they felt Nurses employers are supposed to be responsible for requisites in the work environment (71%).

RESPONDENTS OCCUPATIONAL STATUS IN RELATION TO THEIR RESPONSE AND REASONS AS TO WHETHER THEY THINK NURSES DO ANYTHING TO IMPROVE THEIR WORKING ENVIRONMENT

	RESPONSE							
	YES			NO				
	REASONS			REASONS				
OCCUPATION	TRY TO ENSURE ENVIRONMENT IS CONDUCTIVE	CONSTANTLY FIGHT FOR WHAT THEY REQUIRE FROM AUTHORITIES	ROW SUB TOTAL	LEAVE IT TO EMPLOYERS	NURSES ARE NOT INNOVATIVE	DO NOT DO ANYTHING ABOUT IT	ROW SUB TOTAL	ROW TOTAL
Formal Employment	9(9%)	6(6%)	15(15%)	6(6%)	1(1%)	1(1%)	8(8%)	23(23%)
Informal Employment	9(9%)	8(8%)	17(17%)	4(4%)	-	-	4(4%)	21(21%)
Unemployed	3(3%)	5(5%)	8(8%)	4(4%)	-	-	4(4%)	12(12%)
OTHER (housewife or school going)	20(20%)	8(8%)	28(28%)	14(14%)	-	2(2%)	16(16%)	44(44%)
COLUMN TOTAL	41(41%)	27(27%)	68(68%)	28(28%)	1(1%)	3(3%)	32(32%)	100(100%)
CATEGORY TOTAL	68(68%)			32(32%)				100(100%)

TABLE 11

Most of those who felt Nurses do try to improve their work environment 68% were housewives, school going (28%) followed by those in the informal sector (17%). Out of the 32% who felt Nurses do not try to improve their working environment 28% felt they leave it to their employers, 3% felt they do not do anything about it and 1% felt Nurses are not innovative.

RESPONDENTS OCCUPATIONAL STATUS IN RELATION TO THEIR RESPONSE AS TO WHETHER THERE IS A SHORTAGE OF NURSES OR NOT

OCCUPATION	RESPONSE		
	YES	NO	ROW TOTAL
FORMAL EMPLOYMENT	10(10%)	13(13%)	23(23%)
INFORMAL EMPLOYMENT	6(6%)	15(15%)	21(21%)
UNEMPLOYED	1(1%)	11(11%)	12(12%)
OTHER HOUSEWIFE SCHOOL GOING	8(8%)	36(36%)	44(44%)
COLUMN TOTAL	25(25%)	75(75%)	100(100%)

TABLE 12

Most respondents believe that there is actually no shortage of Nurses (75%), most of them housewives and school going (35%) followed by those in the informal sector (15%). Out of the 25% who said there is a shortage of Nurses, 10% were the highest number from formal employment, followed by housewives and school going children (8%).

RESPONDENTS OCCUPATIONAL STATUS IN RELATION TO WHETHER THEY THINK
NURSE SHORTAGE CONTRIBUTE TO THE QUALITY OF NURSING CARE GIVEN AS WELL
AS REASONS FOR THE YES RESPONSE

	RESPONSE								
	YES						NO		
	REASONS						REASONS		
Occupation	NURSING CARE WOULD BE INAD- EQUATE	NURSING CARE WOULD DETERIOR- ATE	NURSES WOULD BE UNABLE TO COPE WITH WORK	NURSES WOULD BE FRUST- RATED	NURSING CARE WOULD BE LEFT TO RELATIVES	ROW SUB TOTAL	NO	ROW SUB TOTAL	ROW TOTAL
Formal Employment	6(6%)	2(2%)	6(6%)	3(3%)	1(1%)	18(18%)	5(5%)	5(5%)	23(23%)
Informal Employment	3(3%)	3(3%)	8(8%)	-	-	14(14%)	7(7%)	7(7%)	21(21%)
Unemployed	3(3%)	2(2%)	6(6%)	-	-	11(11%)	1(1%)	1(1%)	12(12%)
Other (housewives school going)	2(2%)	8(8%)	20(20%)	1(1%)	-	31(31%)	13(13%)	13(13%)	44(44%)
Column Total	14(14%)	15(15%)	40(40%)	4(4%)	1(1%)	74(74%)	26(26%)	26(26%)	100(100%)
Category Total	74(74%)						26(26%)		

TABLE 13

Out of the 74% who felt Nurse shortages contribute to the quality of Nursing care, 40% felt Nurses would be unable to cope with work, 15% felt Nursing care would deteriorate, 14% felt Nursing care would be inadequate and 4% felt Nurses would be frustrated. Only one respondent felt Nursing care would be left to patient's relatives. In terms of occupational status, 31% were housewives, school going children 18% from the formal sector; 26^ felt Nurse shortages have no bearing on quality of Nursing care, 13% housewives and school going children, 7% from informal sector, 5% from formal sector and 1% unemployed.

RESPONDENTS SEX IN RELATION TO WHETHER THEY THINK NURSES ARE ESSENTIAL WORKERS IN A HEALTH INSTITUTION AS WELL AS REASONS FOR SAYING NO

	RESPONSE					
	YES		NO			
			REASONS			
SEX		ROW SUB TOTAL	NURSES ARE JUST ORDERED BY DOCTORS WHO CAN DO THE SAME JOB	DOCTORS WORK BETTER THAN NURSES	ROW SUB TOTAL	ROW TOTAL
MALE	24(24%)	24(24%)	2(2%)	1(1%)	3(3%)	27(27%)
FEMALE	73(73%)	73(73%)	-	-	-	73(73%)
COLUMN TOTAL	97(97%)	97(97%)	2(2%)	1(1%)	3(3%)	100(100%)
CATEGORY TOTAL	97(97%)		3(3%)			

TABLE 14

97% of the respondents think Nurses are essential workers, out of these 73% were female and 24% were males. Only 3 respondents, all male, thought Nurses are not essential and for 2% their reasons were that, Nurses are just ordered by Doctors who can carry out the same job. The other respondent said no because he believes Doctors work better than Nurses.

