

**THE IMAGE OF NURSES AS PERCEIVED BY THE SOUTH AFRICAN
PUBLIC**

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A dissertation submitted in fulfilment of the requirements for the degree
of

Magister Curationis

in the

Department of Nursing Science

Faculty of Health Sciences

University of Pretoria

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Date of submission

22 November 2010

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ABSTRACT

The purpose of the research study was to describe the general South African public's perception of the image of nurses.

The general public's perception of nurses in South Africa and globally is seen as one of the main reasons for the current shortage of nurses, as the profession is generally portrayed extremely negatively in the open press. The picture painted reveals long working hours, poor pay and negligence resulting from poor performance and support as the essence of the nursing profession. The public is bombarded with images of nurses' strikes and poor patient outcomes.

Positive feedback is rare and seldom contributes to changing public perceptions of nurses. Studies on the public perceptions of nurses have been carried out in various countries, but published studies on the South African situation could not be found. This study aimed to determine and describe the general South African public's perception of nurses and the results will be used to make recommendations that could improve the image of nurses and encourage more respect for the profession as a whole.

A quantitative non-experimental and descriptive design was used to gain more information about the South African public's perception of the image of nurses. A questionnaire was used to gather the data, which consist of biographical data and responses to 19 statements regarding nurses and the profession.

The objectives of the study were formulated from the research question as follows: 1) to determine the general public's perception of nurses; and 2) to formulate recommendations, based on the research results, for enhancing nurses' public image.

The population of the research comprised the 1 000 respondents to whom the questionnaires were distributed. Of these, 776 questionnaires were returned. The questionnaires were distributed in five provinces of South Africa, namely Gauteng, the Western Cape, the Free State, KwaZulu-Natal and Mpumalanga.

Accordingly, the objectives of the research were achieved, as the general South African public's perception of the image of nurses was determined and described. In addition, recommendations for improving the current image of nurses were made.

The findings of this study were predominantly positive and shed some light on the reasons for the current declining numbers of new registrations at the South African Nursing Council. The respondents, however, indicated that only 43.6% want their children to become nurses and that nursing is still viewed as a predominantly female profession. The public viewed nurses as extremely hardworking (80.03%), caring and understanding (78.2%) and supported the statement that "nurses treat their work as a profession in its own right, not secondary to a doctor's" (73,8%).

In view of the findings, the recommendations included the importance of improving the image of nurses among school children and improving recruitment strategies. It is also recommended that nurses in the profession should be made aware of the important role they play in changing their image and in re-branding the profession as a knowledge-based career for all genders and age groups. Consequently, this should be emphasised in training programmes and should be the focus of future South African campaigns.

DECLARATION

I declare that “The image of nurses as perceived by the South African public” is my original work and that it has not been submitted before for any degree or examination at any other institution. All sources that have been used or quoted have been acknowledged by means of complete references in the text and the reference list.

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75004161

October 2010

CHAPTER 1

1. BACKGROUND TO THE STUDY, PROBLEM STATEMENT AND AN OVERVIEW OF THE METHODOLOGY USED IN THE RESEARCH

1.1 INTRODUCTION

The image of both nurses and nursing as a profession are vital in the successful recruitment and retention of staff in the healthcare industry. Waters (2005:22-26) believes that nurses are the backbone of the healthcare sector and are fundamental in the delivery of quality care for all the inhabitants of a country. Barbara Hogan, former Minister of Health in South Africa, paid “tribute to the nurses, who are the backbone of our health system who, despite low wages, despite lack of recognition, continue to work in primary healthcare districts, in our hospitals with vigilance, with strength, with courage” (Hogan, 2009:1).

1.2 BACKGROUND TO THE PROBLEM STATEMENT

The health sector as a whole relies on large numbers of nurses to supply the current demand in the health services. Matsuvama (2007:33) states that, with the increased birth rate in South Africa, the growth in the number of citizens with Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/Aids) and tuberculosis (TB), as well as an aging population, there is greater pressure on the current resources. Service delivery is directly related to the available resources. The current statistics (Kahn, 2008:1) reveal that there are 32 517 vacancies for nurses in the public sector alone – 16 362 vacancies for professional nurses, 5 752 for staff nurses and 10 403 for nursing auxiliaries.

Negative reporting on the part of the media influences the public's perception of nurses. Television series on hospitals, such as Grey's Anatomy and Dr House, present the nurse as a generalist with no academic background. Johnson and Bowman (1997:201) argue that the foundation of nursing as a profession with a strongly defined knowledge base is not being addressed by the media and, consequently, that young people in general tend not to include nursing in their career options. Notwithstanding, Donelan, Dittus, Buerhaus, Dutwin and DesRoches (2008:150) reported that "advertisements and media stories also play an important role in starting conversations about nursing careers and draw an already interested audience of young people".

Furthermore, nurses themselves do not market their profession as a career of choice and they also contribute to the poor communication about the real status of nurses (Andrica, 1997:105). A person can only become a professional nurse after at least four years of academic study and this is information that needs to be communicated to the general public. A contributing factor to the misconceptions of the nursing profession is the fact that professional nurses are reluctant to speak to the media in order to market their profession by sharing their experiences and discussing the academic foundation of the nursing profession (Huffstutler, Stevenson, Mullins, Hackett & Lambert, 1998:13; Johnson & Bowman, 1997:201). This reluctance means that other health professionals such as medical practitioners speak on behalf of the nurses when reporting on health care issues (Nelson & Gordon, 2006: 14-15). Donelan *et al* (2008:150) maintain that "positive stories from nurses themselves about rewards of the profession will have an important impact on patients and the public".

This negative perception of the image of the nurse was also highlighted by the feedback received from the South African nursing leaders who attended the conferences hosted by the Forum for Professional Nurse Leaders (FPNL) during

2004, as well as the following conferences held in Gauteng: *Together we grow* in 2004, *Together we lead* in 2006 and *Build on it* in 2010 (FPNL, 2004, FPNL, 2006 & FPNL, 2010). During the workshops the delegates to these conferences reported that the poor image of nursing was one of the main reasons for the shortage of nursing staff in the country. Other reasons documented included poor salaries, an unsatisfactory working environment, workplace violence, acuties (direct nursing hours needed per patient per twenty four hour shift) and mediocre skill mix (FPNL, 2004; FPNL, 2006 & FPNL, 2010).

Studies on the public's perception of nurses have been conducted in the United States (Dombeck, 2003:351-365), in Canada (Fletcher, 2007:207-215), in the United Kingdom (Hancock, 2000:12-13) and in Australia (Johnson & Bowman, 1997:201-207). However, it was possible to find one unpublished study only on the South African situation. This study by Van Tonder (Van Tonder, 2006) on *The image of nurses: The perception of visitors at acute care units in two private hospitals in South Africa* assessed a group of participants who had been exposed to direct nursing care. However, it would appear that the perceptions of the family members and friends of patients in the acute care units of the two private hospitals of the image of nurses do not reflect the perceptions of the general public.

The nursing problems which are currently being experienced in South Africa were clearly laid out in the speech given by the former Minister of Health on 9 February 2009 (Hogan, 2009:1). These problems were also discussed in an article in the *Business Times* of 27 October 2008 (Kahn, 2008:1). The prevalence of HIV/Aids and tuberculosis, the increasing number of victims of violence and trauma and the growing incidence of lifestyle associated diseases in South Africa highlight the urgent need to increase the number of nurses in the country (Kahn, 2008:1).

The poor image of nurses and the nursing profession both in South Africa and globally is regarded as one of the main reasons for the current shortage of nurses (Nelson & Gordon, 2006:13). This nursing shortage has become a crisis for both the private and the public health services. In other words, the poor image of nurses and the nursing profession has resulted in nursing not being a career of choice (Xaba & Phillips, 2001:5-6; Zondagh, 2005:3).

People's expectations of nurses are influenced by their daily dealings with the health care system as well as the publicity which is accorded to controversial incidents involving nurses and other health care professionals (Donelan *et al*, 2008:145). The perception of nurses by the general public in South Africa is currently portrayed in the media as being extremely negative. The media thrives on reporting negative incidents in the health care system as it is a well-known fact that news about the vulnerability of patients and the impact of poor health care on both the patient and the community increases the sales of the printed media. Reporting often depicts nurses as the culprits of poor health care. In this connection the researcher has observed that the South African Nursing Council's disciplinary hearings are generally well attended by media representatives who often use these cases as sources for their reporting.

The picture painted in the public media reveals that long working hours, poor pay and negligent actions may be seen as the essence of the nursing profession in South Africa. The public is bombarded by frequent reports on poor patient outcomes as well as staff and bed shortages.

Nevertheless, a positive image of nurses is reflected in the number of applications received by nursing schools, colleges and universities for nursing training; the positive feedback on quality nursing care from patients and families post-hospitalisation; the continuous enthusiasm for and support of nursing conferences and also in articles such as the following which appeared in the

Pretoria News: “Holm was stabilised on the scene by a nurse who was at the waterfront. Her actions ensured that the vertebrae in his neck weren’t damaged further and may be the key to his future recovery” (Bateman, 2007:1).

However, it is not possible to regard the findings of studies conducted in other countries as valid for a future South African re-branding campaign unless it may be ascertained that these results are applicable and transferable to the South African context. Findings from a South African survey are essential if suitable local campaigns are to be launched not only to improve the image of nurses from the public’s perspective but also to promote nursing as a career of choice.

1.3 PROBLEM STATEMENT

Currently, it would appear that the perception of the image of nurses on the part of the South African public is extremely negative. This stems, *inter alia*, from reports in the open press that nurses neglect patients and that the large number of vacancies in the nursing profession are as the result of poor salaries and working conditions (Kahn, 2008:1).

This negative perception will both exacerbate the fact that the nursing profession is not included in the career choices of students as well as contribute to an increase of the number of vacancies in hospitals and clinics.

To date there has been very little research conducted on the perception of the South African public of nurses. However, it is essential that this perception of the South African public of the image of nurses be examined if the researcher is to formulate recommendations aimed at addressing the public image of nurses in South Africa.

Accordingly, the research question in this study is the following: How does the general South African public perceive the image of nurses?

1.4 RESEARCH QUESTION

How does the general South African public perceive the image of nurses?

1.5 SIGNIFICANCE OF THE STUDY

The results of this study will provide information on the public's view of nurses. This information may then be used to formulate recommendations for a campaign suited to the South African situation and aimed at ensuring the future of nursing as a profession.

1.6 RESEARCH AIMS AND OBJECTIVES

The aim of this study is to describe the perception of the general South African public of the image of nurses.

The objectives of the study are

- to determine the general South African public's perception of nurses
- to formulate recommendations based on the research results and aimed at enhancing the public image of nurses

1.7 CLARIFICATION OF TERMS

Statements on the image of nurses are used not only by researchers but also by the popular media and it is, thus, essential that the meaning of the word "image" be clarified. According to the *Reader's Digest Oxford Complete Wordfinder* (Tulloch, 1994:745) an image is "a representation of the external form of an

object, e.g. a 'statue' or 'the character or reputation of a person or thing as generally perceived, and the noun is a representation, picture, sculpture, icon, reputation, reflection or copy". In this study the word "image" refers to "the character or reputation of a person or thing as generally perceived" (Tulloch, 1994:745).

It is also necessary to clarify the term "perception" for the purposes of this study. According to the *Reader's Digest Oxford Complete Wordfinder* (Tulloch, 1994:1128) a perception is "the faculty of perceiving" or "the intuitive recognition of a truth, aesthetic quality" or, as referred to in this study, perception is "the ability of the mind to refer sensory information to an external object as its cause" (Tulloch, 1994:1129).

1.8 LIMITATIONS

Although the study involved members of the general public it did not include children under the age of eighteen. The latter were not included as the ethical dilemma of informed consent for children under the age of eighteen was identified as a possible obstacle in the completion of the questionnaires. However, the ideal pool in which to recruit future nurses comprises children who are still at school and their perceptions could be of immense benefit in improving recruitment strategies.

Financial and time constraints meant that 1 000 questionnaires only were distributed. These questionnaires were distributed in five of the nine provinces of South Africa.

1.9 RESEARCH DESIGN AND METHOD

The design for the study provided a blueprint for controlling any factors that may have interfered with the validity of the findings. A quantitative, non-experimental and descriptive design was used to gather information about the perceptions of the South African public of the image of nurses. The research design is described in greater detail in chapter 3 of this dissertation.

1.9.1 Research methodology

1.9.1.1 Research instrument

A questionnaire was used to collect data in respect of the area of concern which had been identified. The questionnaire was the method of choice for this study as the information focused on extensive rather than intensive analysis and the study was non-experimental (Polit & Beck, 2006: 241). The target population was widely dispersed geographically and, thus, a questionnaire was considered to be the most suitable tool for gathering necessary information. Furthermore, the use of a questionnaire made it possible to reach this wider group of respondents and, in fact, enabled the target sample size of one thousand to be realised.

The questionnaire that was used was an amended questionnaire which was based on both studies conducted in Britain in 1984 and 1999 (Hancock, 2000:12-13) as well as an unpublished study carried out by Van Tonder in 2006 (Van Tonder, 2006) (see Annexures A and B). The amendments to this questionnaire were intended to gather additional biographical information from the respondents.

Structured questions (closed questions) were used in the questionnaire in order to ensure objectivity in the analysis of the data (Maree, 2007:160). The biographical questions were included as it was felt that these biographical data were important in order to determine the profile of the sample (Maree, 2007:164).

The Likert scale (Maree, 2007:167) was used in the questionnaire and the responses were measured according to four statements – strongly disagree/disagree/ agree/strongly agree (see Annexures A and B).

Those respondents who were not able either to read or to write were assisted by the researcher and/or research assistants who had been trained in asking or translating the questions. The latter respondents were included in the survey as it was felt that it was important that all groups of the adult population of the South African public be included in the study (Burns & Grove, 2005:343).

1.9.1.2 Population, sampling and sites

The population for the study comprised the current South African population of 48.7 million people (Stats SA 2008 www.statssa.gov.za). In view of the fact that the research sample was to be representative of the South African public as a whole the sample included subjects from the five provinces with the highest population distribution. In addition, the sample included adult male and female respondents from all economic levels of society and from all population groups.

In keeping with the fact that the sample was to be representative of the general South African public the questionnaires were distributed to one thousand subjects – a non-probability sample. A non-probability sample is a sample where “not every element of the population has an opportunity to be included in the sample” (Burns & Grove, 2005:744). The study aimed to determine public opinion and, thus, the research was executed in the public domain with the researcher aiming to include representatives from all economic levels of society and from all the cultural groups within the country.

Logistically it was decided to focus on five of the nine provinces and to include cities as well as towns in order to cater for the views of individuals from places

with large health care facilities but also those individuals with limited access to such services. The locations were selected based on the multicultural representation, academic background, gender representation, availability of health care services and the income groups of the respondents.

1.9.1.3 Collection of data

The data were collected by means of a questionnaire. The average time required to complete the questionnaire ranged from 15 to 20 minutes depending on the literacy level of the respondent concerned. The questionnaires were distributed, completed and collected over a specific two week period throughout all five provinces.

The research assistants comprised volunteers working at the different locations and, where no suitable volunteers were available, the researcher herself collected the data. Those research assistants who were able to act as interpreters helped those respondents who were not comfortable in either Afrikaans or English as well as the illiterate respondents.

The questionnaires were distributed by the research assistants during the two week period agreed to by both the researcher and the research assistants. The waiting times, particularly at the occupational health centres, meant that, generally, the respondents were able to complete the questionnaires immediately. Those respondents who wished to participate completed the questionnaires and either posted them into a readily available sealed container or placed them in a sealed envelope.

The researcher collected the completed questionnaires in either their sealed containers or the envelopes from the research assistants. The final day of collection was at the end of the agreed upon two week period. The

questionnaires were collected from each collection point and kept together in the sealed containers or envelopes for coding purposes. After coding they were stored in labelled folders.

1.9.1.4 Data analysis

The researcher checked all the returned questionnaires for completeness of data although those parts of the incomplete questionnaires that could be used were also included as part of the study. On receipt the questionnaires were coded according to their location. The data was captured electronically by the researcher and analysed with the assistance of a statistician using descriptive statistics and a computerised statistical programme.

1.10 VALIDITY AND RELIABILITY

The study was conducted using a structured questionnaire which had originally been developed by Payne (2000:13) to be used in a survey that had been conducted for the *Nursing Times* in 1984. This questionnaire was again used in 1999 to compare the public's views in 1984 to the results obtained in the 1999 survey (Hancock, 2000:12-13). The questionnaire was piloted and used in a previous unpublished study conducted by Van Tonder in South Africa in 2006 (Van Tonder, 2006). In other words the questionnaire has been used three times and has proved to be reliable and effective for the purpose for which it was designed. As the instrument had been used before to determine the public's perception of nurses it was possible to prove the content validity of the questionnaire and it was assessed to be relative to the purpose of the study (Burns & Grove, 2005:377).

The research assistants were trained in the objective handling of the respondents and on the way in which to deal with any queries from the respondents regarding specific questions. In addition the researcher identified and trained specific

research assistants to act as interpreters where the respondents were either illiterate or not able to speak either English or Afrikaans.

1.11 ETHICS

The right to privacy of an individual is an integral aspect of human rights and it is essential that this be protected throughout the research process. Accordingly, each individual or respondent has the right to refuse to take part in a study or, should his/her consent be obtained, that individual has the right to the privacy of his/her personal information. The right to self-determination of an individual involves that individual's informed consent. As part of their right to autonomy and to confidentiality the respondents in this study had the right to assume that the data collected would be kept confidential (Burns & Grove, 2005:188).

It is essential for the conduct of research that the informed consent of the respondents is obtained (Burns & Grove, 2005:193). In view of the fact that the primary means of data collection was self-administered questionnaires the consent for this research comprised verbal consent with all of the respondents having the choice either to take part in the study or to refuse to participate. (see Annexures A and B). "The return of the completed questionnaire reflects the respondent's voluntary consent to participation" (Polit & Beck, 2006:93). In this study verbal informed consent was obtained from each respondent prior to the completion of the questionnaire.

Institutional consent was obtained from the managers of the occupational health centres, the business centres and the leaders of the church congregations before the collection of the data at these venues commenced (Annexure C).

Ethical clearance was obtained from the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria prior to the commencement of the study – S37/2007 (Annexure D).

1.12 DIVISION OF CHAPTERS

1.12.1 Chapter 1: Background to the study, problem statement and an overview of the methodology of the research

1.12.2 Chapter 2: Literature review

1.12.3 Chapter 3: Research design and method

1.12.4 Chapter 4: Presentation of the results

1.12.5 Chapter 5: Summary and discussion of the results taking into account the descriptions contained in the literature review, limitations and the recommendations of the study

1.12.6 References

1.12.7 Annexures

1.13 SUMMARY

Chapter 1 described the background to the study, the problem statement, the research question, the significance of the study as well as clarifying the concepts used. An overview of the methodology used in the research was also presented. The next chapter, chapter two, focuses on the findings of the literature review on image related studies. The research findings discussed in this literature review are explored and interpreted in order to support the study design and the methodology used in this study.

CHAPTER 2

2. LITERATURE REVIEW

2.1. INTRODUCTION

The image of both nurses and nursing has been the focus of a number of research projects globally. Nurses themselves have been concerned about their image for many years as a result of a culture in terms of which one profession is often considered to be more desirable than another (Huffstutler *et al.* 1998: 7). One of the objectives of the research projects mentioned above was to investigate both the public and other health care professionals' image of both nurses and the nursing profession. In addition, these research projects also aimed at describing the influence of the media (e.g. film, television, literature and the printed media) on perceptions regarding the image of nurses. On the whole, these studies tended to show that the public continues to hold a stereotypical view of nursing and that there has been little improvement over time (Takase, Kershaw & Burt, 2002:196). Dombeck (2003:351), in turn, maintains that it would appear that the gap between the public image of nursing and the actual role that nurses play is widening. Research results also show that both the public and the media are of the opinion that the responsibility for changing the current image of nursing is in the hands of the members of the nursing profession themselves. It is essential that nurses evaluate the image that they portray and use this information to re-brand the profession as a knowledge-based career for all genders and age groups.