RESPONDENTS SEX IN RELATION TO THEIR OPINION ON THE ROLE OF THE NURSE IN PATIENT CARE

SEX	OPINION					ROW TOTAL
	HELPER, CARE-GIVER ASSISTANT	COUNSELLOR LISTENER ADVISOR	LIFE SAVER	GIVER OF TREATMENT MEDICATION	RECEIVER OF PEOPLE	
MALE	17(17%)	3(3%)	-	4(4%)	3(3%)	27(27%)
FEMALE	40(40%)	7(7%)	5(5%)	14(14%)	7(7%)	73(73%)
COLUMN TOTAL	57(57%)	10(10%)	5(5%)	18(18%)	10(10%)	100(100%)

TABLE 15

57% of the respondents Table 15 believe the Nurse has the role of being helper, caregiver or Assistant (17% males and 40% females), 10% stated that she has a role of a counsellor, listener of care giver (3% male, 7% female), 5% (females only) said the Nurse has a role of a life saver, 18% believe she has the role of being a giver of treatment or medication (4% males and 14% females) and 10% believe the Nurse is a receiver of people (3% males and 7% females).

RESPONDENTS EDUCATIONAL LEVEL IN RELATION TO THEIR OPINION ON THE ROLE OF THE NURSE IN PATIENT CARE

EDUCATIONAL LEVEL	OPINION					ROW TOTAL
	HELPER CARE-GIVER ASSISTANT	COUNSELLOR LISTENER	LIFE SAVER	GIVER OF TREATMENT MEDICATION	RECEIVER OF PEOPLE	
PRIMARY	24(24%)	3(3%)	3(3%)	7(7%)	4(4%)	41(41%)
SECONDARY	27(27%)	7(7%)	1(1%)	9(9%)	6(6%)	50(50%)
UNIVERSITY	3(3%)	-	1(1%)	1(1%)	-	5(5%)
NONE OF ABOVE	3(3%)	-	-	1(1%)	-	4(4%)
COLUMN TOTAL	57(57%)	10(10%)	5(5%)	18(18%)	10(10%)	100(100%)

TABLE 16

Concerning respondents opinion on the role of the Nurse in patient care, 57% view her as a helper, caregiver or an assistant (24% with a primary educational background, 27% secondary, 3% university and 3% with no education at all). 18% view nurses as givers of treatment (7% from primary educational background, 9% secondary, 1% university and 4% with none).

RESPONDENTS SEX IN RELATION TO WHAT LEVEL OF EDUCATION THEY THINK
NURSES SHOULD HAVE

	EDUCATIONAL LEVEL			
SEX	PRIMARY	SECONDARY	UNIVERSITY	ROW TOTAL
MALE	1(1%)	8(8%)	18(18%)	27(27%)
FEMALE	1(1%)	20(20%)	52(52%)	73(73%)
COLUMN TOTAL	2(2%)	28(28%)	70(70%)	100(100%)

TABLE 17

Most respondents believe Nurses should go up to university in terms of education (70%) 18% of whom were male and 42% female. Those who said Nurses should only go up to secondary school level were 28% (20% female, 8% male). Only 2 (2%) respondents felt Nurses need only go up to primary level education (1 male, 1 female).

RESPONDENTS EDUCATIONAL LEVEL IN RELATION TO WHAT LEVEL OF EDUCATION
THEY THINK NURSES SHOULD HAVE

	LEVEL OF EDUCATION NEEDED			
EDUCATIONAL LEVEL	PRIMARY	SECONDARY	UNIVERSITY	ROW TOTAL
PRIMARY	1(1%)	8(8%)	32(32%)	41(41%)
SECONDARY	1(1%)	17(17%)	32(32%)	50(50%)
UNIVERSITY	-	2(2%)	3(3%)	5(5%)
NONE OF ABOVE	-	1(1%)	3(3%)	4(4%)
COLUMN TOTAL	2(2%)	28(28%)	70(70%)	100(100%)

TABLE 18

Those who think Nurses should go up to university level were mainly from a primary educational background (32%) and also a secondary level one (32%). There were also those from university (3%) and those with no education at all (3%), giving a total of 70%. Those who said Nurses need only a secondary school level of education, 8% had a primary school level of education, 17% a secondary, 2% university and only 1% with no education at all. Only two respondents felt Nurses need a primary school level of education 1% from primary educational background and 1% from secondary.

RESPONDENTS SEX IN RELATION TO THEIR RESPONSE AND REASONS AS TO WHETHER THEY THINK NURSES ARE BETTER AT DOING THEIR JOB IF THEY ARE FEMALE OR NOT

RESPONSE														
YES							NO							
REASONS							REASONS							
SEX	FEMALES ARE MORE MOTHERLY CARING	FEMALES ARE MORE HELPFUL AND EASIER TO RELATE TO	FEMALES ARE MORE HARD WORKING	MOST NURSES ARE RUDE	NURSING IS GENDER SENSITIVE (NOT FOR MALES)	ROW SUB TOTAL	MALES ARE MORE CARING, PATIENT, UNDER- STANDING	MALES DO NOT LOITER BUT CONCENTRATE ON WORK	MALES ARE MORE ADVANCED IN TERMS OF EDUCATION	DEPENDS ON THE SEX OF THE PATIENT	BOTH SEXES ARE JUST AS HARD WORKING	ROW SUB TOTAL	ROW TOTAL	
MALE	9(9%)	-	-	1(1%)	1(1%)	11(11%)	3(3%)	4(4%)	-	1(1%)	8(8%)	16(16%)	27(27%)	
FEMALE	14(14%)	6(6%)	4(4%)	4(4%)	-	28(28%)	10(10%)	9(9%)	1(1%)	1(1%)	24(24%)	45(45%)	73(73%)	
COLUMN TOTAL	23(23%)	6(6%)	4(4%)	5(5%)	1(1%)	39(39%)	13(13%)	13(13%)	1(1%)	2(2%)	32(32%)	61(61%)	100(100%)	
CATEGORY TOTAL	39(39%)						61(61%)							

TABLE 19

Most respondents believe that being female is not a determinant of whether one does a better Nursing job or not (61%), out of these, 32% said both sexes are just as hard working (24% female, 8% male), 13% felt males are more caring, patient and understanding; 13% said Male Nurses do not loiter and concentrate more on work. Only 2% stated that it depends on the sex of the patient, opposite sexes get on well. Only 1% female respondent said males are more advanced in terms of education. Out of the 39% who believe that females are better Nurses, 23% said females are more motherly, caring (9% male, 14% females). 6 female respondents felt females are easier to relate to (6%).

RESPONDENTS OCCUPATIONAL STATUS IN RELATION TO HOW THEY WOULD RATE THE SOCIAL STATUS OF THE NURSE

	RATE OF SOCIAL STATUS			
OCCUPATION	HIGH	MODERATE	LOW	ROW TOTAL
FORMAL EMPLOYMENT	9(9%)	9(9%)	5(5%)	23(23%)
INFORMAL EMPLOYMENT	8(8%)	9(9%)	4(4%)	21(21%)
UNEMPLOYED	3(3%)	8(8%)	1(1%)	12(12%)
OTHER (housewife, school going)	16(16%)	22(22%)	6(6%)	44(44%)
COLUMN TOTAL	36(36%)	48(48%)	16(16%)	100(100%)

TABLE 20

Majority of respondents gave Nursing a moderate social status (48%), 22% housewives, school going children, 9% from formal and informal sector respectively and 8% unemployed. 36% gave the profession a high social status (16% housewives and school going children, 9% from formal sector, 8% informal sector and 3% unemployed). Only 16% gave the profession a low social standing 6% housewives, school going children, 5% from formal sector, 4% informal sector and 1% unemployed.

RESPONDENTS SEX IN RELATION TO HOW THEY WOULD RATE THE SOCIAL STATUS OF THE NURSE

	RATE OF SOCIAL STATUS			
SEX	HIGH	MODERATE	LOW	ROW TOTAL
MALE	11(11%)	11(11%)	5(5%)	27(27%)
FEMALE	25(25%)	37(37%)	11(11%)	73(73%)
COLUMN TOTAL	36(36%)	48(48%)	16(16%)	100(100%)

TABLE 21

Males rated the social status of the Nurse with the highest frequency at the high and moderate levels (11%) respectively, with only 5% rating it at a low status. The highest frequency of females rated the profession at the moderate level (37%) with 25% rating profession highly and 11% rating it low.

RESPONDENTS OCCUPATIONAL STATUS IN RELATION TO THEIR REASONS FOR
RATING OF NURSES SOCIAL STATUS

OCCUPATION	REASONS FOR RATING OF SOCIAL STATUS							
	NURSES HAVE POOR CONDITIONS OF SERVICE	NURSES CONDUCT IS GOOD ESPECIALLY ON DUTY	NURSES ARE WELL EDUCATED AND KNOW THEIR JOB WELL	PROFESSION IS LOWER THAN SOME HEALTH WORKERS LIKE DOCTORS	PUBLIC HAVE PREJUDICES AGAINST NURSES DUE TO BAD ATTITUDES OF NURSES	NURSES DEAL WITH PEOPLES LIVES	NURSES GET ENOUGH	ROW TOTAL
FORMAL EMPLOYMENT	8(8%)	-	1(1%)	2(2%)	4(4%)	7(7%)	1(1%)	23(23%)
INFORMAL EMPLOYMENT	10(10%)	2(2%)	2(2%)	1(1%)	-	3(3%)	3(3%)	21(21%)
UNEMPLOYED	7(7%)	2(2%)	-	-	-	3(3%)	-	12(12%)
OTHER (housewives, school going)	23(23%)	2(2%)	4(4%)	4(4%)	-	9(9%)	2(2%)	44(44%)
COLUMN TOTAL	48(48%)	6(6%)	7(7%)	7(7%)	4(4%)	22(22%)	6(6%)	100(100%)

TABLE 22

Most respondents believe Nurses have poor conditions of Service (48%) housewives, school going children (23%) 10% from the informal sector, 8% from formal and 7% unemployed. 22% think Nurses have a high social status because they deal with people's lives (9% housewives and school going children, 7% from formal sector, 3% from informal sector and unemployed respective). The rest felt Nurses are educated, know their job well and the profession is lower than some others like medicine (7% respectively) and also that Nurses conduct is good especially on duty and Nurses get enough money (6% respectively) and that the public have prejudices against Nurses due to bad attitudes of Nurses (4%), all from the formal sector.

RESPONDENTS SEX IN RELATION TO THEIR REASONS FOR RATING OF NURSES
SOCIAL STATUS

SEX	REASONS FOR RATING OF SOCIAL STATUS							
	NURSES HAVE POOR CONDITIONS OF SERVICE	NURSES CONDUCT IS GOOD ESPECIALLY ON DUTY	NURSES ARE WELL EDUCATED AND KNOW THEIR JOB WELL	PROFESSION IS LOWER THAN SOME HEALTH WORKERS LIKE DOCTORS	PUBLIC HAVE PREJUDICES AGAINST NURSES DUE TO BAD ATTITUDES OF NURSES	NURSES DEAL WITH PEOPLES LIVES	NURSES GET ENOUGH MONEY	ROW TOTAL
MALE	12(12%)	1(1%)	2(2%)	2(2%)	2(2%)	7(7%)	1(1%)	27(27%)
FEMALE	36(36%)	5(5%)	5(5%)	5(5%)	2(2%)	15(15%)	5(5%)	73(73%)
COLUMN TOTAL	48(48%)	6(6%)	7(7%)	7(7%)	4(4%)	22(22%)	6(6%)	100(100%)

TABLE 23

Out of 48% who stated that Nurses have poor conditions of service, 36% were female, 12% male and out of the 22% who felt Nurses should have a high social status because they deal with peoples lives, 15% were female and 7% male.