Hallam (1998:32) reports that the public image of nursing is an extremely important barometer of the way in which the profession is valued in society and that the political and economic significance of the public image of nursing is an important indicator of the status which society accords to nursing. However, these images constitute part of the public discourse and are, in turn, formed by the information which the public receives both through its interaction with the realities in health care as well as the representation

of nurses and nursing in the popular media although the latter is not necessarily a reflection of existing actualities (Malchau, 2007:292).

The image of nurses as held by the general public in South Africa is currently portrayed in the open press as one of extreme negativity and, thus, this image also falls victim to stereotyping. It is well known that the open press needs to report sensational events as sensation sells newspapers and magazines. The lack of resources – staffing, medication, equipment and proper facilities – together with members of the public's experience of the health care system in South Africa also contribute to the negative image of nurses (Hosken, 2009:1). Industrial action, such as the nursing strike in the public sector in June 2007, has had a detrimental effect on the health services as the public view the striking of members of an essential service in an extremely negative light. Nursing is a continuous process with twenty four hour nursing care to the patients, (Dennis, 2004:19) and strike action disrupts the continuity of the care for the wellbeing of patients. The media homed in on the impact of the strike on the public health services and the negative outcomes for some patients were reported on in detail. The nurses' plea for better working conditions and salaries increases brought to the fore the fact that, in the current situation, (poor salaries and working conditions) nursing is not a career of choice.

The number of vacancies for professional nurses in both the public and the private sector in South Africa constitute a major crisis in the health care industry and may, in part, be attributed to the poor image of nursing as a profession (Kahn, 2008:1). Donelan *et al* (2008:143) report that the expected future demand for nursing labour challenges nurses to investigate the public's perceptions of both nursing and their professional careers. They also report that it is essential that a more in depth examination of the way in which nurses are shaped by personal experience, media messages and socio-demographic factors, be included in studies on the image of nurses.

The general public is often of the opinion that nurses are equipped with less medical knowledge than doctors or other health care professionals and this perception directly

influences the decision of individuals of whether or not to choose nursing as a career (Johnson & Bowman, 1997:201). However, the global shortage of nurses is forcing leaders and educators in the nursing profession, to adopt a more focused approach regarding this issue of the lack of knowledge of the general public to nursing as knowledge- based profession.

2.2. SHORTAGE OF NURSES IN SOUTH AFRICA

There is no doubt that the health care sector as a whole relies on a large number of nurses to supply the demand for health services. With the rise in the birth rate in South Africa, the increase in the number of citizens with HIV/Aids and tuberculosis as well as the aging population, the pressure on current resources is spiralling. In addition, health care facilities are also struggling to cope with the victims of violence and trauma as well as the growing incidence of lifestyle-associated diseases such as diabetes and heart disease (Kahn, 2008:1).

In South Africa, the nursing profession is not marketed as a profession of choice and nurses are reported to leave the country in large numbers as a result of poor working conditions, low salaries, limited benefits and a lack of both proper medical equipment and facilities. The high prevalence of HIV and Aids in South Africa also has a profound effect on the health care workforce and there is increased mortality and morbidity, increased absenteeism and reduced productivity among health care workers. The additional burden of the clinical and psycho-social care of patients living with HIV and Aids is impacting heavily on the morale and level of stress of health professionals and is contributing to the increase in the migration of health care workers (Xaba & Phillips, 2001:5–6; Zondagh, 2005:3; Matsuvama, 2007:34).

However, concern about exposure to HIV and Aids and hepatitis is not limited to South Africa alone. Gordon (2005:303) states that, in a study conducted by the American Nurses Association, almost half of the registered nurses were worried about

contracting HIV or hepatitis from a needle stick injury. These findings agree with the outcomes of a study carried out on nurse emigration in South Africa (Xaba & Phillips, 2001:6). In this study hospitals overcrowded with HIV/Aids patients and the spread of the infection in South Africa were highlighted as factors contributing to the emigration of nurses from South Africa.

The increasing cost of health care in South Africa has forced particularly the private sector to revisit staffing levels in hospitals. The implementation of plans to reduce the cost of health care, together with the increase in the demands of the health care consumer, have also been cited as reasons for the exodus of nurses (Gordon, 2005:249). In the early 1990s patients were admitted to hospital well in advance of surgery in order to prepare for the procedure but the pressure from health care funders has now forced hospitals to admit patients on the day of the intervention only. This has directly influenced the core function of the nurse, that is, total patient care. Early release from hospital also prevents the nurse from accompanying the patient through the process of recovery and discharge. Both the nurse and the patient are not given the opportunity to apply the embedded knowledge and experience of the nurse in order to improve the health status of the patient – an integral aspect of the scientific process of nursing. (Gordon, 2005:400).

A recent trend in career planning is that nursing is now being chosen as a second career for an individual and, although this phenomenon does mean that current numbers are growing, it is seriously influencing future human resource planning. “A considerable influx of second career workers has changed the face of the nursing student, but not the face of the active workforce. In particular, the nursing workforce has become older, with the average aged of employed RNs at 43.7 years in 2007” (Donelan *et al*, 2008:144).

The attrition rate of nursing students is a cause for concern not only in South Africa and the findings of a study conducted by Last and Fulbrook (2003:456) have indicated that each year of nursing study presents its own specific challenges and expectations

of the profession. The negative experience of nursing students during clinical practice was a major contributor to the reasons why students choose to leave their chosen future profession.

It is not possible to overemphasise the necessity for a stable workforce. Dries stated in 2003 that a “competent core staff of nurses with loyalty and pride in their organizational workplace also supports recruitment and retention of new nurses. Without this support, it is unlikely new nurse graduates or nurses inexperienced in acute care nursing will be attracted to or remain in this type of setting” (Dries, 2003:23).

2.3. STEREOTYPING OF NURSES

The results of studies conducted outside of South Africa have indicated that the stereotyping of nursing as a profession in society does influence the professional image of nurses. The nursing profession is reported to have suffered from public stereotyping and from being associated with femininity and powerlessness (Takase, Kershaw & Burt 2002:196).

Stereotyping is widely discussed in the literature with factors influencing this stereotyping including the history of nursing, especially the religious background of the nursing profession (Malchau, 2007: 289-298, Fealy, 2004:650). The ministering angel, good nurse image rooted in this background supports the public’s view that nurses tend not only to be women but also to be, inter alia, religious, unselfish, obedient, unquestioning, submissive, kind and compassionate. It is difficult to incorporate the change in the actual role that the nurse now plays as a highly skilled professional in healthcare in the modern day portrayal of a nurse. In an ethnographic study on the way in which nurses understand their professional culture and personhood, Dombeck confirmed that the nurses’ stories contained “themes that closely resembled the generally accepted images of nursing”, namely, that nurses should be compliant, patient, uncomplaining, and hardworking as well as the fact that the nursing image is

not only feminine but also “undersexed, oversexed, or even ambiguous” (Dombeck, 2003:358).

Men are discouraged from choosing nursing as a profession as a result of the public image that nursing is a traditionally female dominated profession and that it is mainly woman’s work. In addition to dealing with this traditional view of nursing as a female profession, male nurses also have to deal with the “commonly held stereotype that they are effeminate or gay” (McMillian, Morgan & Ament, 2006:100). Roth and Coleman (2008:148-152) support these findings and go on to state that, although cultural and social understandings of acceptable sex-roles allow women into male-dominated professions such as medicine and engineering, the same tolerance is not expressed towards males who wish to nurse.

In the study conducted by Dombeck (2003:360) it was found that the male nurses were deeply disturbed by the female nursing image and that they felt that they were compromised not only because they were nurses but also because they were men. This finding agrees with the finding of McMillan *et al* (2006:100) to the effect that, although increased numbers of men are qualifying as professional nurses, a disproportionate number of male nurses are resigning from the nursing profession. The view that women only are suited to nursing creates serious problems for recruitment and job satisfaction in respect of both male and female nurses.

Conflicting public views were reported by Beauregard *et al* in 2003 in that, on the one hand, the public has fun with the stereotypical image of the nurse as the ministering angel, the battleaxe, the naughty nurse, or the doctor’s handmaiden but, on the other hand, in a 2002 opinion poll, nurses were placed at the top of the list in terms of honesty and ethics. A poll conducted by Vanderbilt University showed that 95% of Americans trust, respect and admire nurses (Beauregard *et al*, 2003:510). According to Fealy (2004:655), the image of nurses reflects the value placed on nursing in a society and this image may, thus, define the boundaries of nursing within that specific society. It is essential that perceptions of that image which plays a pivotal role in career choice be

determined and strategies for recruitment designed according to the outcomes of the studies of the perceptions of the image.

The stereotypical image of nursing has a direct influence on job satisfaction. In this vein, Takase *et al* (2002:198) report that stereotyping influences both the nurse's self-image and the work environment which, in turn, creates a nurse environment misfit through constraining the power of nursing practice. This stereotyping also impairs the nurse's self-esteem and, together with poor working conditions, contributes to increased job dissatisfaction.

“It has long been said that nurses live in a dual structure wherein the nurse's journey toward professionalization is constrained by nursing stereotypes in a society” (Takase *et al*, 2001:819). The discrepancy between the public's image of nurses and the nurses' image of themselves may contribute to the nurse environment misfit that may have a direct influence on the power of nursing practice.

2.3.1. Disregard for nursing as a knowledge-based profession

The stereotyping of nurses described in the literature includes the hierarchical structure between medical practitioners and nurses. This hierarchical structure has its origins in their respective educational backgrounds (Takase *et al*, 2002:196). In the history of nursing the first impression which society gained of nurses was of untrained nurses of the poorer class, on the one hand, and religious groupings on the other. This image is still alive in the memory of the public. Nursing skills were handed down from one generation to the next and the image of nursing was also formed by these realities.

The first formal training of nurses commenced in 1836 in Kaiserwerth, Germany, when Pastor Theodor Fliedner introduced nurses training for the Order of the Deaconesses. (Gill, 2004:252-253). Despite the fact that entry for women into formal education was still limited the perception that nursing as a career was for the poor and uneducated

gradually changed. The introduction of formal training for nurses in a country such as Ireland transformed the public image of nurses and nursing came to be promoted as a noble career for educated women (Fealy, 2004:651).

The study by Huffstutler *et al* (1998:13) concludes “that the respondents’ knowledge base about the nursing profession and the individuals who practise nursing was very limited”. In addition to these findings the results of a British poll highlighted the perception which the British public had of nursing: “A recent MORI poll of over 2000 British adults found that just 15 per cent of 15-24 year olds would consider becoming a nurse, while an astonishing 20 per cent think that qualified nurses have no formal training qualifications at all” (McGovern & Small, 2004:18).

Bassett (2002:9) conducted a study among registered nurses and patients. The registered nurses stated that excellence in nursing care involved the implementation of the latest and best knowledge and skills while the patients were of the belief that a high level of competency and skills was as important as the ability to comfort and care (Bassett, 2002:14). Grey (2004) affirms this view in stating that, when nurses deliver good care, it is because their education and training have given them “the confidence, the knowledge and the skills to act with authority in complex situations. The unique intimacy that nurses share with patients at crucial times in their lives makes it a complex art as well as a challenging science” (Grey, 2004:3).

The negative perceptions of the public and the other health care professionals in respect of the nursing profession are underlined by the findings of the search option on *Encarta Encyclopaedia: English (North America)*. One of the options available to understand “nurse/nursing” is to search under “Physician Assistant” (<http://windowsmarketplace.com>). The information found confirms the findings of the Woodhall study (Fealy, 2004:655) into Nursing and the Media. This study reviewed 2 000 health-related articles during 1998 and 16 major news publications in the United States of America (USA) and was unable to find any reference to a nurse who was in

possession of a doctorate as ‘doctor’ – a finding which emphasises the general failure to recognise the academic value of a nurse.

The study carried out by Erickson, Holm, Chelminiak and Ditomassi (2005:48) also found that one of the deterrents listed for not choosing nursing as a career by the students interviewed was the need for a career requiring more education and training. The high level of skill and the education that nurses require were clearly not understood by the participants in the study.

The study conducted by Roth and Coleman (2008) on the perceived and real barriers for men entering the nursing profession reported that students perceived nursing as a profession which did not require either strong academic achievements or professional autonomy (Roth & Coleman, 2008:150). Nursing was rated low in terms of decision-making, leadership, financial viability and power levels. The middle school students also believed that nursing would not provide them with future teaching opportunities in colleges and universities or with opportunities to conduct scientific research (Roth & Coleman, 2008:150). Nevertheless, these students were familiar with the characteristics of a nurse as dedicated, caring and friendly.

There is a tendency among members of the public to refer to a woman who is performing a caring job, such as a person in charge of a student residency or a person carrying out home-based care, as either a matron or a nurse. This again emphasises the general failure to recognise the fact that nursing is a knowledge-based profession. Huffstutler *et al* (1998) also state that the registered nurse who is qualified for professional nursing practice is compromised in the view of both the public and health professionals because, in practice, lesser qualified nurses fulfil the same roles as the registered nurse (Huffstutler *et al* 1998:12).

The real issue to be addressed in relation to the knowledge base of nurses is: “What are the multiple visions that we want to come to mind when we think of a nurse?”

Ideally, these visions should be around professional attributes such as critical thinking, therapeutic interventions, and communications” (Beauregard *et al*, 2003:510).

In July 2001, the Honor Society of Nursing, Sigma Theta Tau International, recommended initiatives to reverse the nursing shortage. These initiatives included the following: “Reposition nursing as a highly versatile profession where young people can learn science and technology, customer service, critical thinking and decision-making.” (www.nursesource.org/facts_shortage.html)

2.3.2. The media

Since the 1800s nurses have struggled with the problem of their image as they are portrayed in the media as female, single, childless, white and under 35 years of age (Fletcher, 2007:214). This portrayal of the nurse in the popular media is reported to reflect the perceived image of the public of the nurse (Fletcher, 2007:208). A nurse is portrayed by a variety of images, many of which do not reflect the actual situation as people generally think of nursing in terms of general hospital nursing (Bird, 2006:21) with expertise in other fields of nursing practice being ignored in the portrayal of the nurse in the popular media (Hallam, 1998:33). Nurses work in hospitals, primary health care clinics, ambulance services as well as in the community and in industry. They deliver patient care and fulfil the roles of administrators, educators, managers and researchers but, despite all this, the media seldom provides a complete view of either nurses or the nursing profession.

Kalish and Kalish (Huffstutler *et al*, 1998:8) conducted research into the image of both nurses and nursing as portrayed in the mass media. Their research included reviews of television and motion pictures. The research findings concluded that the nurse had been portrayed as a sex object in several motion pictures while television films portrayed the nurse both as a resource agent for other health care professionals and as being unable to solve a problem independently (Huffstutler *et al*, 1998:8).

The image of nurses has changed over the years. During the 1940s nurses were held in extremely high esteem as professionals with a shift in focus taking place in the 1950s to nursing as a profession committed to the nation and in the service of medicine. The 1960s saw the start of medical dramas which were characterised by romantic doctor/nurse fiction with the nurse being stereotyped as, *inter alia*, a sex kitten or the doctor's handmaiden (Berry, 2004:14).

The negative perception of the image of nurses portrayed by the public media in South Africa has also fallen victim to stereotyping and the reporting will unfortunately not change as reporting on sensational events sells newspapers and magazines (Black, 2005:17). Positive reporting of nursing is rarely encountered in the public media and these reports therefore do not often contribute to a change in the perceptions of the public. Nevertheless, an example of positive reporting was to be found in the *Pretoria News* of 27 August 2007 in a front page article and illustrates the possibilities of positive interactions of a nurse that could be reported on. (Bateman 2007:1).

Sadly, poor administration and implementation meant that a drive on the part of the National Department of Health to increase the salaries of nurses in order to keep them positive and to encourage those who had left the health services and the profession to return to the public health sector did not succeed. Diana-Marie Strydom reported in the *Beeld* of 15 January 2008 (Strydom 2008:5) in an article on negativity among nurses that this was because the increases were not transparent and some nurses had not received a salary increase. According to the article the labour unions, including the National Education Health and Allied Workers Union (Nehawu), as well as the Democratic Nursing Organisation (Denosa), were adamant that the increases were intended to lift the morale of nurses and that it was the responsibility of management at hospital level to sort out the inequalities in the salaries of nurses. In February 2008, the *Medical Chronicle* reported (Medical Chronicle 2008:15) that nurses would have to be patient as their cheques were in the mail and promises were again not kept. The demand for nurses in the public sector is increasing steadily but actions such as these,

where promises were not kept, do not offer much hope for future nurses as well as hampering recruitment drives.

Television series play a major role on way the image of the nurse is portrayed. Although popular television series do include hospital scenes as an integral part of real life, they do not necessarily depict an accurate clear picture of both the hospital and the nursing environment. In a popular South African series, *7de Laan*, there is one nurse who fulfils all the required nursing roles such as paediatric intensive care nursing, midwifery and psychiatric nursing. The nurses in *Binnelanders* spend most of their time standing around the nurses' station, chatting and gossiping, and nursing is depicted as a profession in which there is minimal or no professional interaction with patients, other members of health care teams or relatives of the patients. There is no hint that specialised knowledge or experience is a part of the nursing function. Popular hospital series such as *Grey's Anatomy*, *Scrubs* and *Dr House* portray doctors as fulfilling the roles and functions of nurses and, if a nurse does appear in a scene, it is mostly to reveal her limited knowledge or to indulge in a romantic affair with a doctor. These programmes do not encourage young, enthusiastic students who are deciding on their futures to include nursing as an option as nurses are not portrayed as adding any value to busy hospitals.

In a study on the *Public perceptions of nursing careers: The influence of the media and nursing shortages*, Donelan *et al* (2008:146) found that the public were more likely to report that television shows, advertisements and negative media reports did not exert any influence on their respect for nurses in either a positive or a negative way. The finding in the study that "while people are exposed to nurses in a variety of the media, this exposure is more helpful than harmful" (Donelan *et al*, 2008:149) does not support the findings of several other studies on the influence of the media on the image of nurses (Gordon, 2005; Summers, 2009; Lohri-Posey, 2005).

Summers reported that a focus group study conducted among young people revealed that the respondents had received their main impression of the nursing profession

from the television series *ER* (Summers & Summers, 2009:42). Lohri-Posey states in her findings that the images in the media do not portray either an accurate or a complete picture of the professional nurse as doctors tend to perform the tasks normally performed by nurses. In addition, nurses are depicted in television series such as *Scrubs* and *ER* as subservient and undervalued (Lohri-Posey, 2005:95).

The public's image of nursing is shaped partly by personal experience with nurses and also by exposure in the media (Donelan *et al*, 2008:145). Most people do have some interaction with health care services during the course of a year and these interactions provide critical windows of opportunity for patients, family members and friends to become aware of the professionalism and skill required by a registered nurse. However, young, healthy people who are considering careers do not necessarily interact with health services as frequently as older people do and for this young group "print and broadcast media are major sources of information. News, television dramas, and advertising all play a role in reaching this audience" (Donelan *et al*, 2008:149). The media is instrumental in starting conversations about nursing as a career and the value of these discussions should never be underestimated.

There is evidence that both the public and the nursing profession are influenced by the media. Nevertheless, nurses do not usually have direct access to or interaction with the media and tend to ignore any opportunities to take part in reporting on health and health-related issues (Beauregard *et al*, 2003:510). Not only would nurses gain greater recognition but they may also influence government and policy-makers in allocating resources if they shared with the public at least some aspects of their work (Berry 2004:16).

2.4. PROFESSIONAL IMAGE AND STATUS OF NURSES

The image of the nurse is influenced not only by the stereotypical views of the public but also by both their own self-image and their professional image as perceived by other health care professionals.