5.0 DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This study sought to determine factors that contribute to the public image of the Nurse and the extent to which these factors affect the Nursing profession in general. Before the study was undertaken the main assumptions were that poor Nurses' conduct and adverse working conditions both lead to a poor Nursing image.

5.2 DESCRIPTION OF SAMPLE

Out of 100 respondents questioned using a structured interview schedule, 73 (73%) were female and 27 (27%) were male. Although the age ranged between 15 to 64 years (a range of 50 years), the highest frequency of respondents were found to be aged between 25 to 34 years (40%), the class interval which also had mean, median and modal ages of 32.3 years, 31 years and 29.3 years respectively. The majority of respondents were found to be married (77%) and were also mainly of a Christian religious calling (99%). Most of the population sampled also consisted of housewives and school going children (44%) and this is probably why a large number of them do not earn any income (56%). The level of education with the highest frequency was found to be that of secondary school (50% of sample) followed by those with a primary school level of education (41%) (Table 1).

5.3 PUBLIC'S PERCEPTION OF THE NURSES' ROLE

Having established that the Nurses' conduct on and off duty has an impact on the Nursing image, this study tried to establish whether this was the case or not. To this effect the study revealed that the public generally view Nurses as caring people (Table 2). Out of the 72% who said that they are, 21 were male, representing 78% of the 27 male respondents and 51 were female, a percentage of 70% of the 73 female respondents. In other words, males are more likely to perceive Nurses as caring although both sexes show a major representation. The respondents major reason for this opinion was that they believe Nurses show a caring attitude. Out of the 41 (41%) who gave this reason, 14 were males, representing 52% of male population and 27 were female, representing 37% of the female category. Only 28 (28%) of the respondents stated that Nurses are not caring; 22 females and 6 males, mainly because in their opinion Nurses do not attend to people on time (18%) (Table 2).

This indeed is as the situation should be because Nursing has been classified as one of the caring professions. As a matter of interest, this was a theme spearheaded by a National Nursing image campaign, carried out in the United States of America in 1990. The overall

message was "If caring were enough, anyone could be a Nurse", which implied that Nurses have to be more than caring and show other qualities like knowledge, decision making and problem solving skills ³⁵.

The study also revealed that most respondents believe Nurses are hard working (Table 3). Out of the 78 (78%) respondents who said they are, 21 were males, representing 78% of the male sample and 57 were female also giving a figure of 78% of female sample. Therefore, both sexes equally find Nurses hard working mainly because in their opinion, Nurses spend most of their time on duty attending to patients (37%, 31 females and 6 males). 22% of those interviewed said Nurses are not hard working (16 females and 6 males). Out of the total 22%, 19 (19%) said Nurses are not hard working because in their opinion, Nurses spend most time on duty loitering. This was in fact the sole reason for the 6 (6%) males who said Nurses are not hard working, but out of the 16 (16%) women, 13 (13%) gave this reason, whilst 3 (3%) believe Nurses knock off before time. Time was so crucial in the respondents reasons that when this was asked as a separate question, most felt that Nurses spend most of their time either busy working (35%) or attending to patients (33%) (Table 7). Most females gave the first answer, 28 (28%) while for most males, the second one was the most frequent 11 (11%).

These results are quite similar to those found by Hendrickson, Doddato and Kovner who carried out a study in the United States of America to determine how Nurses spend their time on duty ³⁶. They established that Nurses spent only an average of 31% of their time with patients, 45% on indirect patient care (charting, preparing therapies, getting reports and so on) and 24% on non clinical activities like paper work, communications and ordering supplies. The authors suggested that, to reduce time spent on nonessential Nursing functions, there was need to delegate some of the less crucial tasks to support personnel and also the use of computers.

In terms of how Nurses communicate with their clients, most respondents said they find it easy to relate to Nurses (Table 4). Out of the 62 (62%) who said they did, 45 (45%) were female and 17 (17%) were males. Although these two figures seem so different, the disparity was not really marked because the 17 male respondents represent 63% of the male sample and the 45 female respondents, represent 62% of the female sample. Therefore, both males and females find Nurses easy to relate to almost equally. One of the most frequent reasons for this response was that Nurses respond well when approached (49%) and out of this percentage, 37 (37%) were female and 12 (12%) were male giving a 51% and 44% representation for the two sexes respectively. Among the many other reasons given for finding it easy to relate to Nurses was the one that most respondents thought Nurses are readily available when needed. When the availability of Nurses when needed was asked as a separate question, (Table 8), slightly over three quarters of respondents stated that Nurses are readily available when needed (76%). Out of this 76%, 57 were female, representing 78% of the female sample and 19 were male giving

70% of the male sample. To this effect, females are more inclined to feel that Nurses are readily available than men. It is however notable that out of the total number of respondents 24 (24%) believe that Nurses are not readily available when needed and of these, 8 (8%) were male representing 30% of male sample and 16 (16%) were female, a 22% representation. Therefore males are more likely to feel this way than females.

In as far as practical aspects of the Nurses conduct is concerned, respondents stated that Nurses do carry out the job they are meant to. In terms of physical care (Table 5), 73 (73%) said that Nurses do concern themselves with patients' physical needs and out of these 21 (21%) were male giving a 78% representation of the male population, and 52 (52%) were female, a 71% representation. Therefore males are more likely to think that Nurses take care of physical needs more than females. The major reason for this response was that Nurses in their opinion ensure patients' physical needs are met (51%, 15 males and 36 females). Only 27% of respondents felt this is one task Nurses do not concern themselves with (21 females and 6 males) mainly because in their opinion, Nurses do not consider it their duty (22%, 17 females and 5 males).