The self-image of the nurse is an important factor in the public perception of the nurse as “[h]ow we feel about ourselves as nurses is how we are perceived as a profession, whether by physicians, the public or prospective nurses. If we feel good about who we are and what we do, we communicate that feeling to others both verbally and nonverbally” (Andrica, 1997:105). Fletcher (2007:208) supports this viewpoint when stating that the self-image of the nurse drives the social value of nursing and that, if enough nurses were able to enhance their self-images, then the image of the entire profession may improve. Fletcher (2007) uses Strasen’s self-image model to review the literature on both the public and professional image of nurses. Strasen’s self-image model is useful as it provides an insight in ways in which to break the cycle of negative behaviour of nurses in portraying their profession and it may add value to the process of creating a new image (Fletcher, 2007:207, 210).

In their study, Takase *et al* (2001:824) included the results of the Porter Nursing Image Scale that revealed that the nurses who were interviewed perceived their public image in a more negative way than the way in which they perceived themselves. The study states that this is the case as a result of the fact that the public’s perception of the nursing profession tends to be influenced by stereotypes. The results of the study demonstrated that the nurses in the study had a more positive self-image compared to their perception of their public image. This positive self concept appears to result from the “professional socialization process, whereby nurses acquire specific skills, knowledge and values inherent in their profession, and through which they develop a professional identity” (Takase *et al*, 2001:824).

The study conducted in Australia by Takase *et al* (2001) on the nurse-environment misfit again emphasises the importance of a positive public image of nurses –Takase *et al* recognise the efforts made to improve this public image but also seek to encourage the effort toward professionalism. This study also reveals how nurses feel about themselves and “the results suggested that there is a discrepancy in the images of the nursing profession between nurses and the public, which can be contributed to the nurse-environment misfit” (Takase *et al*, 2001:819).

Nurses could improve their professional image if they perceived their work as a career and not just a job. A factor that influences their professionalism is the trend to use first names only when introducing nurses while the importance of professional appearance and dress code must never be underestimated (Fletcher, 2007:209). The understanding of the professional appearance and conduct needs to be emphasized to nurses as it does add to the perceptions of the public and other health care professions of the image of nurses.

The status of the nursing profession is often questioned. Bates maintained in 2004 that, where people might entrust their personal care to a nurse there are, nevertheless those individuals who feel that they would prefer the attention of someone with a higher profile to make decisions about their health (Bates 2004:22-23). Dombeck (2003:351-352) reports that although, with their jobs continually increasing in complexity, there are growing numbers of nurses who are completing advanced degrees in nursing, the gap between the popular image of the nurse and the actual role that nurses play in health care is also widening.

In an article in the *Nursing Standard* in 2005, Fiona Brierley (Waters, 2005:28) states that, although the image of nursing is not in a crisis, the image is simply not doing justice to the work that is actually being performed in practice. The reality of nursing has changed from that which is portrayed in films, television, books and newspapers and nursing is a far more innovative and knowledge-based career than is perceived by the public.

In 2001, Dr Carolyn A Williams, president of the American Association of Colleges of Nursing in Washington, stated that nursing struggles to compete with other careers as it does not appear as a very exciting career option for young people. Accordingly, it is essential that marketing strategies portray nursing as an exciting career (Villarosa, 2001:2)

However, it is the nurses themselves who are able to change their image and it is, thus, essential that nurses play an active role in communicating their specialised knowledge and experience to patients, patients' families and the media. Nurses must be taught the art of communication and media relations or they will remain invisible in both the debate about and the changes in health care (Meier, 1999:275).

Researchers into nursing have reported widely over a number of years about the need to change the image of the nurse. In countries such as the United States and the United Kingdom some changes have occurred but nurses still face considerable challenges in respect of their image that impact on status, power and the ability to effect changes in health care (Fletcher, 2007:207).

The challenge facing the profession is to change the self-image of nurses and this could be achieved by changing the nurse's own perceptions about what nurses do. It is essential that nurses sell nurses to both the public and to their peers, and as stated by McGovern *et al*, as ambassadors of the profession we must use the passion we have as nurses because "if our own enthusiasm rubs off on others it will make a huge difference" (McGovern & Small, 2004:19). The study by Erickson *et al* (2005:49) emphasised the need to sell the realities of nursing as it had emerged from the study that, although the participants viewed nurses as hard working, they also perceived them as performing menial tasks. The realities of the nursing profession are clearly not being communicated to the public.

Van Tonder (2006) reports in her unpublished study, *The image of nurses: The perception of visitors at acute care units in two private hospitals in South Africa*, that the visitors to the acute care units perceived the image of nurses as positive and, thus, the results of this study contradicted the negative image portrayed in the media (Van Tonder, 2006:63). However, in view of fact that the study was carried out in private hospitals only it is not possible to generalise the outcomes. Nevertheless, the findings of Van Tonder's study do support the findings of Johnson and Bowman (1997:201) to the effect that occupational prestige is community and country specific and, thus, needs to be investigated within the South African context.

2.5. INTERNATIONAL CAMPAIGNS TO IMPROVE THE IMAGE OF NURSING

International campaigns both to improve the image of nurses and to portray nursing as a career for young people in a positive light have been launched successfully in the United States of America (2002), the United Kingdom (2004) and Australia (2004).

The results of these campaigns have been widely published and their successes, especially in terms of the recruitment of new applicants as well as the improvement of the image of nursing as a career, have inspired other countries to follow suit (Moore, 2004:16).

The first campaign focusing on improving the image of nurses in order to address the shortage of nurses in the United States was launched in 2002. This *Campaign for Nursing's Future* (www.campaignfornursing.com and www.discovernursing.com) has succeeded in making nursing a more popular career choice in the US and has given the nursing workforce a much needed morale boost.

The focus areas of this United States campaign were the following:

- Johnson & Johnson television advertisements on primetime television
- a scholarship fund for students and nursing faculties

- a website (www.discovernursing.com) profiling nurses, providing information about nursing careers and with a database of courses
- brochures, posters and videos about nursing as a profession distributed to high schools (Moore, 2004:16)

The Johnson & Johnson video advertisements depict ethnic and gender diversity among the actors who merely state, one by one, “I am a nurse” (Beauregard *et al*, 2003:510). The Johnson & Johnson project helped to communicate to the public both the importance and the complexity of nursing. The project showcased nurses performing both the dependent and independent functions of nursing and it played a major role in recruiting people to nursing (Cooper, 2004:3). “A rebranding initiative in the US transformed nurse recruitment and the profession became the fourth most popular career choice among school leavers – up from ninth place” (Waters, 2005:22).

Nurses for a Healthier Tomorrow 2002 (<http://www.nursesource.org>) is a coalition of thirty seven nursing and health care organisations under the auspices of the Sigma Theta Tau International and, as such, it works together as a group to stage a communication campaign to attract people to the nursing profession. The campaign is ongoing and is currently focused on attracting nurse educators back into the nursing profession. The number of applicants for nursing training has increased considerably and, at present, the training institutions do not have sufficient resources to deal with more students.

After the first survey conducted on the public perception of the image of nurses in England in 1984, Ms C Rayner, the nurse who analysed the findings, reported that the public are not aware that it is essential that nurses be well educated and “[b]ack in 1984, she welcomed the likely effect of a campaign on nursing’s image”. She predicted that a campaign would influence the public and that they would discover that nurses are highly trained professionals and not either battle-axes or sexy angels of mercy (Payne, 2000:13). The results of the campaign were tested in a similar survey in 2000 and indicated that the public’s picture of the ideal nurse had improved significantly. An

increased number of members of the British public were of the opinion that nurses were educated and that the changing perception of nurses would contribute to nursing being considered an attractive profession (Hancock, 2000:12-13).

The Nursing Standard's campaign *Nursing the Future* was launched in the United Kingdom in 2004 (<http://www.nursingthefuture.org.uk>) as a result of the positive changes reported as a result of the campaigns in the USA.

The aims of the British campaign were to

- enhance the image and reputation of nursing and midwifery
- challenge and dispel misconceptions about nursing and midwifery
- empower nurses and midwives to publicise what they do
- encourage nurses and midwives to 'sell' their profession to the younger generations
- raise the public voice and profile of both nurses and midwives
- foster respect for the profession (Waters, 2005:25)

The Campaign for the Future of Nursing and Midwifery 2004 was launched in both Australia and New Zealand and was sponsored by Johnson & Johnson. (<http://www.valueofnursing.com.au>) The main objective of this campaign was to address the nursing shortage by enhancing the image of nurses.

2.6. SUMMARY

The literature review emphasised the importance of a positive perception of the image of the nurse. This perception is influenced not only by the popular media but by numerous other factors. The findings in the literature highlighted important aspects to be addressed such as gender and racial issues, the importance of professional socialisation, the need to educate the public on the current realities of nursing practice and the development of a positive self-esteem among nurses.

The global decline in the numbers of nurses is forcing all countries to re-examine their strategies in order to address the current and future nursing shortages. The successes of nursing image campaigns have proved that a “ prolonged and persistent effort is needed to educate people about nursing careers, to stimulate the expanded production of nursing faculty, and to bring creative approaches to financing nursing education and workforce improvements to convert the large number of seriously interested candidates into the nursing profession” (Donelan *et al*, 2008:150).

It is essential that the nursing profession educate consumers about nurses’ capabilities and also project an image to the public that will encourage consumers to request that nurses care for them. The public needs to view the nurse as an integral part of the total health care system and to appreciate the abilities of nurses in providing holistic nursing care to patients (Huffstutler *et al*, 1998: 8).

Research is of little use if the results do not succeed in mobilising the nursing profession to use the findings and to implement strategies to improve the current state of the image of nurses.

In the next chapter, chapter 3, the research design and methodology will be discussed in detail.

CHAPTER 3

3. RESEARCH DESIGN AND METHOD

3.1. INTRODUCTION

A quantitative, non-experimental and descriptive design was adopted in this study which aimed to acquire information about the perceptions of the South African public of the image of nurses. "Quantitative research is a formal, objective, systematic process in which numerical data are used to obtain information" (Burns & Grove, 2005: 23) about the specific field of interest. The quantitative method enables the researcher to obtain information from a large sample in a systematic way as well as providing both the researcher and the reader with an objective perspective in respect of the area of concern. The researcher using the quantitative method is able both to plan and to execute the steps in the research process systematically in accordance with a specified action plan (Polit & Beck, 2006:15). Maree (2007:145) is of the opinion that the most important elements which define quantitative research are objectivity, generalisability and the use of numerical data. In this study a questionnaire was used to obtain numerical data on the perceptions of the general South African public of their image of nurses.

3.2. RESEARCH DESIGN

The aim of the study is to describe the perception of the general South African public of the image of nurses. Accordingly, the objectives of the study are to determine the general South African public's perception of nurses and to formulate recommendations based on the research results which may enhance the public image of nurses.

The results of this study will provide information about the public's view of nurses. It will then be possible to use this information to formulate recommendations for a campaign

suited to the South African situation which will ensure the future of nursing as a profession.

The researcher selected a quantitative approach for this research project as the study intended focusing on relatively specific questions or statements that would remain constant throughout the study. In addition, quantitative research may be used to measure the number of people who feel, think or act in a certain way. (Polit & Beck, 2006:15-16).

In quantitative research the aim is to classify certain features, count these features and then to construct statistical models explaining what has been observed. In this type of research the researcher uses tools such as questionnaires to collect numerical data. The objective of quantitative research is to obtain both a precise measurement and analysis of target concepts or statements (see Annexure A&B for the questionnaire in this study). This type of research also assists the researcher to remain objective and separate from the subject matter. (Polit & Beck, 2006:15-16).

In quantitative research the researcher is aware, in advance, of what needs to be observed and is able to plan and design the aspects of the study carefully before collecting the data. The research procedures are therefore developed before the study is even begun and the requisite data only, is collected during the data collection process. (De Vos, Strydom, Fouche & Delpport, 2006:73).

The non-experimental research method used in this study assisted the researcher to collect data from the public in an objective and consistent way. In addition, a cross-sectional design allowed for the collection of data within a short period of time (two weeks). Consequently data was indicative of the perception of the public at the specific time of the data collection. The advantage of a cross-sectional design include the fact that the design is both economical and easy to manage. The data was collected in a real-world setting as the respondents completed the questionnaires within a natural setting (Polit & Beck, 2006:179). A non-experimental study is sometimes referred to as

an observational study as such a study involves the making of observations rather than intervening. The research question in this study was also not appropriate for an experimental design as the purpose of the research was to describe the research topic. (Polit & Beck, 2006:188). Non-experimental designs are used mainly for descriptive studies in terms of which the units are measured in respect of all the relevant variables at a specific time and no manipulation of variables takes place (Maree, 2007:152). Accordingly, the method of non-experimental designs refers to “studies where the researcher collects the data without introducing an intervention” (Polit & Beck, 2006:505) while the use of a questionnaire ensures that no intervention or manipulation takes place.

Descriptive research is one of the classes of non-experimental studies. The purpose of a descriptive study “is to observe, describe and document aspects of a situation” (Polit & Beck, 2006:189). A descriptive design without any manipulation of variables may, thus, be used “to provide a picture to the researcher and the reader of situations as they naturally occur” (Burns & Grove, 2005:233).

3.3. RESEARCH METHODOLOGY

A descriptive study design was used in this research. The purpose of the study was both to observe and to describe the observations and the study may, thus, also be referred to as an observational study as no intervention took place during the research. A descriptive study establishes associations between the variables only and no attempt is made to change either behaviour or conditions. In a descriptive study design the primary goal is to assess a sample at a specific point in time without trying either to interfere or to change statements. The research instrument chosen for this specific study was the questionnaire as it is possible to use a questionnaire in an objective way.

3.3.1. Research instrument

A self-administered, amended, questionnaire was used to collect data on the area of concern which had been identified. Although the term questionnaire “suggests a collection of questions, a typical questionnaire will probably contain as many statements as questions” (De Vos, 2006:166). The questionnaire was the method of choice for this study as it was essential that the information collected focus on extensive rather than on intensive analysis. Accordingly, the study may be regarded as non-experimental (Polit & Beck, 2006:241) with the researcher being interested in the “opinions about a phenomenon from people who are informed on the particular issue.”(De Vos *et al*, 2006:166).

Geographically, the target population was widely dispersed and, thus, a questionnaire was most suitable research instrument. Furthermore, the use of a questionnaire made it possible to reach a wider group of respondents. One thousand questionnaires were distributed with 776 being received back. Accordingly, this 776 constituted the sample. The questionnaire ensured the anonymity of the respondents as there was a sealed container for the completed questionnaires available and, in addition, there was no space provided on the questionnaire for the respondents to write either their names or any identifiable information (Burns & Grove, 2005:728).

The questionnaire that was used in the study was an amended questionnaire which was based on studies conducted in Britain in 1984 and 1999 (Hancock, 2000:12-13) as well as on an unpublished study which was carried out by Van Tonder in 2006 (Van Tonder, 2006). The amendments to this questionnaire constituted additions which were deemed necessary in order to acquire additional biographical information from the respondents. These amendments were included as a result of recommendations made by the Faculty of Health Sciences Research Ethics Committee at the University of Pretoria. It was felt that the biographical data would be important in determining the profile of the sample.

The questionnaire used structured questions (closed questions) in order to ensure objectivity in the analysis of the data (Maree, 2007:160). Closed questions were chosen as “respondents understand the meaning of the questions better, questions can be answered within the same framework “and it is possible to carry out a more effective comparison of the responses. (De Vos et al, 2006:174). Biographical questions were included as it was felt that this biographical data would be important in determining the profile of the sample and in exploring possible relationships between biographical variables and other variables in the study (Maree, 2007:164). The topics covered in the questionnaire included topics on the understanding of nursing as a profession, the importance of nursing in the health care system, the working conditions of nurses as well the respondent’s personal experience of nurses whilst these nurses carried out their daily activities.

Data was collected at both the nominal and ordinal levels of measurement. Nominal measurement refers to the assignment of names and is used as a classification system for characteristics such as gender, province, ethnic origin, etc while ordinal measurement refers to the ranking order of observations (De Vos, 2006:164). Ordinal scales comprise numeric data which is grouped into classes such as level of agreement or level of education (Maree, 2007:148). The values of the biographical data collected were distinguished from each other by different names and each category included at least two classes. (Maree, 2007:148). There were nineteen statements used in the questionnaire, each accompanied by a four point Likert scale, strongly disagree/disagree/agree/strongly agree (see Annexures A and B). The Likert scale was used as scales assist in determining the strength of the feelings and attitudes of the respondents with regard to the statements contained in the questionnaire. In addition, this scale technique also forced the respondents to rate their perceptions as the scale did not include either a neutral or an undecided option (Maree, 2007:167).

In view of the fact that it was considered important that all groups of the adult population (literate and illiterate) of the South African public be included in the survey those

respondents who were unable either to read or to write were assisted by the researcher and/or the research assistants who had been trained in asking or translating the questions contained in the survey. (Burns & Grove, 2005:343). The sample selection and the size of the sample, the use of a valid and reliable questionnaire and the data collection procedures all provided a safeguard against bias (Burns & Grove, 2005:232).

3.3.2. Data collection procedures

3.3.2.1. Sample (population, sampling and sites)

The term population, as used in research, refers to the entire aggregation of cases that meet specified criteria (Polit & Beck, 2006:259). The population for this study comprised the entire South African population which is currently estimated at 48,7 million people (Stat SA 2008 www.statssa.gov.za). The specific criteria for the population used in the study included adults of 18 years and older who were prepared to consent to take part in the study and who were able both to comprehend and to communicate either by using English or Afrikaans or by being assisted by a trained research assistant who would be able to interpret the questions.

In all quantitative research the data is collected from units and these units are referred to as sampling units (Maree, 2007:146). A sample is a “subset of the population consisting of a predetermined number – the sample size – of randomly selected sampling units from the population” (Maree, 2007:147). De Vos *et al* are of the opinion that “[a] sample is a small representation of the whole” (De Vos *et al*, 2006:82). Non-probability sampling was used in this study. This type of sampling means that “the odds of selecting a particular individual are not known because the researcher does not know the population size or the members of the population” (De Vos *et al*, 2006:201). Non-probability sampling through convenience and accidental sampling was used.

It was essential that the sample in this research was representative of the general South African public and, thus, the sample included subjects from the five provinces with the highest population distribution. The sample included adult male and female respondents of 18 years and older, from all the economic strata of society and from the different population groups in South Africa.

Logistically it was decided to focus on five of the nine provinces and to include cities as well as towns in order to cater for the views not only of individuals with a choice of health care facilities but also of those individuals with limited access to health care services. The specific locations were selected on the grounds of multicultural representation, academic background, gender representation, the availability of health care services and the income groups of the respondents in those locations.

Three occupational health centres were selected – one in Randfontein (Gauteng), one in Evander (Mpumalanga) and one in Welkom (Free State). These specific centres were selected as the number of individuals visiting these centres ranges from 20 to 80 per weekday as well as the fact that the individuals visiting these centres cover a wide spectrum of the public. Although these occupational health centres cater mainly for the mining industry they also serve as venues for the pre-placement medical examinations which are essential for most occupations and the centres may be said to cater for all the industries in the specific areas. New recruits, as well as employees from all levels of employment, may be found at these occupational health centres and, thus, the visitors to these centres constitute a realistic sample of the general public. The clients at these centres are both males and females, multicultural and range from members of top management to entry level employees. The requisite waiting times at these centres allowed the participants sufficient time to complete the questionnaires which, in turn, resulted in a high return rate of the questionnaires. The research assistant located at a specific centre would ask the clients as they entered the facility whether they would be interested in taking part in the research.

In addition, church congregations were selected in Pretoria, the eastern and western suburbs of Johannesburg (Gauteng), Nelspruit (Mpumalanga), Empangeni (Kwazulu-Natal) and Swellendam (Western Cape). These congregations were selected for the diversity of their multicultural attendance, their locality and accessibility as well as the fact that all income groups were represented. However, the respondents recruited at these venues formed a small part of the total sample only and did, therefore, not influence the significance of the results. The research assistants at the specific locations would ask the churchgoers on their way home whether they would be interested in taking part in the research.