The situation where patients' emotional needs are concerned was totally different (Table 6). Most respondents believe Nurses do not concern themselves with patients' emotional needs. Males felt more this way because out of the total 67 (67%) of respondents who gave this opinion, 19 were male, representing 70% of male sample and 48 were female, a 65% representation. The main reason for this opinion was because according to respondents, Nurses do not even bother to ask about patients' emotional concerns. The small number of respondents who believe Nurses do concern themselves with emotional needs (33%) felt so mainly because in their opinion Nurses do counsel and reassure people (18%, 16 females and 2 males).

These findings are quite different from those found by the Market and Opinion Research International (MORI) ³⁴. The survey showed that physical and emotional needs were of equal concern to the profession according to 61% of the respondents, but a slightly higher proportion (69%) think they should be.

In as far as the Nurses' conduct outside the work environment is concerned, most respondents stated that they had no idea (Table 9). Both sexes in fact felt this way almost equally because out of the 40 (40%) who gave this opinion, 29 were female, a 40% representation of the female sample and 11 were male, a 41% representation of the male segment. The researcher attributed this to the fact that most Nurses (especially the single) live within the confines of the hospital grounds and thus the community at large would be unaware of their behaviour. Those who did know (25%) said Nurses behave just like all human beings, though males were more

likely to feel this way than females because they made up 9 out of the 25 respondents, a 43% male representation, whilst the females made up 16 of the total figure in this category, a 22% representation of the total sample.

5.4 **FACTORS IN WORK ENVIRONMENT THAT CONTRIBUTE TO THE NURSES' IMAGE**

According to the respondents, not all factors in the work environment contribute to the Nursing image although there are a few which do. A large number of respondents stated that Nurses are not to blame for deficiencies in their work environment (Table 10). This is in terms of requisites and supplies necessary for quality Nursing care. 79 (79%) of respondents believe that Nurses are not to blame for deficiencies and out of these 31 (31%) were housewives and school going children, a 70% representation of respondents in this segment, 22 (22%) were from the formal sector, a 96% representation, 18 (18%) from the informal sector, an 86% representation and 8 (8%) were unemployed, a 67% representation. Therefore those from the formal sector (the employed) are more likely to feel this way probably because they have a better understanding of the Employer - Employee relationship. It is therefore not surprising that the main reason for this response was that Nurse employers should be held responsible for the provision of all requisites in the work environment. However, those who felt Nurses are to blame 21 (21%) felt so because they believe that it is the Nurses' duty to ensure there are no deficiencies in the work environment. The researcher attributed this response to the belief that Nurses are supposed to be responsible for the entire patients' environment whilst he or she is under the Nurses care, but there are of course limits to this notion.

On the question as to whether Nurses do anything to improve their work environment (Table 11) more than twice the number of respondents (68%) believe Nurses do a lot to try and improve their work environment as compared to those who believe they do not (32%). Those in the informal sector had the highest representation 17% out of 21 which constitutes 81% of respondents in this category and are thus the most likely to feel this way. For those who stated that Nurses do not do much (32%), their main reason was that in their opinion, Nurses leave this task to their employers (28%).

There is a marked disparity between these findings and those found by the Market and Opinion Research International (MORI) which revealed that only 23% (less than a quarter of the total number of respondents) felt Nurses do a lot to improve their pay and conditions, whilst 28% felt Nurses should try to improve their pay and conditions³⁴.

While respondents agreed that Nurse shortages do have a bearing on the quality of Nursing care and hence how the profession is perceived, most stated that there is actually no Nurse

shortage (Table 12). 75 (75%) of the total number of respondents who believe there is actually no shortage and the category most likely to feel this way, were the unemployed with a representation of 92% or 11 out of 12, followed by housewives and school going children with an 82% representation or 36 out of 44 followed by those from the informal sector with a 71% representation or 15 out of 21 and lastly by those from the formal sector with a 57% representation or 13 out of 23 respondents in this segment. Therefore, the unemployed are the most likely to feel this way whilst the employed are the least likely to feel this way. The remaining 25% of the total number of respondents feel there is a shortage of Nurses with the largest percentage coming from the formal sector who would probably have the best understanding of optimum staffing levels in a work place.

Concerning the question whether Nurse shortages have a bearing on the quality of Nursing care patients receive, 74% of the total number of respondents thought Nurse shortages affect the Nursing care quality, whilst 26% believe they do not (Table 13). For those who answered in the affirmative, they felt this way mainly because in their opinion, Nurses would not be able to cope with the work load (40%). It is therefore not surprising to note that almost all respondents believe Nurses are essential workers in a Health Care Institution (Table 14). 97% of respondents said Nurses are essential and these consisted of all female respondents (73%) and 24 (24%) males. Only three male respondents stated that Nurses are not essential workers because in their opinion Nurses are just ordered by Doctors who can carry out the same job (2%) and that Doctors work better than Nurses (1 respondent). The researcher attributed this response to the fact that medicine is a more male dominated profession and thus males are more likely to support it even though they are still in the minority.

5.5 PUBLIC AWARENESS OF IDEAL NURSES' ROLE

More than half of respondents (57%) believe that the Nurse has the role of being an assistant, helper or care giver (Table 15). Out of 57 respondents, 17 were male representing 63% of respondents in this category and 40 were female, a 55% representation. Therefore males are more likely to feel this way than females. Also notable is the fact that only 5 (5%) female respondents representing 7% of respondents in this segment perceive the Nurse as a life saver. When this question was compared with the educational level of respondents (Table 16), those without any education at all represented the highest percentage of those who perceive the Nurse as an assistant, helper or care giver (75% or 3 out of 4) but these were followed by those with a university educational attainment with a 60% representation or 3 out of 5. Also notable is the fact that only those with primary and secondary school educational attainment gave Nurses the role of a counsellor, listener or advisor and that of being a receiver of people (10% respectively).

One of the most notable revelations of the study was that most respondents believe Nurses should have a university level of education (Table 17). Out of the 70% who felt this way, 52 were female giving a 71% representation for the female category and 18% were male giving a 67% representation. Therefore females were more likely to feel this way than males. Only 2 respondents (1 male and 1 female) believe Nurses need only a primary level of education. For those who felt Nurses should have a university level of education, 32 had a primary level of education, a 78% representation, 32 had a secondary educational attainment, a 64% representation and 3 had a university educational attainment, a 60% representation (Table 18). Therefore, although there was consensus that the Nurse needs the highest level of education attainable, those with a primary level of education are more inclined to feel this way.