Businesses in Welkom (Free State), Krugersdorp (Gauteng), Pretoria (Gauteng) and Empangeni (Kwazulu-Natal) were also identified on the basis of the cultural as well as the economic diversity of their clients. Businesses were also selected specifically for their locations. The businesses selected catered for all levels of the society and not only for either the higher or lower income groups. The clients of these businesses included customers who had their own transport as well as those who used public transport.

The respondents at most of the locations selected comprised not only local citizens but also included visitors to the areas and migrant workers. This, in turn, resulted in the fact that not only the five provinces were represented in the sample but, in fact, eight of the nine provinces were represented (refer to figure 4.4).

3.3.2.2. Method of data collection

3.3.2.2.1. Questionnaire

The data were collected by means of a questionnaire. This method of data collection comprised mainly a group administration of the questionnaires where an entire group of respondents would complete the questionnaires at a specific point in time. Illiterate respondents were questioned face to face (Maree, 2007:158).

In view of the fact that data was generated by means of the questionnaire, the design of the questionnaire was very important and it was essential that attention was paid to even the most minute detail. The responses of the respondents may be influenced by the design of the questionnaire, the instructions on how to complete the questionnaire, the appearance of the questionnaire and the time allowed in which to complete the questionnaire (Maree, 2007:158-160).

3.3.2.2.2. Type of questions

The questionnaire used for this study comprised closed questions. The advantages of using closed questions meant that the questionnaire was both easy and quick to answer and the questionnaire catered for all levels of education. The average time needed to complete the questionnaire was 15 to 20 minutes depending on the literacy level of the respondent. The questionnaires were distributed, completed and collected throughout all five provinces selected over a specific two week period.

3.3.2.2.3. Research assistants

The research assistants comprised volunteers working at the different locations at which the questionnaires were distributed. However, where no suitable volunteers were available the researcher collected the data herself. Those research assistants who were able to act as interpreters helped any of the respondents who were not comfortable in either Afrikaans or English or who were illiterate. According to Maree (2007:156) it is extremely important that research assistants and/or interviewers be trained and that this trainings be carried out prior to the commencement of the handing out of the questionnaires. In addition, it is essential that the training include training in respect of both the procedures to be followed as well as the responses of the research assistants to possible questions from the respondents and the reactions of the respondents.

Research assistants were identified at the different centres at which the questionnaires were to be handed out. These research assistants were selected on the basis of their understanding of the aim of the study as well as their ability to act as interpreters for those respondents not fluent in Afrikaans or English as well as for illiterate respondents.

3.3.2.2.4. Training of research assistants

In order to ensure consistency in the data collection the training of the research assistants was completed before the questionnaires were distributed. The training was conducted by the researcher and it focused on the ability of the assistants to remain objective and not to lead the respondents' replies when either explaining the process or assisting illiterate respondents. The researcher emphasised the importance of objectivity when helping the respondents.

3.3.2.2.5. Data collection

The questionnaires were distributed by the research assistants during the two week period agreed to by the both researcher and the research assistants. In the main the waiting times, particularly at the occupational health centres, provided the respondents with the opportunity to complete the questionnaires immediately. Those respondents who had agreed to participate in the study completed the questionnaires and either posted them into readily available sealed containers or placed them in sealed envelopes.

For those respondents who had not been able to complete the questionnaires immediately the research assistants arranged for a suitable time to collect the completed questionnaires and allowed the respondents to post these completed questionnaires into the sealed containers.

The questionnaires were distributed to the research assistants one week prior to the commencement of the study. For the research assistants who assisted in remote areas the questionnaires were sent by registered mail to reach the assistants at least one week prior to the commencement of the study. The other questionnaires were hand delivered by the researcher. The research assistants again received detailed information on the distribution and the collection of the questionnaires from the respondents.

The questionnaires, together with clipboards, pencils, sealed boxes and envelopes for the completed questionnaires, were handed to the research assistants. There was daily telephonic communication between the researcher and all the research assistants to ascertain whether any problems had arisen and to keep track of the data collection process. The questionnaires in both the sealed containers and the sealed envelopes were collected by the researcher while those questionnaires which had been distributed remote areas, for example Swellendam and Empangeni, were returned by registered mail.

The final day for the collection of both the sealed containers and the sealed envelopes was by the end of the agreed two week period. The questionnaires were collected from each collection point and kept together in the sealed containers/sealed envelopes for coding purposes. After coding the questionnaires were stored in labelled folders.

3.3.3. Data processing and analysis

The data as captured from the questionnaires are referred to as raw data (Maree, 2007:183). The interpretation of raw data is a difficult process with the data first being described and analysed before any interpretation of the results of the analysis is possible. The results of the analysis are then used either to explain the research or to find a meaning in the research (De Vos *et al*, 2006:218).

Data was prepared for capturing by coding them according to the numerical values as required by the statistical programme used, for example, 1 = male and 2 = female.

The questionnaires were numbered on receipt, according to their location, with each questionnaire being coded with a unique number, for example, Gauteng G1 -G332 and Mpumalanga M1 - M124. A spreadsheet using Microsoft Excel 2007 was devised with the assistance of a statistician for the purpose of capturing the data.

The researcher checked all the returned questionnaires for completeness of data with those parts of the incomplete questionnaires that could be used also being included as part of the study.

The researcher captured the data electronically with the assistance of a statistician. The statistician utilised Microsoft Excel 2007 and SAS statistical programming in order to devise the computerised statistical program which was used for the analysis of the data. The data were analysed using descriptive statistics.

The preparation of the data for analysis was the next step in the process during which the researcher cross-checked the accuracy of the data points randomly. Missing data on the questionnaires were identified and the useable data included for use in the analysis. The organising of the data followed to get to descriptive statistics in terms of which the data are summarised in a meaningful way. This enabled the researcher to examine the data from different perspectives (Burns & Grove, 2005:461).

The data which had been analysed were then summarised using both simple frequency distributions as well as relative frequency distributions. Simple frequency distributions refer to the actual number of the responses while relative frequency distributions refer to the calculation of data in percentages (De Vos *et al*, 2006:222-227). These frequencies are displayed in table, pie chart and bar graph format (refer to chapter 4). Bar graphs and pie charts are used to illustrate the data as graphic presentations. These are both visually effective and easy to interpret (De Vos *et al*, 2006:227).

3.4. LIMITATIONS

The sample size could have been increased to include all nine provinces as well as members of the public younger than eighteen years of age. In addition, it could have

been possible to include in the study strategies to overcome the challenges of obtaining consent for children not living with their parents.

The use of research assistants who also assisted the illiterate respondents with completing of the questionnaire could have influenced the reaction of the respondents to the statements. The objective to include all tiers of the communities necessitated the use of research assistants who could also act as interpreters.

3.5. MEASURES TO ENSURE VALIDITY AND RELIABILITY

3.5.1. Reliability

Reliability of measurement refers “to the degree of consistency or dependability with which an instrument measures the attribute it is designed to measure” (Polit & Beck, 2006:508) whereas validity is defined as “[t]he degree to which an instrument measures what it is intended to measure” (Poli& Beck, 2006:512). The study was conducted using a structured questionnaire which had originally been developed by Payne (2000:12-13) for use in a survey that had been conducted for the *Nursing Times* in 1984. The questionnaire had again been used in 1999 to compare the public’s view in 1984 to the results obtained in the 1999 survey (Hancock, 2000:12-13). The questionnaire was piloted and used in an unpublished study conducted in South Africa by Van Tonder in 2006. The questionnaire has been used in three studies and has proved to be reliable and effective for the purpose for which it was designed. In view of the fact that the instrument has been used before to determine the public’s perception the content validity of the questionnaire has, in fact, been proven. As the instrument was used for a similar group than what is was used for in the previous studies, the validity testing validates the instrument for the specific purpose in this study. (Burns & Grove, 2005:377).

3.5.2. Validity

Validity consists of the following two aspects, namely, “that the instrument actually measures the concept in question, and that the concept is measured accurately” (De

Vos *et al*, 2006:160). The validity of an instrument may be evaluated by ascertaining its content validity, criterion validity and construct validity. Content validity is determined by the extent to which the instrument is measuring what needs to be measured while criterion validity is determined by the extent to which the instrument compares with external criteria which are measuring the same characteristic as the instrument concerned. Construct validity is determined by questioning the actual meaning of the instrument and what it purports to be measuring (De Vos *et al*, 2006:162).

In this study the questionnaire was used to measure specific phenomena and the question of whether the instrument did, in fact, measure what it was intended to measure was addressed in a positive way. In terms of the questionnaire used the content validity was determined by checking the relevant content with the specific aim of the study and by ensuring that the statements did, in fact, measure all the aspects which were described in the problem statement. The literature study, as described in chapter 2 of this study, was conducted in order to ensure content validity. The literature study revealed the outcomes of previous studies in which the questionnaire had been used and the results of the studies published. The criterion validity was determined by ensuring that the instrument would measure the perceptions of the public consistently and was based on the information which had emerged from the literature review.

3.5.2.1. Internal and external validity

Threats to internal validity include, *inter alia*, history where history is an event that is not related to the planned study but which occurs during the course of the study and is important as it may influence the responses of the respondents. In this study factors such as the recent hospitalisation of either the respondent or close family members, or else positive or negative incidents published in the local media may have influenced the respondents' responses (Burns & Grove, 2005:215). Selection comprised a second threat to internal validity that may have influenced the results of this study.

Randomisation of the total public of South Africa was not possible although this was countered by the size of the sample (Burns & Grove, 2005: 216).

External validity was of the utmost importance to this study as it is essential that the results of the study be generalised beyond the sample used as the purpose of the study was to determine the view of the general public and not just the views of the respondents who took part in the research. The number of respondents who declined to take part in the study is an extremely important factor and is an indication of a threat to validity of the study. One thousand questionnaires were printed with seven hundred and seventy six questionnaires being returned. This return rate of 77.6% is a positive indication of the validity of the results (Burns & Grove, 2005:217).

The amendments to the questionnaire comprised additions which were aimed at acquiring biographical information about the respondents. However, these additional biographical questions did not change the content of the original questionnaire as they served only to obtain extra information and, thus, did not constitute a threat to the validity of the content.

3.5.3. Protection against bias

Protection against regional bias was assured by the sample selection and the size of the sample. The questionnaire was distributed to one thousand respondents in five provinces to ensure that the sample was, indeed, large enough to provide protection against bias. The use of the questionnaire as the instrument provided valuable information as the questionnaire had been used in three previous studies while the data collection procedures used achieved a measure of environmental control (Burns & Grove, 2005:232). Both the researcher and the research assistants ensured that the respondents were able to complete the questionnaire without interference from other clients and individuals at the different venues. The use of more than one research assistant as well as the researcher in the data collection process also enhanced the objectivity of the data collected. The research assistants were not able to influence either the results or the respondents as different venues, as well as different research

assistants, were utilised. The data was collected at different venues from male and female respondents from different cultural groups.

In order to make the sample as representative of the general South African population as possible, the questionnaires were distributed to one thousand subjects as a non-probability sample. In view of the fact that the study aimed to determine public opinion the research was conducted in the public domain and the researcher aimed to include all economic levels of society as well as representatives from most of the South African cultures.

With the assistance of the statistician it was decided that a sample size of one thousand respondents would add to the reliability of the study. As the population of South Africa is not homogeneous a larger sample was needed to represent the diversity of the South African population. According to Maree (2007:179), the larger the sample the better in terms of the three factors of “representativeness, statistical analysis and accuracy”. Research was being conducted into the views of the general public and, thus, the option of using a sample based on those members of the public with telephones only or who belonged to a medical aid was not used as such a sample would not have been representative of all levels of society. The members of the Faculty of Health Sciences Research Ethics Committee at the University of Pretoria agreed that a sample size of approximately one thousand would add to the reliability of the research findings and that the inclusion of respondents from five selected provinces was adequate.

The research assistants were trained in both the objective handling of the respondents and in how to deal with any queries from the respondents regarding specific questions. Research assistants identified and trained by the researcher acted as interpreters when respondents were either illiterate or not able to speak either English or Afrikaans.

3.6. ETHICAL CONSIDERATIONS

The right to privacy of an individual is an integral aspect of human rights and it is essential that this right be protected during the research process. Accordingly, every individual has the right to refuse to take part in a study or, if the consent of a respondent has been obtained, then that individual has the right to privacy of personal information. The right to self-determination of an individual involves his/her right to informed consent and involves the right to decide voluntarily whether or not to take part in a study, to ask questions, to refuse to give information or to withdraw from a study (Polit & Beck, 2006:88). The right to self-determination resulted in certain respondents either not completing the questionnaires in full or else not returning the questionnaires. As part of their right to autonomy and their right to confidentiality respondents have the right to assume that the data collected will be kept confidential (Burns & Grove, 2005:188).

The obtaining of informed consent from respondents is essential for the conduct of research (Burns & Grove, 2005:193). As the primary means of data collection in this study comprised self-administered questionnaires the informed consent in this research involved informed verbal consent and all the participants had the choice either to take part in the study or to refuse to participate (see Annexures A and B). "The return of the completed questionnaire reflects the respondent's voluntary consent to participation" (Polit & Beck, 2006: 93). Verbal informed consent was obtained from each respondent prior to the completion of the questionnaire.

Institutional consent was obtained from the managers of the occupational health centres, the business centres and the leaders of the church congregations before the collection of the data commenced (see Annexure C).

Both the confidentiality of the data received and the assurance to the participants of anonymity comprise important aspects of the ethical measures to be taken during the

research process. Anonymity means that even the researcher is not able to link a questionnaire or participant to specific data (Polit & Beck, 2005:95). Anonymity in this study was assured by requesting no identifying information or even a date on the questionnaires while the questionnaires were posted in sealed containers.

Ethical standards include the protection of the vulnerable and, in this respect, these ethical standards were adhered to by not including children, institutionalised persons or persons admitted into hospitals or other health care institutions in the study (Polit & Beck, 2005:96).

Ethical clearance was obtained from the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria prior to the commencement of the study - S37/2007 (Annexure D).

3.7. SUMMARY

Chapter 3 focused on the methodological steps taken to address the research problem. The research design, methodology, statistical methods and ethical measures were all described in this chapter. The detailed description of all the research steps in this chapter enabled the researcher to continue with the analysis and recording of the findings in the next chapter. The results of the study will also be presented in chapter 4.

CHAPTER 4

4. PRESENTATION OF THE RESULTS

4.1. INTRODUCTION

The raw data were analysed by means of descriptive statistics utilising Microsoft Excel 2007 and SAS statistical programming. The analysis took cognisance of the 19 questions asked in the questionnaire as well as the biographical data which had been included in the questionnaires.

One thousand copies of the questionnaire were printed and distributed and 776 completed questionnaires were returned – a return rate of 77,6%. The sample comprised 776 completed questionnaires although not all of the participants responded to all the statements relating to their perceptions of the image of nurses and/or to the questions on demographic information. These missing values did not have a direct influence on the study since the focus was not on the questionnaire as a whole but the responses to the individual questions.

The data collected are summarised and discussed in the order in which the questions had been asked. The biographical data are discussed first.

4.2. BIOGRAPHICAL DATA

The biographical data were interpreted according to Statistics South Africa, Mid-year Population Estimates 2008 (Stats SA 2008 www.statssa.gov.za).

The results and outcomes which emerged from the analysis of the biographical data are discussed below:

4.2.1. Age

According to Statistics South Africa 2008 (Stats SA 2008 www.statssa.gov.za), almost 32% of the population of South Africa is younger than 15 years while 7% is older than 60 years of age. The life expectancy at birth, as reported in Stat SA 2008, was “estimated at approximately 50,3 years for males and 53,9 years for females”.

Members of the population younger than 18 years were not included in the study because consent would have had to be obtained from their parents for them to participate and, consequently, they are not reflected in the results (fig. 1).

The ages of the respondents in the groups 18 years and older were well dispersed over the different age categories. Twenty-nine respondents (4%) only did not complete this section of the questionnaire – sample size $n = 776$ (refer to fig. 4.1).

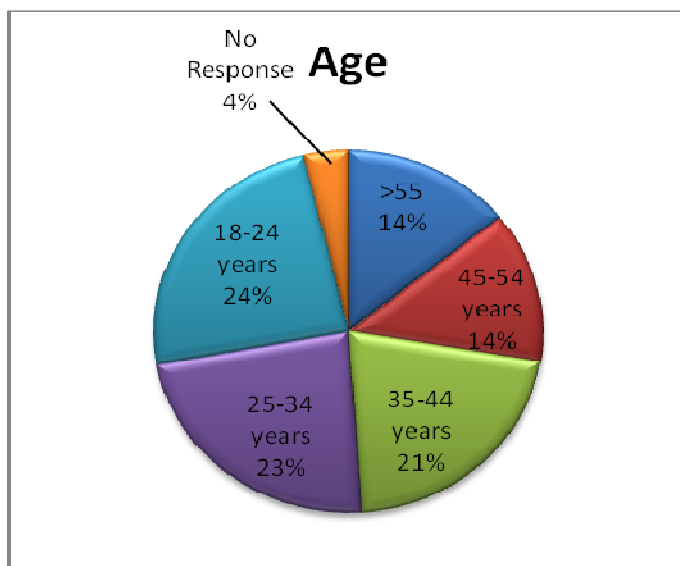


Figure 4.1: Age distribution of the respondents $n = 776$

4.2.2. Gender/sex

More females than males completed the questionnaires with 461 of the respondents being female (59,4%) and 286 being male (36,6%). However, Stats SA 2008 reported that 52% of the South African population is made up of female and this figure, thus, would explain the 59% response from females in the study (Stats SA 2008 www.statssa.gov.za). This section on gender/sex was not completed by 29 of the respondents (4%) in the study (refer to table 4.1).

Table 4.1: Gender distribution of the respondents n = 776

GENDER OF RESPONDENTS	Frequency (f)	Percentage (%)
Male	286	36,6
Female	461	59,4
“No response”	29	4
Total	776	100,0

4.2.3. Locality (residence – “Where do you live?”)

The majority of the respondents, 56,7% (440 respondents), resided in an urban area, two respondents (0,26%) marked both rural and urban and 61 of the respondents (7,9%) in the sample did not complete this section – sample size n = 776. The population of the study was mainly from Gauteng and the Western Province and this compares well with the density of the population in the different provinces. (refer to table 4.2).

**Table 4.2: Distribution in terms of places of residence of the respondents –
n = 776**

RESIDENCE OF RESPONDENTS	Frequency (f)	Percentage (%)
Urban	440	56,7
Rural	273	35,18
Both	2	0,26
“No response”	61	7,86
Total	776	100,00

4.2.4. Ethnicity

The majority of the respondents were white – 323 respondents (41,6%) out of the total sample of n = 776 (refer to fig. 4.2). This finding differs significantly from the population statistics as, according to these statistics, Africans are in the majority in South Africa and constitute 79,2% of the population while whites constitute 9,2%, Indians/Asians 2,6% and coloureds 9,0% (Stats SA 2008 www.statssa.gov.za). It would, thus, appear that the white respondents were more willing than the other ethnics groups to complete the questionnaire. The researcher found that some of the black respondents did not understand either the principle of informed consent or the principle of the confidentiality of information. This may be the result of educational or cultural differences or else historical and political backgrounds. In the sample, four respondents ticked “other” (0,5%) while 26 (3,3%) did not complete this section (refer to fig. 4.2).

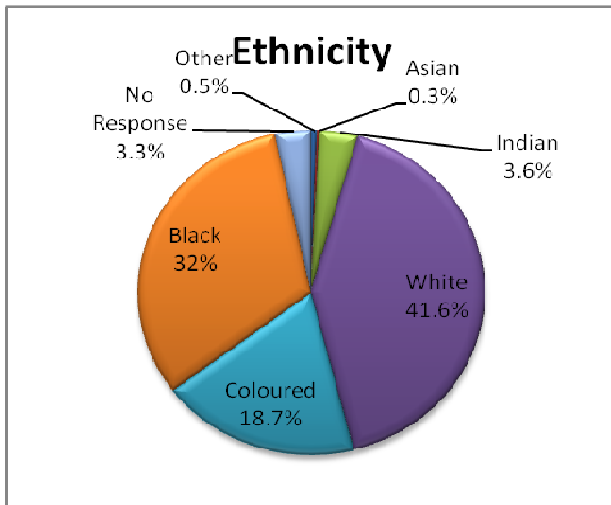


Figure 4.2: Ethnicity distribution of the respondents – n = 776

4.2.5. Profession

This section was not completed by 130 respondents (16,8%). The results, however, indicate that 49,6% of the respondents were either employed or else working in a professional field with 33,5% of the respondents working in another field (refer to fig. 4.3). This was compared to the results of the section on educational level where it was found that 37,3% of the respondents had been educated at university or college or had a postgraduate qualification (refer to table 4.3). Two hundred and sixty of the respondents (33,5%) fell into the “Other” category in terms of profession.