The stereotype that females make better Nurses than males was proved wrong by this study (Table 19). This is because more than half of the total number of respondents (61%) believe being female does not make one a better Nurse. Notable is the fact that females were most inclined to feel this way because out of 61, they made up 45, a 62% representation in this segment while the males made up 16 out of 61, a 59% representation of the male category. The main reason why respondents felt this way was because both sexes believe both sexes can be just as hard working (32%, 8 males and 24 females). Those who said females make better Nurses (39%, 28 females and 11 males), felt this way because they believe females are more motherly and caring than males and those who are most likely to feel this way are the males because the 11 represent 82% of the respondents in this category.

This result tallies again with that found by MORI which revealed that one third of respondents only, believe that women did a better job than men in Nursing and again it was the males who were more inclined to feel this way than females³⁴.

Most respondents gave the Nurse a moderate social standing (Tables 20, 21). Out of the 48 (48%) who felt this way, 37 were female, 50% representation and 11 were male, 40% representation. 36 (36%) respondents gave the Nurse a high social standing with 11 males representing 40% of the male category and 25 females, a 34% representation. Therefore female respondents are more likely to give Nurses a moderate social standing than males who are likely to give them a high and moderate social status equally. When compared to respondents occupational status, the 8 unemployed respondents who gave the Nurse a moderate social status represent 66% of the category and the 22 housewives and school going children represent 50% of the respondents in this segment. Most respondents gave the Nurse a moderate social standing because they believe Nurses have poor conditions of service (Table 22). The unemployed were the most likely to feel this way as already stated, but most noteworthy is the fact that out of 48 (48%) respondents who feel Nurses have poor conditions, the females are more inclined to feel this way because the 36 of them represent 50% of the female

segment while the 12 males only represent 44% of the male category (Table 23). The researcher attributed this to the fact that the Nursing profession is still very much female dominated and therefore the females would have a more direct experience of the situation.

5.6 **NURSING IMPLICATIONS**

Although the study revealed that a large number of people think Nurses' conduct is general good, those who think that it is not cannot be ignored. Time was a main feature in their negative response in terms of the time it takes to be attended to as well as the time that the Nurse dedicates solely to patient care. This implies that the economic use of time be emphasised both during training as well as at the in service level such that the Nurse delegates other non Nursing duties to other personnel and concentrates more time to patient care. The increase of Nurses in the Nurse patient ratios would also ensure that Nurses are more readily available in times of need. The prevention of Nurse shortages which have an impact on Nursing care and in the long run on image would be an added advantage.

The study also revealed that Nurse patient communication is inadequate, especially where the aspect of emotional care is concerned. There is therefore a need to emphasise this aspect of emotional care during training as well as in practice.

It was also discovered that the public do not really know the ideal Nurses' role and this implies the Nursing fraternity in general carries out a massive countrywide campaign, not only in schools, but also to the general public such that they are aware of the ideal Nurses' role which would improve the Nursing image. Exposure through the media would help boost this effort. The fact that most people want their Nurses to be as highly educated as possible implies that Nurse leaders advocate that the minimal training of the Nurse be at university level. This public demand could also be a reason for advocating for the allocation of more funds to Nurse education.

Finally, the study revealed that people prefer to have both sexes working as Nurses rather than females only. To this effect, it implies that a deliberate policy to admit more men to the Nursing profession be made to change the stereotype that Nursing is a female profession with a low social standing.

6.0 **CONCLUSIONS AND RECOMMENDATIONS**

6.1 **CONCLUSIONS**

Most respondents felt that the Nurses' conduct is generally good. This is because they believe Nurses are caring due to the caring attitude they portray. People also perceive Nurses as hard working workers and this is measured by the amount of time they spend with patients. Many of the respondents also find it easy to relate to Nurses because they respond well when approached and they are readily available when needed. Although most respondents felt that Nurses do concern themselves with patient's physical needs, there was a general consensus that they do not even ask about patient's emotional concerns. A substantial number of respondents stated that they do not know much about the Nurses' conduct off duty, but the few who do believe Nurses behave no differently from other Human beings.

The study also revealed that some factors in the work environment do contribute to how the Nurse is perceived, whilst some do not. Most people questioned believe Nurses are not to blame for deficiencies in their work environment and that they do quite a lot to try and improve their working conditions. Therefore, Nurses are perceived as essential workers in a health institution because Nurse shortages would affect the quality of Nursing care and thus the Nursing image.

Most respondents perceive the Nurses' role as that of being a helper, assistant or care giver and that the Nurse should have a university level of education. It was also agreed that both males and females are just as hard working in the Nursing profession and that the profession has a moderate social standing mainly because Nurses conditions of service are poor. Therefore, a large number of factors do contribute to the total Nursing image though a few do not.

6.2 **RECOMMENDATIONS**

- (i) There is still need to educate the general public about the ideal Nursing image, especially when the issue of attracting young recruits to the profession comes up. This education should focus on portraying the professional as one who can function autonomously and be held responsible for his or her actions. This can best be achieved through a massive countrywide image campaign.
- (ii) There is also need to attract more male Nurses to the profession if it is to gain itself a better image than it presently has.

- (iii) Nurse training needs to concentrate more on the aspect of Nurse / patient communication with emphasis on Nurse attitudes and care of emotional needs of the patient. This can be done at basic training level and in service.
- (iv) In practice, the Nursing profession needs to ensure that its practitioners concentrate more on attending to patients other than non-Nursing duties which can be delegated to other support personnel.
- (v) There is also need to advocate for Nurses to be admitted to the University straight from school. This would in the long run help improve Nurses' working conditions and social status.
- (vi) A comparative study needs to be done on the same topic where the opinions of different health professionals (including Nurses) would be compared to that of the general public.