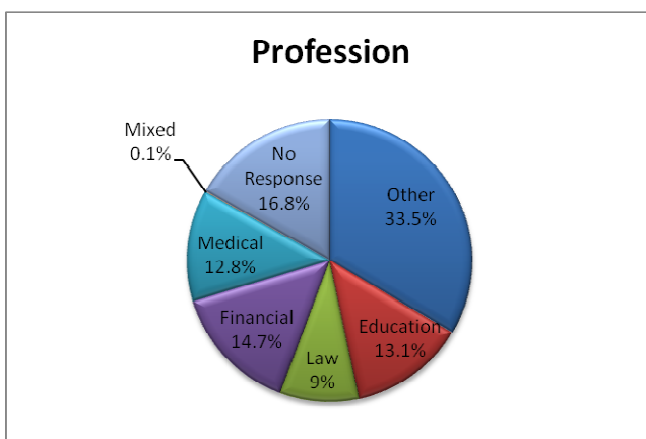


Figure 4.3: Distribution by profession – n = 776

4.2.6. Educational level

The educational levels were well represented in terms of all the categories listed in the questionnaire. Forty-three of the respondents (5,5%) in the sample (n = 776) did not complete this section (refer to table 4.3). In contrast to the fairly large percentage of respondents with a level of education of less than Grade 8 (139 respondents or 17,91%) and Grades 8–2 (281 respondents or 36,21%) a significant number of the participants had college/university training (221 respondents or 28,48%) while 8,76% (68) had postgraduate education (refer to table 4.3).

Table 4.3: Educational level distribution of the respondents - n = 776

EDUCATIONAL LEVEL OF RESPONDENTS	Frequency (f)	Percentage (%)
< Grade 8	139	17,91
Grades 8-12	281	36,21
College/university	221	28,48
Postgraduate	68	8,76
Other	21	2,71
Mixed	3	0,39
“No response”	43	5,54
Total	776	100,00

4.2.7. Province

The province of the Northern Cape was the only province not represented in the study – no respondents. This outcome is understandable as 2,3% of the South African population only live in the Northern Cape (Stats SA 2008 www.statssa.gov.za). Gauteng had the largest share of respondents, followed by KwaZulu-Natal and the Eastern Cape with the Western Cape at nearly 11% of the population.

Twenty-eight of the respondents (3,61%) did not complete this section (refer to fig. 4.4). Although the questionnaires had been distributed in five provinces only, responses were received from eight provinces as some of the clients at the occupational health centres were migrant workers and indicated as their provinces the provinces from which they came. Although the clients at the shopping centres and the churches were mostly local they did, nevertheless, include a number of visitors from other provinces.

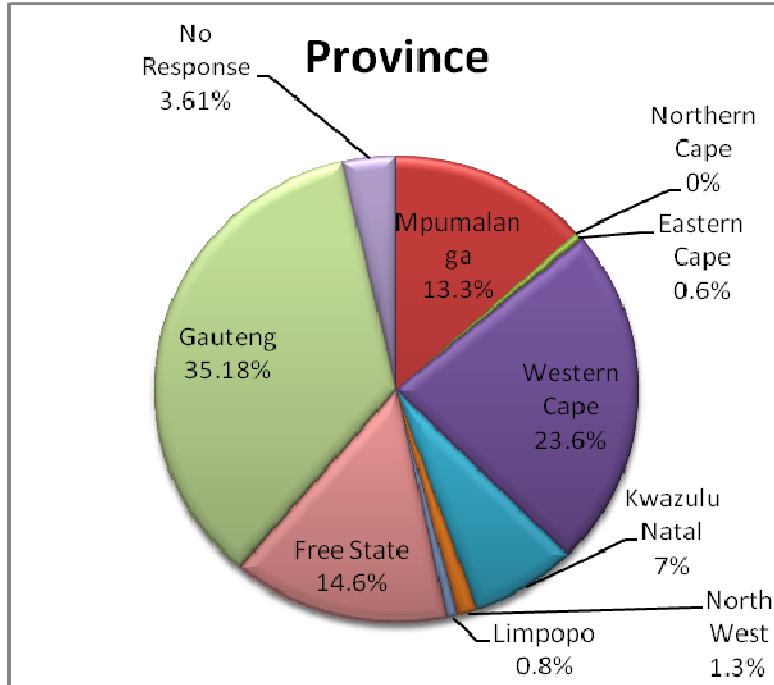


Figure 4.4: Distribution of the respondents as per province – n = 776

4.2.8. Hospital experience

The results of this section indicated that most of the respondents – 604 (77,84%) – had some knowledge of hospitals and their responses in the questionnaires could have been based on previous experience. Of the respondents, 22,16% (172) did not complete this section (refer to fig. 4.5).

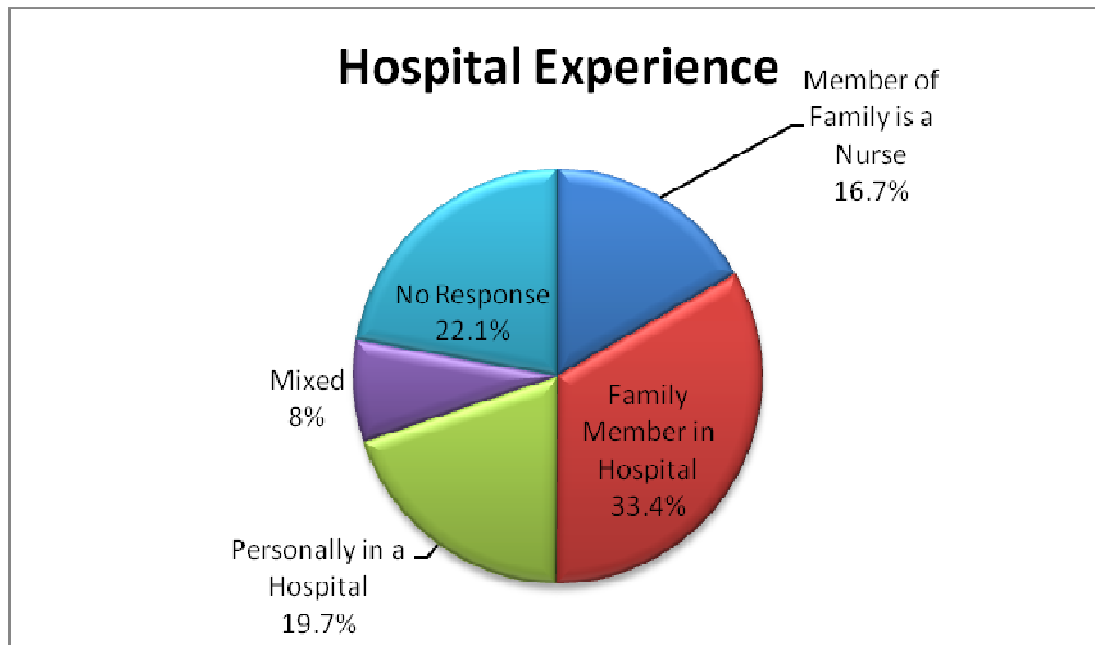


Figure 4.5: Distribution of respondents' hospital experience – n = 776

4.3. RESPONSES PER QUESTION

The questions will be discussed in exactly the same order as they appeared on the questionnaire and the statement will be quoted as it was printed on the questionnaire.

4.3.1. Nurses are extremely hardworking

The results of this statement indicated that most of the respondents – 621 (80,03%) – viewed nurses as extremely hardworking (strongly agree and agree), while seven respondents only (0,9%) of n = 776 did not comment on the statement (refer to fig. 4.6). These results compared well with the results depicted in figure 4.19, as the majority of the respondents – 496 (63,9%) – disagreed with the statement that *Nurses waste a lot of time being busy doing nothing*. The respondents again supported this view that nurses are extremely hardworking, on the image of nurses in the outcome of the statement *Nurses are more concerned with their social life than with their work*, as the results in this instance indicated that 550 (70,9%) of the respondents disagreed with the statement (refer to fig. 4.21).

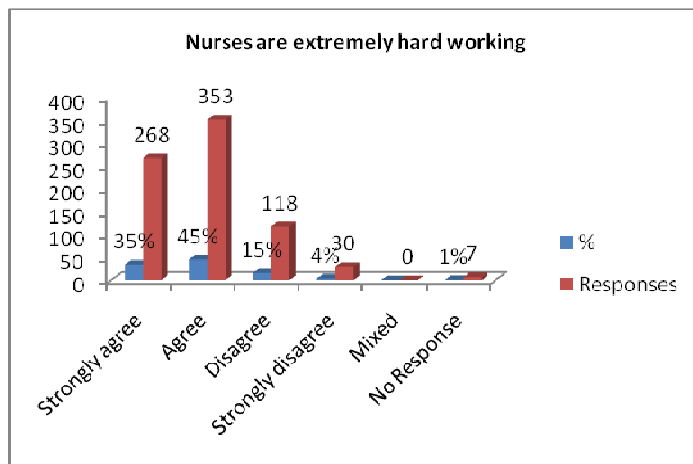


Figure 4.6: Nurses are extremely hard working – n = 776

4.3.2. Nurses are caring and understanding

The majority of the respondents agreed that nurses are caring and understanding with a response of 607 (78,2%) of n = 776 who *strongly agreed/agreed* with this statement and 157 (21%) only who disagreed/strongly disagreed with the statement. One respondent ticked both agree and disagree and 11 (1%) did not respond to the statement (refer to fig. 4.7). The respondents supported this view that nurses are caring and understanding in the outcome of the statement *Nurses are equally concerned with patients' physical and emotional needs*, as the results of this statement indicated that 68% (530) of the respondents agreed with the statement (refer to fig. 4.9)

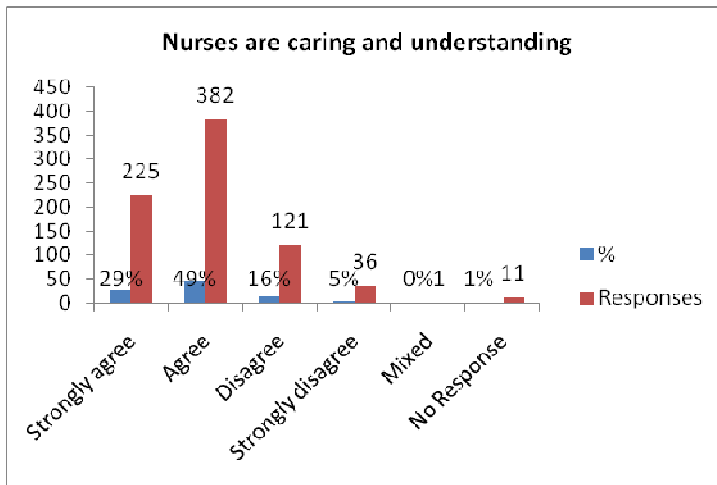


Figure 4.7: Nurses are caring and understanding – n = 776

4.3.3. Nurses treat their work as a profession in its own right, not secondary to a doctor's

According to the results of this statement, the public indicated that nurses do treat their work as a profession and 573 (73.8%) respondents (n = 776) scored this statement as *strongly agree/agree*. The feedback on the statement that *Nurses are given the chance to use their own initiative in their work* compared well with these results, with 468 (60,3%) of the respondents agreeing with the statement and 286 (36,8%) only

disagreeing (refer to fig. 4.12). However, the outcome pertaining to the statement that *Nurses obey doctor's orders without questioning them* (refer to fig. 4.13), does not compare with the results of this question (refer to figure 4.8), as 64,4% (500) of the respondents agreed with the statement and 32% (248) only disagreed – n = 776 (refer to fig. 4.13).

It must however be noted that, 14 (1,8%) of the respondents did not rate the question *Nurses treat their work as a profession in its own right, not secondary to a doctor's* (refer to fig. 4.8).

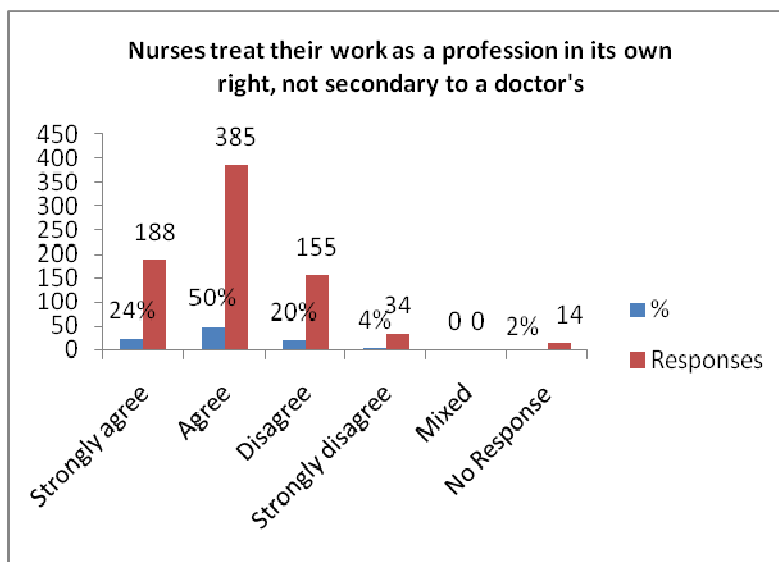


Figure 4.8: Nurses treat their work as a profession in its own right, not secondary to a doctor's – n = 776

4.3.4. Nurses are equally concerned with patients' physical and emotional needs

It emerged that, according to the respondents, both the physical and emotional needs of patients are important to nurses, with 530 respondents (n = 776) who strongly agreed/agreed, 226 respondents only who strongly disagreed/disagreed and 20 (2,6%) who did not respond (refer to fig. 4.9). The statement *Nurses and nursing are central to curing* supports the results of this statement with 642 (82,8%) of the respondents

agreeing with the statement and 111 (14,3%) only disagreeing. Twenty-three (3%) of the participants did not respond to this statement (refer to fig. 4.23).

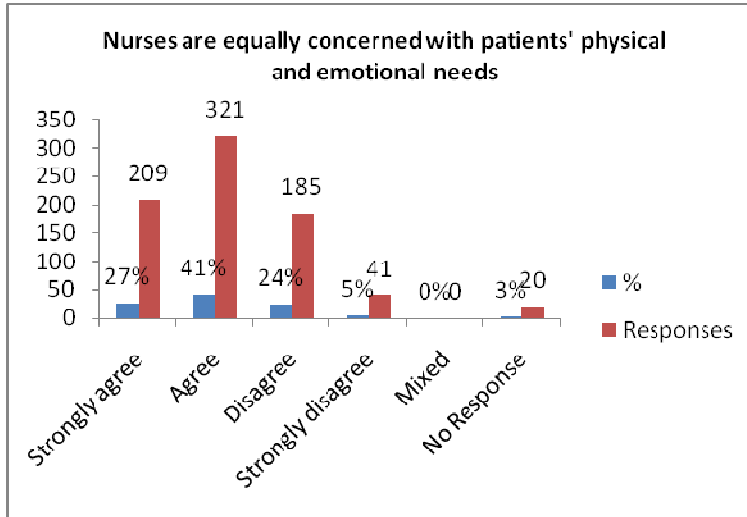


Figure 4.9: Nurses are equally concerned with the patients' physical and emotional needs – n = 776

4.3.5. Nurses are well educated

In the main the respondents agreed with this statement as 546 (70,4%) *strongly agreed/ agreed*, although 23 (3%) of the respondents did not answer the question (refer to fig. 4.10). The response to this statement is interesting if it is compared to the statement *I would like my child to become a nurse* to which 43,6% (338) of the respondents agreed while 419 (54%) disagreed with the statement (refer to fig. 4.22). Although parents would naturally be more willing to support a career in which their child(ren) would receive a good education and remuneration this is not evident in the responses.

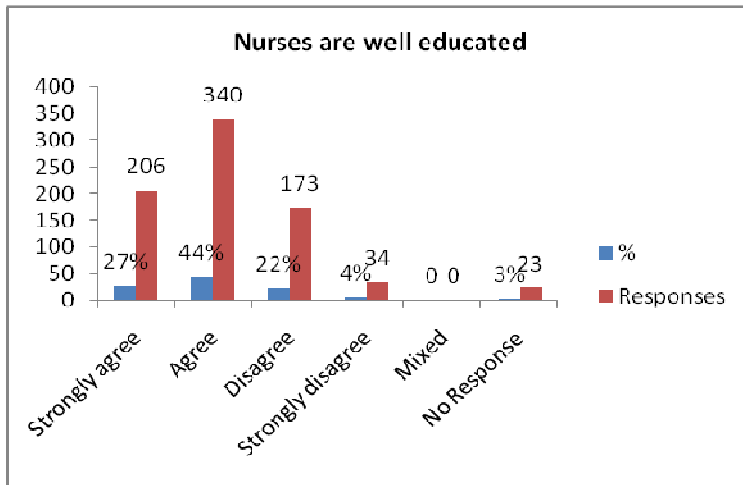


Figure 4.10: Nurses are well educated – n = 776

4.3.6. Nurses do a lot to try to improve pay and working conditions

The results of this question correspond with the results to the statement that *Nurses do little to improve pay and working conditions* (refer to fig. 4.17). It emerged that 56,7% (518) of the respondents agreed with this statement while 66% (435) disagreed (refer to fig. 4.11). One of the respondents ticked both agree and disagree and 19 (2,45%) respondents did not offer a response to the statement (refer to fig. 4.11).

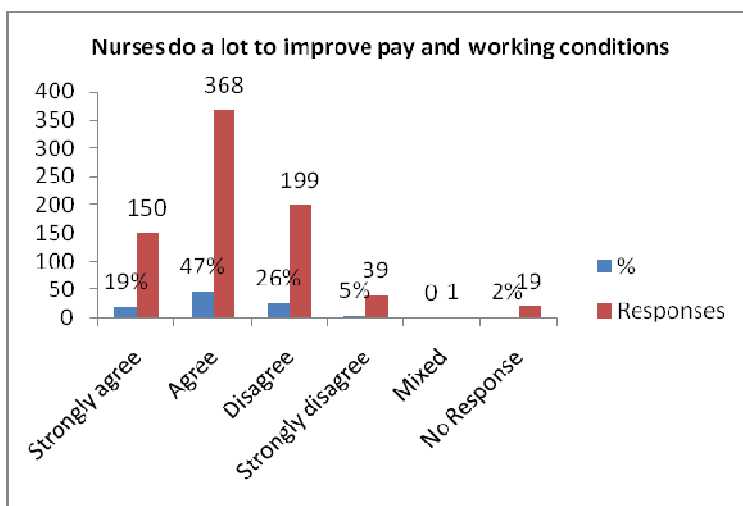


Figure 4.11: Nurses do a lot to try to improve their pay and working conditions – n = 776

4.3.7. Nurses are given a chance to use their own initiative in their work

The feedback to this statement was positive, as 468 (60,3%) of the respondents agreed with the statement, 286 (36,8%) only disagreed and 22 (3%) of the respondents did not answer the question (refer to fig. 4.12). Of the respondents, 35,18% (273) were from rural areas (refer to table 4.2) and the outcome of this statement corresponds well with the fact that nurses deliver most of the health care services in the more rural areas.

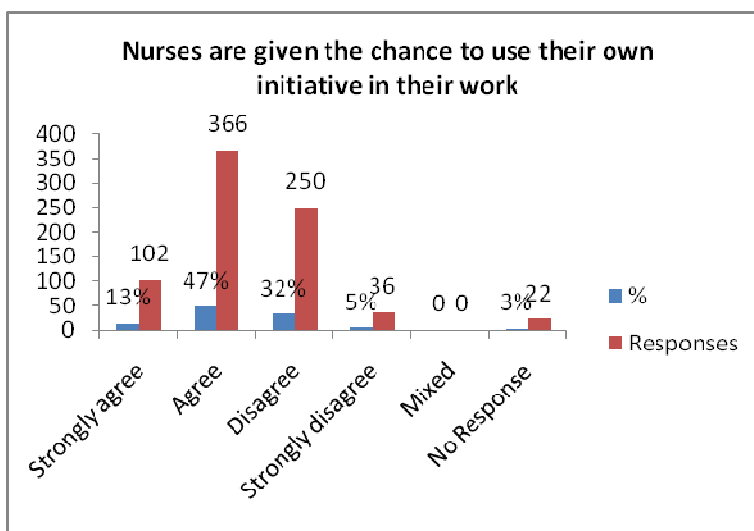


Figure 4.12: Nurses are given the chance to use their own initiative in their work – n = 776

4.3.8. Nurses obey doctors' orders without questioning them

This statement was agreed to by 64,4% (500) of the respondents with 32% (248) only disagreeing (refer to fig. 4.13). Twenty-eight (4%) of the respondents did not respond to this statement. The results of the statement *Nurses are given a chance to use their own initiative in their work* with 468 (60,3%) of the respondents agreeing compare well with this statement (refer to fig.4.12)

However, the results of the statement *Nurses treat their work as a profession in its own right, not secondary to a doctor's* with 578 (73.8%) respondents agreed/ strongly agreed (refer to fig 4.8) does not fully support the results of this statement.

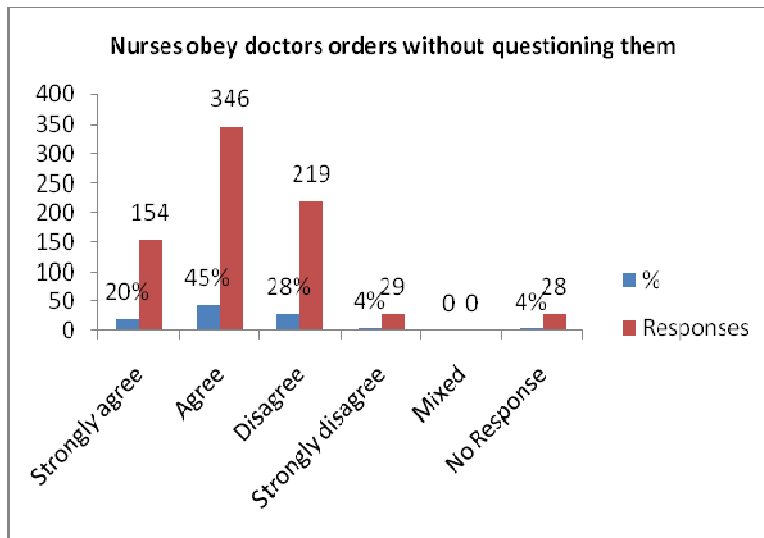


Figure 4.13: Nurses obey doctor's orders without question – n = 776

4.3.9. Nurses have a lot of social status attached to their job

The responses to this statement were evenly distributed with 377 participants (48,6%) agreeing and 372 (47,9%) disagreeing. Of the n=776, 3,5% (27) only did not respond (refer to fig. 4.14). The responses to this statement are interesting if compared to the outcome of the statement *Nurses are very authoritarian*, as 54,4% (422) of the respondents agreed with this statement while 315 (40,6%) only disagreed (refer to fig. 4.18).

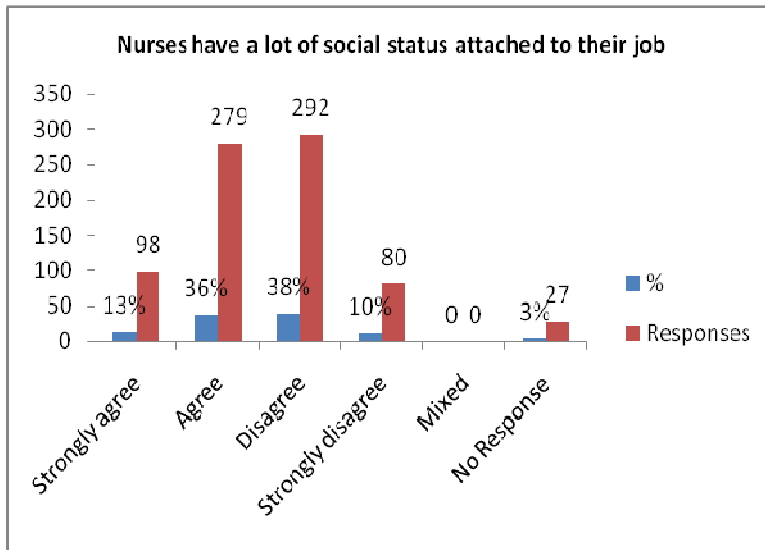


Figure 4.14: Nurses have a lot of social status attached to their job – n = 776

4.3.10. Nurses earn a good salary

In view of the fact that poor pay is cited as the main reason for the shortage of nurses, it was not unexpected that 501 (64,6%) respondents disagreed with this statement while 253 of the respondents (32,6%) only agreed that nurses do, indeed, earn a good salary. Twenty-two of the respondents (3%) did not respond to the statement (refer to fig. 4.15). If compared to the responses to the statement *I would like my child to become a nurse* in respect of which 419 of the respondents (54%) disagreed with the statement.(refer to fig. 4.22).

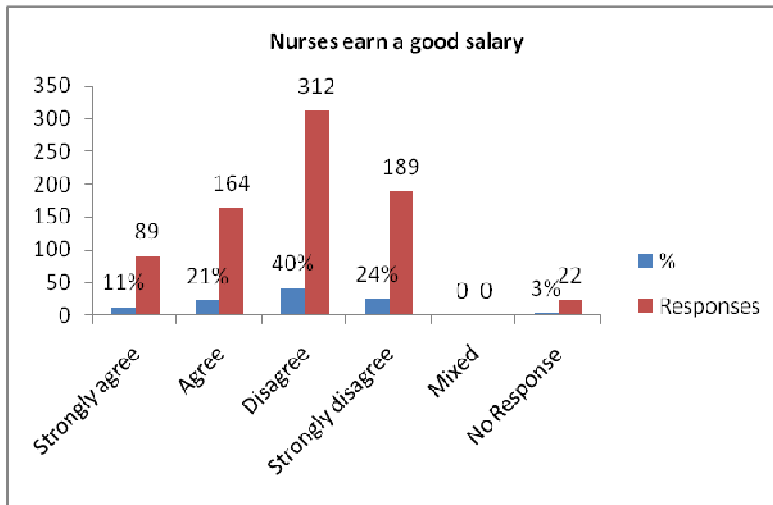


Figure 4.15: Nurses earn a good salary – n = 776

4.3.11. Nurses are better in doing their job if they are women

Three hundred and sixty (46,4%) of the respondents agreed with this statement while 394 (50,8%) disagreed. There was one mixed response as one respondent ticked both agree and disagree while 21 of the respondents (3%) did not respond to the statement (refer to fig. 4.16).

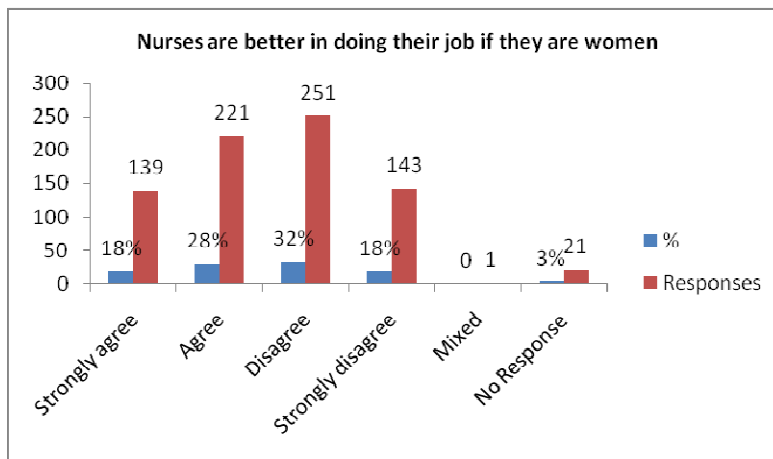


Figure 4.16: Nurses are better at doing their job if they are women – n = 776

4.3.12. Nurses do little to improve pay and working conditions

This is a rephrasing of the statement that *Nurses do a lot to improve their pay and working conditions* (refer to fig. 4.11) and the outcome of 40,5% (314) of the respondents agreeing and 56,1% (435) disagreeing was to be expected. Twenty-six of the respondents did not reply to this statement (refer to fig. 4.17).

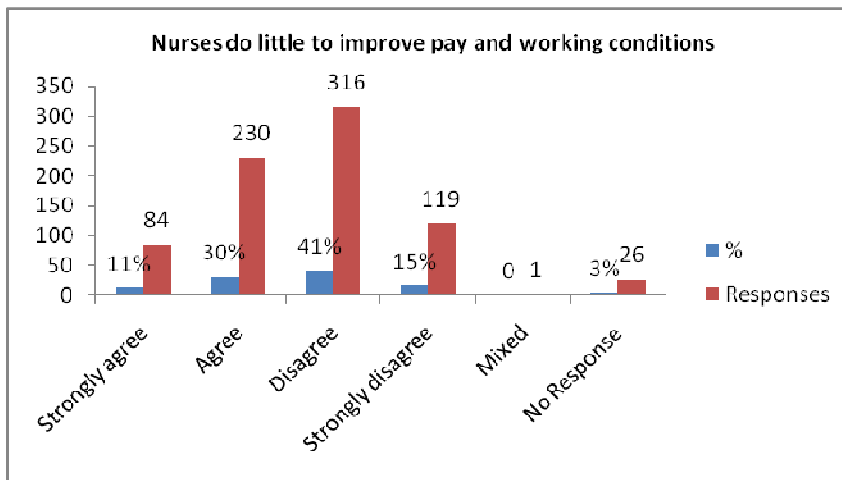


Figure 4.17: Nurses do little to improve their pay and working conditions – n = 776

4.3.13. Nurses are very authoritarian

Of the respondents, 5% (39) did not respond to this statement. However, nurses were perceived as very authoritarian by 54,4% (422) of the respondents while 315 (40,6%) only disagreed. Thirty-nine respondents did not respond to this statement (refer to fig. 4.18). This interpretation of authoritarian is not linked to the education of nurses as the response to the statement that *Nurses are well educated* was positive with 546 of the respondents (70,4%) *strongly agreeing/agreeing* with the statement (refer to fig. 4.10).

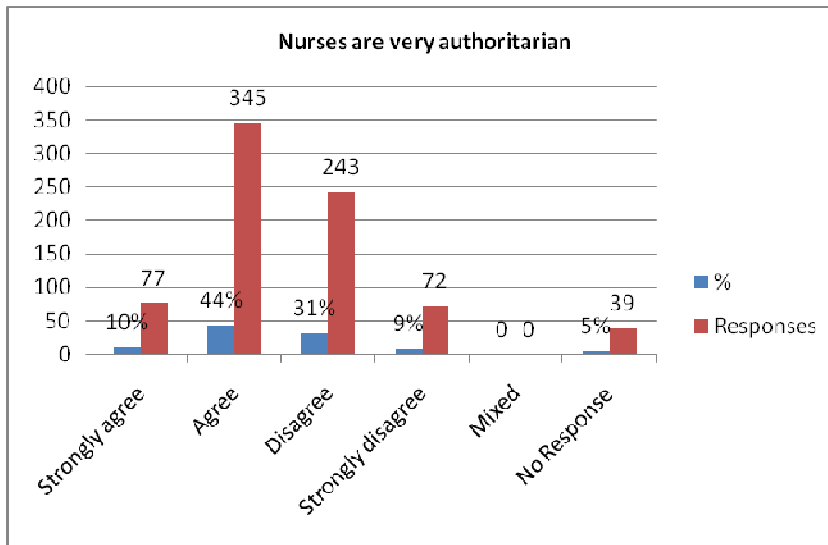


Figure 4.18: Nurses are very authoritarian – n = 776

4.3.14. Nurses waste a lot of time being busy doing nothing

This statement was disagreed to by 496 (63,9%) of the respondents while 256 (33%) of the respondents agreed. Twenty of the participants did not respond (2,6%) – n = 776 (refer to fig. 4.19). The results of this statement *Nurses are extremely hard working* compare well with this statement as most of the respondents – 621 (80,03%) – viewed nurses as extremely hardworking (strongly agree and agree) (refer to fig 4.16).

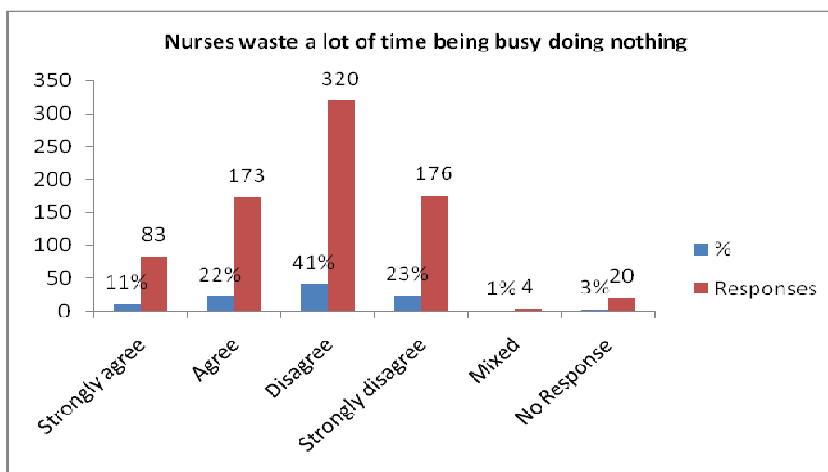


Figure 4.19: Nurses waste a lot of time being busy doing nothing

4.3.15. Nurses have sexual appeal

The question was not responded to by 47 (6,1%) of the respondents (n = 776), 188 of the respondents (24,2%) agreed with the statement and 540 (69,5%) disagreed (refer to fig. 4.20). Feedback received from the research assistants on the response to this question included the fact that some of the female respondents had not felt comfortable responding to this statement, probably as a result of their cultural and social background.

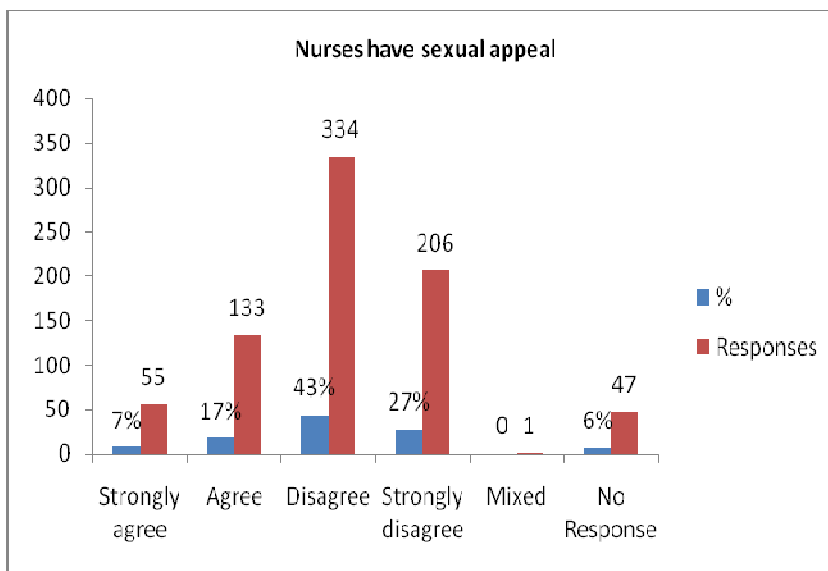


Figure 4.20: Nurses have sexual appeal – n = 776

4.3.16. Nurses are more concerned with their social life than with their work

On the whole the respondents tended to disagree with this statement with 550 (70,9%) disagreeing and 205 (26,4%) agreeing. Nineteen participants did not respond to the statement while 2 (0,26%) who responded both agreed and disagreed (refer to fig. 4.21). The response to this statement compares well with the responses to the statement *Nurses love their profession* as 570 (73,5%) of the respondents had agreed with the statement while 194 (25%) had disagreed (refer to fig. 4.24).

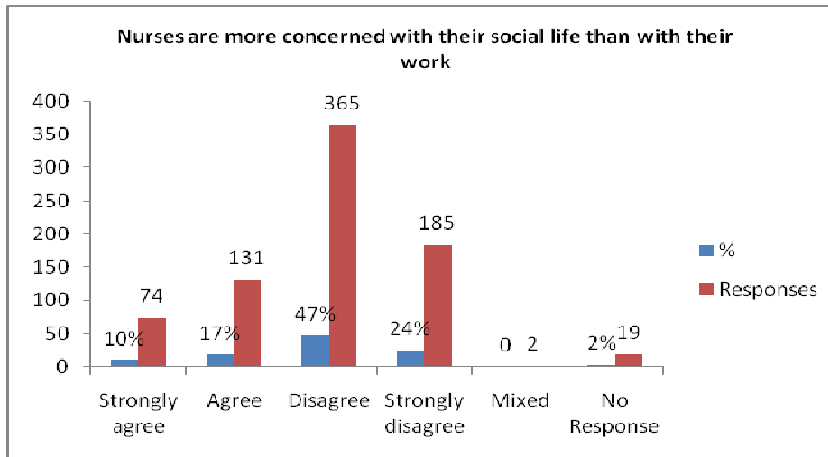


Figure 4.21: Nurses are more concerned with their social life than with their work – n = 776

4.3.17. I would like my child to become a nurse

The response to this statement was interesting as 338 (43,6%) of the respondents agreed while 419 (54%) disagreed with the statement. Nineteen only of the participants did not respond to this statement – n = 776 (refer to fig. 4.22). The outcome of this statement compares well with the outcomes to the statement *Nurses earn a good salary* as poor pay is one of the main reasons given for people not wanting to become nurses – 501 (64,6%) of the respondents disagreed with the statement that *Nurses earn a good salary* (refer to fig. 4.15).