FOOT NOTES

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6. **Sajiwandani J** : The director of Nursing in Zambia : Where are we heading to? The Zambia Nurse 13 (3) : 12 - 17 November / December 1985
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13. **Campbell - Heider N and Hart C A** : Updating the Nurse's Bedside manner. Journal of Nursing Scholarship 25 (2) : 133 - 9, 1993
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20. **Nuttal P : "Male take over, or female give away?" : Nursing Times 79 (2) : 10 - 11, 1983**
21. **Karpf A : Broken images Nursing Times : 84 (20) 16 - 17, May 1988**
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23. **Austin J A, Champion V L and Tzengo O C S : Crosscultural comparison on Nursing image. International Journal of Nursing Studies : 231 - 39, March 1985**
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27. **Kalisch B J and Kalisch P A : Nursing on Prime Television. American Journal of Nursing 82 (2) : 264 - 70**
28. **Nduna Pauline : Nursing Profession needs jacking up. Sunday Times of Zambia : p 6, 4 April 1993**
29. **Abu Gharbish P and Suliman W : Changing the image of Nursing in Jordan through effective role negotiation. International Nursing Review 39 (5) : 149 - 52, 144 September - October 1992**
30. **Anderson E P : The perpective of Student Nurses and their perceptions of professional Nursing during Nurse training programme. Advanced Journal of Nursing : 18 (5) 808 - 15, May 1993**
31. **Kiger A M : Accord and discord in Students images of Nursing. Journal of Nursing Education, 32 (7) 309 - 17, September 1993**
32. **Moule P : Nurse Learners - Do Nurse tutors know them? Nurse Education Today. 15 (2) : 125 - 8, April 1995**
33. **Song L J : A comparative study of the opinion on the image of Nursing among the Doctors, Nurses and other Hospital Personnel and the general public. Taehan-Kanho-Korean Nurse. 32 (2) : 51 - 62, May / June 1993**

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36. **Hendrickson G, Doddato T M and Kovner C T**. How do Nurses use their time? Journal
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UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURSING

STRUCTURED INTERVIEW SCHEDULE ON FACTORS

CONTRIBUTING TO THE NURSING IMAGE

INSTRUCTIONS FOR INTERVIEWER

1. Do not ask for names of the respondents
2. Ask on all questions accordingly as arranged
3. For questions provided with alternatives, indicate the letter bearing the response by ticking in the appropriate box against it.
4. For questions without alternatives, write down the response on the space provided.
5. Do not lead the respondent to the answer
6. Inform respondent that all information will be held in confidence.

FACTORS CONTRIBUTING TO NURSING IMAGE IN LUSAKA URBAN

SECTION A

BACKGROUND INFORMATION

1. SEX

(a) MALE []

(b) FEMALE []

2. How old were you last birthday?

.....

3. What is your marital status?

(a) Single []

(b) Married []

(c) Divorced []

(d) Widowed []

(e) Separated []

4. What is your religion?

(a) Christian []

(b) Moslem []

(c) Hindu []

(d) Other (specify)

.....

5. What is your occupation?

.....

.....

6. How much do you earn?

7. What is your level of Education?

- (a) Primary []
- (b) Secondary []
- (c) University []
- (d) None of the above []

SECTION B

QUESTIONS ON NURSES CONDUCT

8. Do you think Nurses are caring?

- (a) YES []
- (b) NO []

9. Give a reason for your answer?

.....
.....

10. Do you think Nurses are hard working?

- (a) YES []
- (b) NO []

11. Give a reason for your answer

.....
.....
.....

12. Is it easy to relate to Nurses?

- (a) YES []
- (b) NO []

13. Give a reason for your answer?

.....
.....

14. Are nurses concerned with patients physical needs?

(a) YES []

(b) NO []

15. Give a reason for your answer

.....
.....

16. Are Nurses concerned with patients emotional needs?

(a) YES []

(b) NO []

17. Give a reason for your answer

.....
.....

18. In your opinion, how do Nurses spend their time on the ward?

.....
.....

19. In your opinion, are Nurses readily available when patients need them?

(a) YES []

(b) NO []

20. How do Nurses behave outside their working environment?

.....
.....
.....

SECTION C

QUESTIONS ON FACTORS IN THE WORK ENVIRONMENT

21. Do you think Nurses are to blame for deficiencies in their work environment?

- (a) YES []
- (b) NO []

22. If yes, why?

.....
.....
.....

23. If No, why?

.....
.....
.....

24. Do you think Nurses do anything to improve their working environment?

- (a) YES []
- (b) NO []

25. Give a reason for your answer

.....
.....
.....

26. Do you think there is a shortage of Nurses in health institutions?

- (a) YES []
- (b) NO []

27. Do you think Nurse shortages contribute to the quality of Nursing care give?

- (a) YES []
- (b) NO []

28. If yes, how?
.....
.....
.....

SECTION D
QUESTIONS OF IDEAL NURSES ROLE

29. Do you think Nurses are essential workers in a health institution?

- (a) YES []
- (b) NO []

30. If NO, why not?
.....
.....
.....

31. What in your opinion is the role of the Nurse in patient care?
.....
.....
.....

32. What level of Education should Nurses have?

- (a) Primary []
- (b) Secondary []
- (c) University []

33. Do you think Nurses are better at doing
their job if they are female?

(a) YES []

(b) NO []

34. If yes, why?

.....
.....
.....

35. If No, why?

.....
.....
.....

36. How would you rate the social status of the
Nurse?

(a) High []

(b) Moderate []

(c) Low []

37. Give a reason for your answer

.....
.....
.....

FOCUS GROUP DISCUSSION GUIDE

NUMBER.....

COMPOUND.....

FACILITATOR.....

RECORDER.....

TIME STARTED.....

TIME ENDED.....

INTRODUCTION

(a) Greetings, Introduction of self and recorder.

(b) Purpose of Discussion

I wish to find out what you think the present Nursing image is as well as the factors contributing to this image. This information will help know what the causes of their professional image are with a view of trying to improve it if need be. For the benefit of this discussion, I would prefer that each and everyone of you makes a contribution because all your opinions are very important.

(c) Inform participants that session will be recorded.

TOPICS FOR DISCUSSION

1. OPINIONS ON NURSES CONDUCT

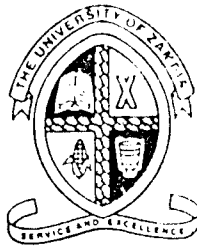
- How Nursing staff spend their time on the ward
- Availability of Nursing staff when needed
- Nurses behaviour outside work environment

II OPINIONS ON FACTORS IN WORK ENVIRONMENT

- Deduce if Nursing staff are to blame for deficiencies in work environment
- Find out if Nurses do anything to try and improve work environment
- Opinion on whether there is a shortage of Nurses in Health Institutions.

OPINIONS ON IDEAL NURSE'S ROLE

- Whether Nurses are essential workers in health institutions
- Role of the Nurse in patient care
- Level of education Nurses should have
- If female Nurses are better at doing their job than males
- What social status Nursing Profession should have.



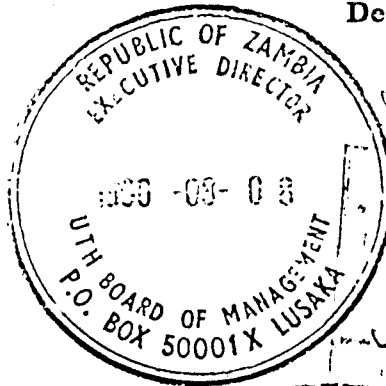
THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

252841
H) 254824 (Pro-Clinical) Ridgeway Campus
UNZA, LUSAKA
ALU ZA 44370
1-250753

Department of Post Basic Nursing

P.O. Box 50110
Lusaka, Zambia

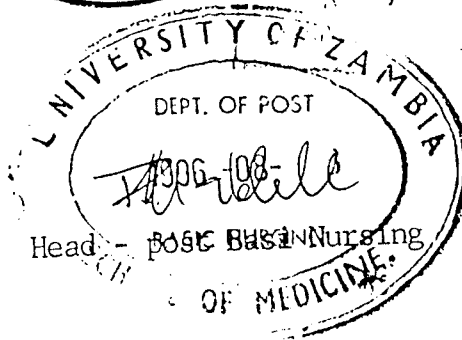


Your Ref:

Our Ref:

7th August 1996

The Executive Director
UTH Board of Management
LUSAKA



u.f.s. Head Post Basic Nursing

Dear Sir,

re: PERMISSION TO COLLECT INFORMATION FROM OUTPATIENTS

I am a fourth year student in the department of Post Basic Nursing at the University of Zambia, School of Medicine.

In partial fulfilment of the requirement of the programme, I am required to carry out a research project. My topic of study is "To Determine Factors Contributing to the Nursing Image in Lusaka Urban."

I therefore request for your permission to administer questionnaires to outpatients at the University Teaching Hospital between 9th to 23rd August 1996.

Your assistance will be highly appreciated.

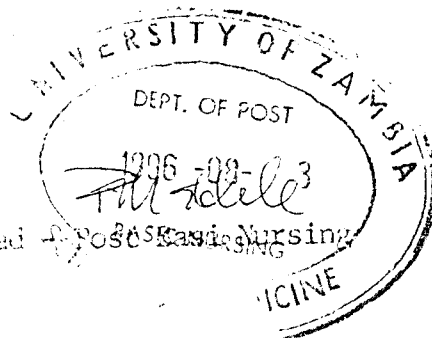
Yours faithfully,

Chitungulu

Kabaso Chitungulu

7th August 1996

The Director of Public Health
Lusaka Urban District Council
LUSAKA



u.f.s. Head of Post Basic Nursing

Dear Sir/Madam,

re: PERMISSION TO COLLECT INFORMATION FROM OUTPATIENTS

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In partial fulfilment of the requirement of the programme, I am required to carry out a research project. My topic of study is, "To Determine Factors Contributing to the Nursing Image in Lusaka Urban."

I therefore request for your permission to administer questionnaires to outpatients at two Urban Clinics (Chilenje and Chawama) between 9th to 23rd August, 1996.

Your assistance will be highly appreciated.

Yours faithfully,

Kabaso Chitungulu

P.O. Box 30789
Lusaka
Tel: 252480 (Temporary)
Telex:.....



REPUBLIC OF ZAMBIA

In reply please quote

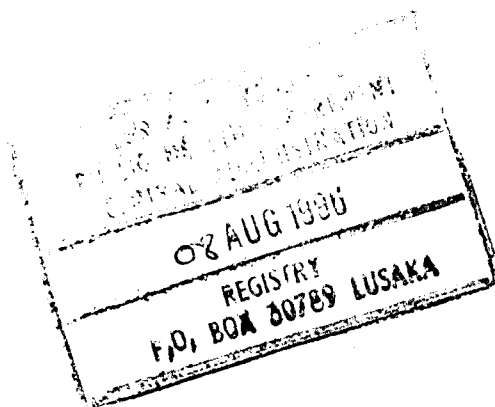
No.

MINISTRY OF HEALTH

LUSAKA URBAN DISTRICT HEALTH MANAGEMENT TEAM

8th August, 1996

The Sister In-charges
Chawama and Chilenje
Lusaka Urban
LUSAKA



Re: PERMISSION TO COLLECT INFORMATION FROM OUT-PATIENTS

This is to introduce Kabaso Chitungulu a fourth year student in the Department of Post Basic Nursing at the University of Zambia, School of Medicine.

She is carrying out a research project, her topic of study is, "To determine factors contributing to the Nursing Image in Lusaka Urban" she has been granted permission to administer questionnaires to out-patients at the above mentioned health centres (Chilenje and Chawama) between 9th to 23rd August, 1996.

Kindly assist her.

Dr. R. K. Phiri
DISTRICT DIRECTOR OF HEALTH