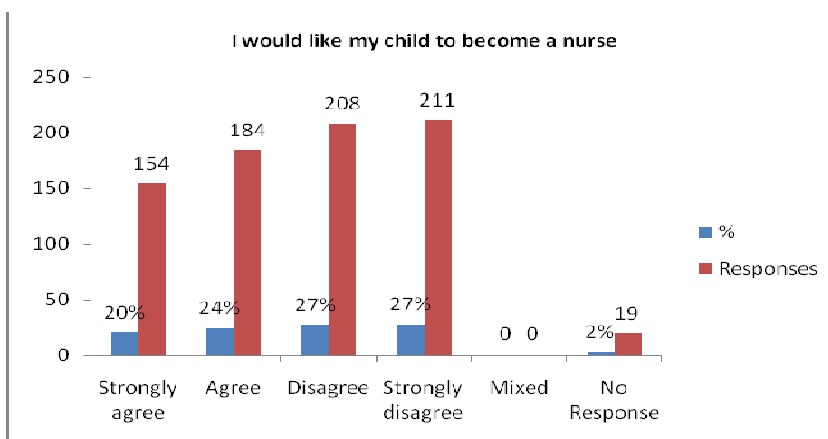


Figure 4.22: I would like my child to become a nurse – n = 776

4.3.18. Nurses and nursing are central to curing

The value of nurses may be perceived in the responses to this statement with 642 (82,8%) of the respondents agreeing with the statement and 111 (14,3%) only disagreeing. Twenty-three (3%) of the participants did not respond to this statement (refer to fig. 4.23). The outcome of this statement compares well with the outcomes to the statement *Nurses are well educated* as 71% of the respondents strongly agreed/agreed with this statement (refer to fig. 4.10). The response to the statement *Nurses are caring and understanding* also compare well with 607 (78,2%) of n = 776 who *strongly agreed/agreed* with this statement (refer to fig 4.7)

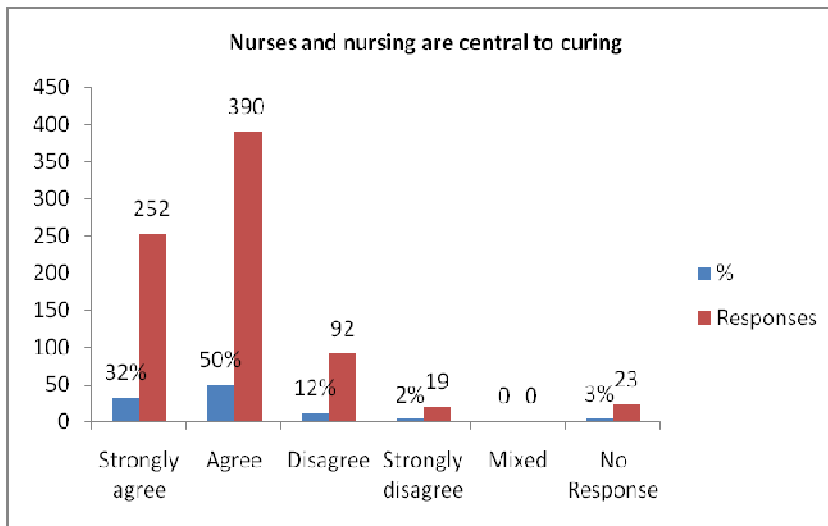


Figure 4.23: Nurses and nursing are central to curing – n = 776

4.3.19. Nurses love their profession

The responses to this statement were positive with 570 (73,5%) of the respondents agreeing with the statement and 194 (25%) only disagreeing. Eleven (1%) of the participants did not respond to the statement (refer to fig. 4.24). The response to this statement compares well with the responses to the statement *Nurses are caring and*

understanding as the majority of the respondents 607 (78,2%) agreed that nurses were caring and understanding (refer to fig. 4.7).

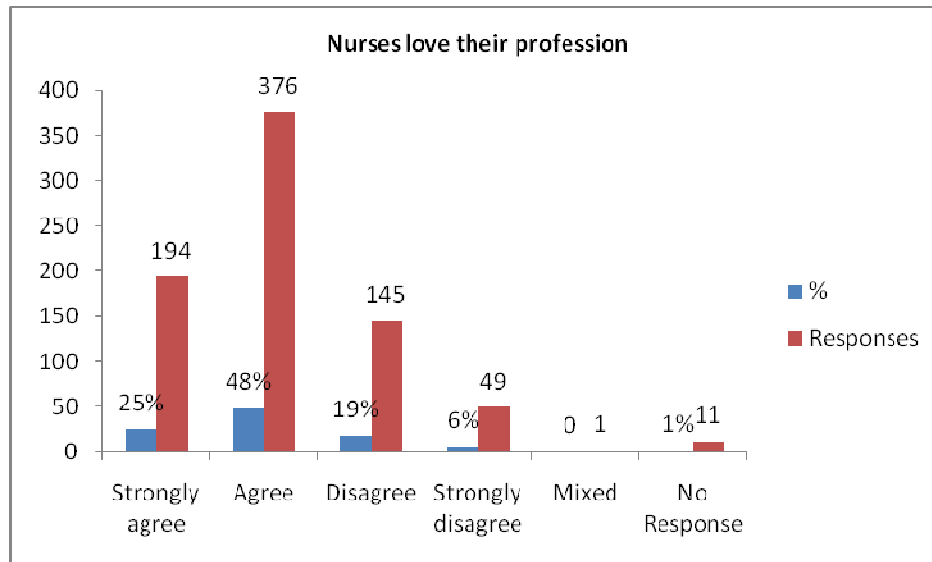


Figure 4.24: Nurses love their profession – n = 776

4.4. SUMMARY

The results of the responses of the participants and the biographical data as provided by them were analysed and the findings depicted on the graphs in this chapter. All the data from the questionnaires were used, including the data from those respondents who had not completed all the questions. Where the respondents gave more than one answer to a specific question this was indicated as a *mixed response*.

The next chapter, chapter 5, will contain a discussion of the results, the limitations and the recommendations of the study.

CHAPTER 5

5. SUMMARY AND DISCUSSION OF THE RESULTS TAKING INTO ACCOUNT THE DESCRIPTIONS CONTAINED IN THE LITERATURE REVIEW, THE LIMITATIONS AND THE RECOMMENDATIONS OF THE STUDY

5.1. INTRODUCTION

The findings, as well as an analysis of the data arising from this study on the image of nurses as perceived by the South African public, are presented in chapter 4. Chapter 5 contains a summary of the major findings of the study as well as a discussion of the limitations that might have influenced the study. The results of the study are discussed with regard to findings in the literature. This chapter also concludes the research and offers recommendations for future studies.

The aim of this study was to investigate the perception of the general South African public of the image of nurses and to formulate appropriate recommendations based on the research results. The objective of this and other studies has been to describe the perception of the image of nurses within certain communities and certain countries and to use the outcomes of these studies to formulate ways in which to address the growing shortage of nurses globally. Hallam (1998:33) is of the opinion that the use of American research findings in the British environment has created problems of comparability, as the health care system in the United States operates very differently from the British health care system. Accordingly, the findings from this South African survey are extremely important as they may be used to customise local campaigns to improve the public's image of nurses and also to promote nursing as a career of choice.

The public's perception of nurses as discussed in chapters 1 and 2 appears to be extremely negative as a result of both negative media reporting on nursing care as well as the large number of vacancies in the profession (Kahn, 2008:1).

The findings of this study are similar to the findings of Van Tonder (2006) in her unpublished study *The image of nurses: The perception of visitors at acute care units in two private hospitals in South Africa*. In this study Van Tonder found that the visitors to the acute care units perceived the image of nurses as positive (Van Tonder, 2006:63). The overall results of Van Tonder's study portray a positive perception in areas traditionally perceived by South African nurses to be extremely negative.

It is essential that the predominantly positive outcome of the current study must not be interpreted incorrectly as the declining number of newly qualified nurses and the reasons why, might be in the interpretation of the outcomes of the "not so positive" respondents. The emphasis must be placed on the re-branding of the profession in order to recruit new nurses to, and retain nurses in, the profession. The perceived images of nurses as portrayed in the media need not continue while the opportunity to re-brand nurses in South Africa is to be found in the development of a sound relationship between the media and the nursing profession.

5.2. SUMMARY OF FINDINGS RELATED TO DEMOGRAPHIC BACKGROUND

The biographical questions were included in the questionnaire as these data were deemed important in order both to determine the profile of the sample and to explore possible relationships between biographical variables and the other variables in the study. The respondents' age, gender, locality, ethnicity, profession, educational level, province and area of residence all provided information on the background of the respondents.

The biographical data was interpreted in relation to Statistics South Africa, Mid-year population estimates 2008 (Stats SA 2008 www.statssa.gov.za).

5.2.1. Age

Only those members of the public of 18 years and older were included in the study. The majority of the South African population, approximately 61%, is between the ages of 15

and 60 years with 32% of the population younger than 15 years and 7% older than 60 years of age (Stats SA 2008 www.statssa.gov.za). Accordingly, the age groups represented in the study (n = 776) constitute a reflection of the South African population as a whole. Of the participants, 24% (188) were between 18-24 years of age and, as such, represented that section of the population that may possibly still consider nursing as a first choice profession. Forty-four percent (344) of the participants were between 25-44 years of age and, thus, of an age to, perhaps, consider nursing as a second career choice, while 49% (380) of the participants between the age groups of 35 and older represented that section of the population that may influence the career choices of their children or family members either negatively or positively in respect of the nursing profession.

5.2.2. Gender

More females than males completed the questionnaire with 59,4% (461) of the participants being female and 36,6% (286) only male (n = 776). The tendency to regard the nursing profession as a female dominated profession as well as the role that women play in caring for their children and families might have influenced the availability on the part of females to take part in the research. Furthermore, the population statistics indicate that, in South Africa, there are 52% females as opposed to 48% males (Stats SA 2008 www.statssa.gov.za).

5.2.3. Locality (residence)

The majority of the participants, 56,7% (440), indicated that they lived in urban areas with 35,18% (273) living in rural areas (n = 776). The health care facilities in the rural areas are managed mostly by nurses at primary health care clinics whereas, in the urban areas, there are both primary health care clinics and hospitals which cater for the needs of patients. The perception of those participants from the rural areas would be based on their experiences at the primary health care clinics whereas the urban

participants might have been exposed to both types of services and their responses would, thus, be based on their experiences of both these types of service.

The difference in the levels of care at both primary health care clinics and hospitals, emerged from the fact that some of the participants in the rural areas wanted to know whether they should complete the questionnaire according to their experiences at their local clinics or at the hospitals in the urban areas to which they had been referred for specialised services. It was also interesting that a few of the participants wanted to know whether they should bear the nurses at their clinics in mind when they answered the questions. Again this clearly reveals that the perception of the public is formed primarily through personal interaction with nursing professionals.

5.2.4. Ethnicity

More white participants, 41,6% (323), completed the questionnaire than black participants. The researcher and research assistants reported that the black people did not always understand that participation did not mean that they would be manipulated – anonymity and the confidentiality of the information were not always understood. Of the participants, 42% (323) were white, 32% (248) were black, 18,7% (145) coloured and 0,3% (30) Indian/Asian (refer to fig. 4.2).

5.2.5. Profession

It is possible that the question *Indicate your profession with field of specialisation* may have been interpreted incorrectly by some of the participants and the results revealed their field of work and not necessarily a professional qualification. A very limited number of the participants completed the “Specify” option in the “Other” field and this has been interpreted that those participants did not have a specific field of specialisation and were, perhaps, labourers. When comparing these results with the educational level of the participants, 37,24% (289) of the participants (n = 776) indicated a post-Grade 12 education which is the prerequisite for studying to obtain a professional qualification (refer to fig. 4.2).

5.2.6. Educational level

The participants were, in the main, literate, as 73,84% (570) of the participants (n = 776) indicated their educational level as Grade 8 or higher. This fact was clearly of assistance to those participants in completing the questionnaires (refer to table 4.3).

The educational level, age and gender of the participants had a definite influence on the responses to the statements in the questionnaire. Hallam (1998:33) is of the opinion that images are not interpreted in a vacuum but are rather interpreted in relation to the experiences and the specific diversity of the own uniqueness of the individual perceiving the images.

5.2.7. Province

In view of restricted funds and the limited time available the researcher concentrated on areas with a high population density and, thus, the majority of the participants were from Gauteng, the Western Cape, Mpumalanga and the Free State. However, although the questionnaires were distributed in five provinces only, the results indicated that the participants came from eight of the nine provinces. This may well be as a result of the fact that the participants had completed the questionnaires according to their place of permanent residence and the sample clearly included visitors to some of the areas as well as migrant workers attending the occupational health centres (refer to fig. 4.4).

5.2.8. Hospital experience

Of the total number of participants, 22,16% (172) only (n = 776) did not complete this section, while the remainder of the participants had all had some personal experience of either a health care facility or a health care worker (refer to fig. 4.5). It may, thus, be assumed that the outcome of these results was reasonably informed as these participants all had some knowledge of the health care industry in South Africa. Donelan *et al* (2008:145) maintain that interaction with health care services provides critical

windows of opportunities for patients, family members and friends to become aware of the professionalism and skills required of a registered nurse.

5.3. SUMMARY OF FINDINGS RELATING TO ITEMS CONSTITUTING AN IMAGE OF NURSES

5.3.1. Nurses are extremely hardworking

- Summary of findings:

The participants responded positively to this statement with 83,03% (621) of the participants agreeing with this statement (n = 776) (refer to fig. 4.6).

- Discussion of findings

The global shortage of nurses may be seen as one of the reasons why nurses have a high workload and are compelled to work extremely hard. This high workload together with poor salaries and a lack of professional standing are some of the issues associated with the poor image of nurses amongst young people (Drury *et al*, 2009:5). The fact that older nurses are entering the profession will mean that an aging nursing population will struggle to keep up with the increasing workload and it is, therefore essential that strategies be developed to attract younger students to study nursing.

- Conclusion:

Nurses are perceived as extremely hardworking and this will not necessarily motivate the younger generation to include nursing as a career choice. Nevertheless, according to the results of this statement, the general impression of the image of nurses may be seen as positive.

- Recommendation:

It is vital that re-branding campaigns include positive elements of the nursing profession to ensure that those individuals who are interested in nursing as a career are

given a balanced view of the profession and that a single aspect, such as the hard work involved in nursing, is not placed out of context. The interest and the way of thinking of the younger generations differ from the older generations and this must be addressed in the marketing strategies for nursing as a profession. The nursing profession offers much more than just hard work to an individual and it must, thus, be marketed in such a way that the candidates are able to see the profession in its entirety.

5.3.2. Nurses are caring and understanding

- Summary of findings:

Of the total number of participants, 21% (157) only (n = 776) disagreed with this statement with the majority of the participants (607 or 78,22%) responding positively (refer to fig. 4.7).

- Discussion of findings:

From a professional perspective effective nursing care includes “caring for and caring about the patient” (Dries, 2003:20). However, caring and understanding presupposes knowledgeable and skilled nurses and it is encouraging that the majority of the participants agree with this statement.

Beauregard *et al* (2003:510) maintain that, when the media approaches nurses, the media focus only on stories of human interest and not on the professional abilities or knowledge of nurses. The perception of the public as formed by the media, as well as the personal experience of members of the public when they are in need of care, might be the reason why the majority of the participants agreed with this statement.

As patients gain greater access to information they will tend to ask more questions and to manage their own health. Accordingly, the patient of tomorrow will be in greater control of their healthcare issues (Mullally, 2004:17). This means that there will be a need for highly skilled and knowledgeable nurses able to care for these patients as

these patients will be able to evaluate the level of care as well as the caring they are receiving – the real challenge for the profession.

The view of the participants that nurses are caring and understanding supports the results of a study conducted by Roth and Coleman (2008:150), who found that the students who participated in their study experienced the characteristics of nurses as dedicated, caring and friendly.

- Conclusion:

The negative publicity accorded the nursing profession in the media together with the personal or reported experience of the participants in respect of the caring qualities of nurses did not negatively influence the image of nurses as indicated by the respondents.

- Recommendation:

It would appear that the public experience the caring aspects of nursing in a positive way and it is essential that this aspect be emphasised when communicating with the media or with family and friends. Professional nurses must be taught the skills necessary both to communicate about and to portray the real picture of nursing in such a way that the general public, in particular the younger generations, understand that caring requires a sound knowledge base and professional skills.

5.3.3. Nurses treat their work as a profession in its own right, not secondary to a doctor's

- Summary of findings:

Seventy-four percent (573) of the participants responded positively to this statement, (refer to fig. 4.8) although they did also agree (64,4%) with the statement that *Nurses obey doctor's orders without questioning them* (n = 776) (refer to fig. 4.13).

- Discussion of findings:

The fact that 73,84% (573) of the respondents agreed with the statement that *Nurses treat their work as a profession in its own right, and not secondary to a doctor's* compares well with the results in respect of the statement *Nurses are given a chance to use their own initiative in their work*. The results of this latter statement indicate that 60,3% (468) of the respondents agreed with the statement (refer to fig. 4.12). The results of the statement *Nurses and nursing are central to curing* were extremely positive with 642 (82,8%) of the respondents agreeing with the statement (refer to fig. 4.23). The positive outcome of these three statements may be used as a point of departure in the development of campaigns to re-brand the nursing profession.

Despite the fact that the public does not acknowledge the specialised training and knowledge of nurses, nursing is seen as a profession in its own right. These results support the findings of Takase *et al* (2002:196) that the hierarchical structure between a medical practitioner and a nurse originates from their respective educational backgrounds. The historical impression of nurses as untrained and of the poorer class on the one hand and that of the religious groupings on the other hand is still alive in public memory.

Notwithstanding, the profession must not rely on campaigns alone to improve its image. In order to be valued as a profession in both the healthcare sector and by the public it is essential that nurses are actively involved in their workplace and in the community. Nurses must become part of professional and community organisations and promote their accomplishments in order to improve both the visibility of nurses and the profession (Beauregard *et al*, 2003:510).

- Conclusion:

The professional image and status of nurses is essential in the planning and development of tailor-made campaigns to re-brand the nursing profession.

The perception of the professional image and status of nurses was measured in five of the statements and the interpretation of the results may be significant in the design of the re-branding campaigns and projects.

- Recommendation:

It is essential that the image of nurses be addressed and programmes to do this must start at primary school level. Nurse leaders and nurse educators must provide input into the development of school programmes, and nurses and nursing must be included in school projects in order to promote awareness of nursing as a career. The learners must be made aware of the uniqueness of the profession in its own right.

5.3.4. Nurses are equally concerned with patients' physical and emotional needs

- Summary of findings:

Sixty-seven percent (530) of the participants agreed with this statement (refer to fig. 4.9). This result compares well with the outcomes of the statement that *Nurses are caring and understanding* where 78,2% or 468 of the respondents were in agreement with the statement (n = 776) (refer to fig. 4.7).

- Discussion of findings:

The image of nurses as caring, understanding and fulfilling the needs of patients was not generally viewed in a negative light by the participants. Notwithstanding, 33% (n = 776) of the participants did not perceive nurses as delivering dedicated patient care. Gordon states (2005:400) that, in view of the lack of time available for nurses to spend at the bedside, both the nurse and patient did not have the opportunity to reap the full benefits of the scientific process of nursing.

- Conclusion:

Sixty seven percent of the sample respondents views nurses as doing more than mere care and cure. The public seems aware of the unique attribute of nurses, of the social sciences and the humanities and human aspects of nursing and nurses.

It is however important to be understand that the implementation of a system which allocates the number of nurses to specific wards based on the acuity of the patients and a skills mix, does not always cater for the physical and emotional needs of the patients in the unit concerned. The shortage of registered nurses has compelled healthcare facilities to employ increasing numbers of temporary and inexperienced nurses and this is compromising the continuity of care.

- Recommendation:

It is recommended that training programmes for nurses be revisited and the professional skills in respect of the way in which to treat and to care for patients in a holistic way be emphasised. With the shortage of skills in the healthcare facilities nurses will have to adapt their current way of dealing with the patients and their families and students need to receive coaching on how to cope with these realities once they are qualified.

5.3.5. Nurses are well educated

- Summary of findings:

The general response to this statement was positive with 70,4% (546) of the participants agreeing with the statement (n = 776) (refer to fig. 4.10).

- Discussion of findings:

The results of this statement although generally seen as positive, are disturbing in that 26,7% (207) of the respondents disagreed with this statement and only 26,55% (206) strongly agreed. This compares with the results of the study conducted by Huffstutler *et al* (1998:13) and also the results of the MORI poll (McGovern & Small, 2004:18). In both these studies the respondents' knowledge base about the nursing profession and what the profession actually entails was limited, "... while an astonishing 20 per cent think that qualified nurses have no formal training qualifications at all" (McGovern & Small, 2004:18). The repositioning of nursing as a knowledge-based career is, thus, critical for both re-branding and to address the critical shortages of nurses.

Although the majority of the participants did perceive nurses as well-educated, it is nevertheless of grave concern that 30% of the participants either did not know or else disagreed with the statement. This compares well with the findings of a study conducted Dombeck in 2003 (2003:351-352) in terms of which it was reported that, although increasing numbers of nurses are completing advanced degrees in nursing and the complexity of their jobs is increasing, the gap between the popular image and the actual role that nurses play is also widening. Despite the fact that Britain leads the way in formal campaigns to change the image of nurses, McGovern and Small still reported that the results of a MORI poll conducted in Britain showed that "an astonishing 20 percent think that qualified nurses have no formal training at all" (McGovern & Small, 2004:18).

- Conclusion:

The popular image of nurses as having no professional qualifications, and nursing as a profession in which nurses do not receive any training, or at best limited training is still present in the public's mind. In addition, nursing is still viewed by some members of the public as a job for those without any ambition and, thus, the responses from the

participants to the statement that *Nurses obey doctor's orders without questioning them*, were to be expected – 500 of the respondents agreed with the statement (refer to fig. 4.13).

- Recommendation:

In South Africa the nursing profession is still awaiting the implementation of new nursing qualifications as specified in the Nursing Act No. 33 of 2005. This will create an ideal platform from which to market the specialised knowledge in science and technology, critical thinking, decision making, as well as the specialised skills required for a professional qualification in nursing.

5.3.6. Nurses do a lot to try to improve pay and working conditions

- Summary of findings:

Most of the participants, 56,7% (618), agreed that nurses themselves do a lot to improve both their pay and their working conditions (n = 776) (refer to fig. 4.11).

- Discussion of findings:

Nurses have been viewed through history as professionals who are selflessly committed to their profession but, according to Berry (2004:15), since the late 1970s and the 1980s, the public have witnessed a change in the actions of nurses as the media started reporting on the frustration of nurses that has culminated in strikes. The South African nurses are increasingly using strike action as the means of negotiating better salaries and working conditions. Although this behaviour does not portray a traditional caring image, the public has become aware that nurses do take part in actions to improve their pay and working conditions.

- Conclusion:

The nurses' strike in 2008, especially in the public sector, had an effect on health services nationwide and all tiers of the society were negatively influenced by this industrial action. Consequently, the response of the participants to this statement was not surprising as the objective of the strike was, primarily, to improve salaries and working conditions.

- Recommendation:

The public needs to be informed of the rights of nurses to take part in industrial action and that this right is according to the country's labour laws.

It is essential that nursing leaders and educators address the issues of working conditions and salary structures with the relevant authorities timeously as it is still possible to change the perception that nurses have no option but to take part in industrial action and neglect their patients.

Nursing will never change its image if patients are neglected and their needs are placed secondary to the needs of the nurses themselves.

5.3.7. Nurses are given a chance to use their own initiative in their work

- Summary of findings:

Sixty percent of the participants (468) agreed with the statement that nurses are given a chance to use their own initiative (n = 776) (refer to fig. 4.12).

- Discussion of findings:

Although the results of this statement appear to be positive, 40% (308) of the participants either disagreed or did not respond. This again confirms the statement

made by Fiona Brierley in 2005 (Waters, 2005:28) that the image of nurses is not necessarily in a crisis but that the image is not doing the profession justice. Bates (2004:22) reports that the members of the public who attend healthcare clinics still prefer to be treated by a doctor rather than a nurse, as they continue to perceive the doctor as intellectually superior: this, in turn, emphasises the fact that the public is not able to differentiate between the two professions.

Fletcher (2007:208) summarises Kalish and Kalish's findings as follows: stereotyping affects nursing as the public's concept of nursing is distorted. The public, therefore, does not understand the vital services nurses provide and the quality and number of people who enter nursing is affected; it also affects the decisions of policymakers and the nurses' self-image by undermining self-confidence and beliefs.

The International Council of Nurses' definition of nursing encompasses the totality of what nursing entails and this definition is the ideal tool to use in communication regarding the nursing profession. The misrepresentation of the nursing profession may be explained away by using this all encompassing definition.

“Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles”
(www.icn.ch/definition.html).

- Conclusion:

Nurses are still perceived by 40% of the respondents as not being able to use their initiative when performing their duties. This perception will be changed only by communicating and marketing the specific skills required by nurses in the profession.

- Recommendation:

The re-branding campaigns must be designed in such a way that not only the dependent functions of the nurse but, specifically, the independent functions are portrayed. The professional nurse who renders services at primary health clinics must be part of these campaigns. In addition these campaigns must emphasise the leading role that nurses play in hospitals in providing care for patients.

5.3.8. Nurses obey doctors' orders without questioning them

- Summary of findings:

An overwhelming 64,4% (500) of the participants viewed nurses as obeying doctors orders without questioning them (n = 776) (refer to fig. 4.13).

- Discussion of findings:

Although researchers such as Donelan *et al* (2008:146) have reported that the media, such as television shows, advertisements and negative media reports, do not influence the respect which the public has for nurses either positively or negatively the media is, nevertheless, one of the most successful tools with which to address the image of nurses.

In other words, the media constitute the most powerful way in which both to re-brand the nursing profession and to communicate to the public and to potential nursing professionals, the realities of nursing as a profession.

It is essential that nurses become involved as specialist consultants for both the script writers of television series and for reporting in the local newspapers and media. The image of nurses as low level workers in a hospital setting must be addressed as part of the successful re-branding of the profession. The results of the statement *Nurses obey doctor's orders without questioning them* underlines this perception of nurses as 500 (64,4%) of the respondents (n = 776) agreed with this statement.

This view of the participants is in agreement with the findings of Johnson and Bowman (1997:201), to the effect that, in general, the public believes that the knowledge which nurses possess is inferior to that of doctors. It is essential that this finding be addressed as this statement has a direct influence on the decision to choose nursing as a career.

- Conclusion:

Nurses and nursing continue to be viewed by the public as aspects of a profession that will not succeed unless there are doctors available to instruct the nurses on how to care for the patients. The media confirms these perceptions in their television series on hospitals and the healthcare industry, as nurses are seldom portrayed in these series as part of any treatment or caring of the patients in the hospitals.

- Recommendation:

It is essential that the professional nurse organisations, such as the Forum for Professional Nurse Leaders and the Nursing Education Association, become acquainted with the reporters of their local newspapers and the members of their local media in general. The establishment of a relationship of trust between these organisations and the press will ensure both powerful and effective communication, as well as reporting which will not only convey a positive message but which will also react to any negative press releases.

Nurses must be trained in the specific skills needed to communicate their special experience and knowledge not only to the media but also to their patients, other health care professionals, family and friends. This training must be included in the curricula of all nursing courses – basic and postgraduate.

5.3.9. Nurses have a lot of social status attached to their job

- Summary of findings:

This statement received equal ratings, as 48,6% (377) (n = 776) of the respondents were of the opinion that nurses did enjoy considerable social status, while 47,9% (372) disagreed with the statement.

- Discussion of findings:

According to Hallam (1998:32), the public's view of this statement is an important barometer of the extent to which the profession is valued in society and it is directly linked to the public image of the nursing profession. This is an indication of the public's lack of knowledge about and insight into the nursing profession. In the view of the South African public, the status of nurses is still questionable. This supports the findings of Bates (2004:22-23) who maintains that, although there are people who may entrust their personal health care to a nurse, there are, nevertheless, those who still feel that they would prefer the care of someone with a higher profile than a nurse. However, formal training and the marketing of such formal training of nurses would go a long way to changing the public's view. In 2004, Fealy reported that the introduction of formal training for nurses in Ireland had transformed the public image of the profession and that nursing was being promoted as a noble career for educated women (Fealy, 2004:651).

- Conclusion:

Both professional image and professionalism remain very important to all professional nurses. Professional nurses wish to be seen as professionals with their own field of specialisation and a knowledge base which is exclusive to that of nursing. The current shortage of nurses is forcing healthcare institutions to allow ancillary workers to be trained and to take over areas of nursing which were, historically, the foundation of the

profession. It is essential that this debate be taken up at future nurse leader workshops and conferences. In addition, the results of this study may be used to plan for the future.

- Recommendation:

Professional nurses must be encouraged to become actively involved in professional organisations as well as in their own communities. They must seize every opportunity to provide input in the community by sharing their professional knowledge in order to emphasise the leadership and educational skills of the nurse.

5.3.10. Nurses earn a good salary

- Summary of findings:

64,6% (501) of the participants disagreed with this statement and did not view nurses as earning good salaries (n = 776) (refer to fig. 4.15).

- Discussion of findings:

The media reports frequently on the poor salaries earned by nurses, while the industrial action taken by the nurses is aimed mainly at improving both their salaries and poor working conditions. Zondagh (2005:3) maintains that nurses are leaving South Africa because of the poor salaries and unsatisfactory working conditions although this is not only a local issue. Drury, Francis and Chapman (2009:3) report that the salaries of nursing graduates are of great concern to the profession.

The ongoing media reports on the poor working conditions, poor salaries and lack of resources, as well as the industrial action taken by nurses in South Africa during 2007 and 2008, emphasised to the South African public that nursing was not a well-remunerated career.

- Conclusion:

The respondents agreed with the general perception that nurses are hard working but do not earn good salaries. It is essential that the reality of nurses leaving the profession because of the poor salaries be addressed.

Nurses' salaries are a matter of grave concern to the nursing profession and the current trend of using general industrial action together with all the other workers at health care facilities will not change the discrepancies in the salary structures for nurses.

- Recommendation:

Transparency with regard to all improvements secured considering nurses salaries and fringe benefits. The media can be used to enlighten the public of all these and other improvements as part of their career information. The marketing campaigns for schools must include information such as the financial and other benefits and not only focus on the human aspects of nursing.

The profession must come together and decide on a process to address the inequalities in the current salary structures and working conditions of nurses. In addition, nursing unions must be part of these actions. However, it is essential that nursing unions come to understand that the current way of addressing the problems with nursing salaries will not change the structures and that nurses will have to act as an independent profession to improve remuneration packages and working conditions.

5.3.11. Nurses are better in doing their job if they are women

- Summary of findings:

Forty-six percent (360) of the respondents agreed with this statement, whilst 50% (394) disagreed (n = 776) (refer to fig. 4.16).

- Discussion of findings:

The stereotyping of nurses to the effect that nurses are mostly female and that their sexual appeal as women is depicted in the media is supported by the results of this statement. The findings in a study carried out by Dombeck (2003) that nurses are female and “undersexed, oversexed, or even ambiguous” (Dombeck, 2003:358) compares well with the responses to this statement, with 46,4% (360) of the respondents, (n = 776) agreeing with the statement (refer to fig. 4.16). Takase *et al* (2002:196) emphasise that the nursing profession has suffered from being associated with femininity and powerlessness. The relevance of the findings of Takase *et al*'s study (2002:196) as well as this study is that the re-branding of nurses must include the importance of male nurses in the profession as well as the fact that nursing offers career paths for both male and female nurses. However, the South African public continues to perceive nursing as a career for females and this will tend to discourage males from entering the profession.

The similarity of the outcomes of Dombeck's study (Dombeck, 2003:358), Takase *et al*'s study (2002:196) and this study illustrate that nearly 50% of the participants still agreed with the stereotyping of nurses as being female. The results from this study agree with the findings of Dombeck (2003:358) and Takase *et al* (2002:196) that the historical perception of nurse still persists today. Accordingly, it is essential that the actual role that modern day nurses play in the struggles in the health care profession be communicated to the public. In addition, the important role that the male nurse plays in the ever changing health care arena is not understood by the public and, although increasing numbers of males are qualifying as nurses, a disproportionate number of male nurses are resigning (McMillian *et al*, 2006:100).

- Conclusion:

Nursing is still perceived as a female profession and the few men in the profession and the value that they add to the changing health care environment are not appreciated by the public.

- Recommendation:

The re-branding campaigns for nurses must focus on the unique role of men in nursing while these men themselves must use the marketing campaigns as an ideal opportunity to communicate to the public their role in nursing and in health care.

5.3.12. Nurses are doing little to improve their pay and working conditions

- Summary of findings:

Forty-one percent (314) of the participants viewed nurses as doing little to improve their pay and working conditions (refer to fig. 4.17). However, the majority, that is, 435 (59%) of the participants disagreed and reported that nurses do, in fact, do a lot to improve their pay and working conditions.

- Discussion of findings:

It is important that the findings in respect of this statement be interpreted in relation to the findings with regard to the statement “*Nurses are doing a lot to improve their pay and working conditions*” (refer to fig. 4.11). There is a good comparison between the findings of these two statements and, although it might be interpreted by the older nurses as promoting a negative image of nursing, it is important to realise that the image of nurses has changed over the past decades. During the period prior to World War II nurses were highly regarded and nursing was portrayed as a high status

occupation although poorly paid (Hallam, 1998:34). However, the discrepancy in the remuneration of nurses compared to that in other professions has remained and, even with extreme measures such as industrial action, this backlog has still not been addressed.

Nevertheless, the public continue to perceive nurses as disgruntled and unhappy women who are unionised and need to strike because of their long hours and because their work is hard (Villarosa, 2001:1).

- Conclusion:

The media keeps the public informed about the harsh realities of strikes by nurses and other healthcare professionals, as these strikes have a direct impact on the health and wellbeing of patients. However, the nurses must inform the public through the media of other actions and changes such as new career opportunities and the selection criteria which have been implemented to ensure the sustainability of a knowledgeable profession. The poor salaries of nurses are of great concern to both the public and to the nurses as the declining numbers of nurses have a direct influence on the wellbeing of the country as a whole.

- Recommendation:

It is essential that the successes which have been achieved in improving the working conditions of nurses, as well as the input from nurses in the designing and commissioning of healthcare facilities to ensure safe facilities for both patients and staff, be communicated to the public.

5.3.13. Nurses are very authoritarian

- Summary of findings:

Fifty-four percent (422) of the participants viewed the nurses in their society as being extremely authoritarian (n = 776) (refer to fig. 4.18).

- Discussion of findings:

The stereotyping of nurses as battle-axes (Payne, 2000:13) is not as prominent in South Africa if it is taken account that 46% (n = 776) of the participants disagreed with this statement (refer to fig. 4.18).

Both the findings in relation to the statement that *Nurses have considerable social status attached to their jobs* (refer to fig. 4.14) and the findings in regard to this statement that *Nurses are very authoritarian* portray a somewhat less positive image of nurses and will have to be the focus of any campaign or communication with prospective students or the public. Nurses were perceived as very authoritarian by 54,4% (422) of the respondents (n = 776) and it is essential that the “battle-axe” image of the nurse be addressed in the re-branding of the profession.

- Conclusion:

Nurses continue to be perceived as very authoritarian and it would appear that the negative perception of nurses as battle-axes forms part of this image.

- Recommendation:

Professional nurse training must include communication skills, both verbal and non-verbal, to enable nurses to feel comfortable in communicating with all tiers of society. It is vital that nurses communicate in such a way that they are perceived as knowledgeable and assertive because of their skills and not as battle-axes who are trying to act with authority in their working environments.

5.3.14. Nurses waste a lot of time being busy doing nothing

- Summary of findings:

Of the total number of participants, 33% (256) only (n = 776) agreed with this statement and viewed nurses as wasting a lot of time being busy doing nothing (refer to fig. 4.19).

- Discussion of findings:

The majority of the participants, 64% (496), responded positively in that they disagreed with the statement. The findings in respect of the statement that *Nurses are extremely hardworking* (83,3% (621) agreed) compares well with this finding (refer to fig. 4.6). The 256 participants who did agree with this statement that *Nurses waste a lot of time being busy doing nothing* is a matter of concern as it may be possible that the real job of a nurse is not understood. Nurses are responsible for the organising of a lot of activities and much administrative work and this may influence the perceptions of what nurses actually do.

- Conclusion:

The shortage of nurses has a negative effect on the amount of time that nurses are able to spend at the bedside of patients while the patients themselves as well as visitors to healthcare facilities perceive nurses who are busy with paperwork and other administrative functions as doing nothing.

- Recommendation:

The marketing of the nursing profession must highlight not only the direct patient care functions of the nurse but also all the other functions that are included in the management and care of a patient and of a unit.

In addition, it is essential that the training of nurses include an awareness of how necessary it is to inform patients and their families of what is happening in a unit and to communicate with them in such a way that they are able to trust both the nurses themselves and the care rendered by the nurses.

5.3.15. Nurses have sexual appeal

- Summary of findings:

Of the total number of respondents, 24,2% (188) only of the participants agreed with this statement (n = 776).

- Discussion of findings:

The younger generation needs to be part of a profession that is regarded with envy by its peers. However, the findings in respect of this statement – 69,5% (540) of the respondents disagreed with the statement – indicate that nursing does not seem to be a career of choice for the young. Accordingly, the marketing of nursing as a career of choice must be done by younger professional nurses who are able to act role models. Thus, it follows that the trend to use the more experienced, older professional nurses in marketing campaigns will not assist in the re-branding of the profession.

The findings in research conducted by Kalish and Kalish (Huffstutler *et al*, 1998:8) on the image of nurses in the mass media concluded that the nurse was perceived as a sex object although this does not seem to have influenced the perception of the participants in this study.

- Conclusion:

Despite the fact that nurses are portrayed as sex objects in the mass media, it would not appear as if this perception affected the responses of the participants in this study. Thus, in view of the fact that the general perception seemed to be that nurses were not regarded as sex objects these results must be seen as critical in all marketing campaigns. It is essential that sexual appeal not be interpreted negatively as sexual appeal might also refer to that with which the younger generation wishes to be associated. The portrayal of nurses as sex objects by the media is not acceptable and the nursing profession must take a firm stand against such misrepresentations.

- Recommendation:

The image of nursing must be the image of a desirable profession, not only for the older, but also for the younger generations. Accordingly, the re-branding campaign must include young, attractive nurses as well as older professional nurses. Ambassadors for the profession who are young, modern and attractive will add value to all recruitment campaigns.

5.3.16. Nurses are more concerned with their social life than with their work

- Summary of findings:

Seventy percent of the participants (550) did not view nurses as being more concerned with their social life than with their work (n = 776) (refer to fig. 4.21).

- Discussion of findings:

The responses of the majority (70%) of the participants (n = 776) were positive. Nurses were viewed as being committed to their jobs with their social lives being of secondary importance. Nevertheless, it must be noted that 27% (205) of the participants agreed with the statement. If the public is influenced by the portrayal of nurses in popular television series such as *Binnelanders* in which the total focus of the nurses is on their social lives, then this may have influenced the perception of the respondents.

- Conclusion:

The absence of the nurse at the bedside of a patient and the limited amount of time spent in consultation with the patient do have a negative impact on the care that patients receive. The constant portrayal of nurses in popular television series as individuals who socialise and flirt with doctors whilst on duty contradicts the message that there is a critical shortage of nurses in the country.

Nevertheless, the stereotyping of nurses as angels is still prevalent and it implies that nurses have no need of a social life and that they must be totally committed to their vocation.

- Recommendation:

The public enjoys watching television series on hospitals and, especially, emergency units. Professional nurses with a keen interest in repairing the image of nurses must be made available to script writers to assist in conveying the message that nurses are normal people who dedicated to their work but who also have a normal social life.

5.3.17. I would like my child to become a nurse

- Summary of findings:

Of the total number of participants, 43,6% (338) only agreed with this statement while 54% (419) did not want their children to become nurses (n = 776) (refer to fig. 4.22).

- Discussion of findings:

With the shortage of nurses in South Africa a reality, the growth in the South African population and the increase in HIV/AIDS and TB will exacerbate this already existing problem (Matsuvama, 2007:33).

As compared with the findings of Erickson *et al* (2005:46), the results of this study may be interpreted as more positive than their findings as, in their study, 5% only of the students and 3% of the adults indicated that they would choose nursing as a career.

The findings in respect of the statement *I would like my child to become a nurse* are extremely negative as the children are the most important source of nursing students for the future. Of the total number of respondents 43,6% (338) only agreed with this statement, (n=776).

The results of this statement must be interpreted with the results of three other statements, namely *Nurses are extremely hardworking* (refer to fig. 4.6), *Nurses earn a good salary* (refer to fig. 4.15) and *Nurses have a lot of social status attached to their job* (refer to fig. 4.14), as these are the factors that parents consider when encouraging their children in making a career choice. The results of the statement *Nurses are extremely hardworking* (refer to fig. 4.6) were overwhelmingly positive but although positive for the nurses currently in the profession, parents do not encourage their children to choose a career perceived to be associated with poor working conditions such as working excessive hours. As expected 64.6% of the participants disagreed with the statement *Nurses earn a good salary* (refer to fig.4.15) and add to the perception of the parents that nursing is not the career of choice for their children. Social status is not only of importance to parents but also to the children when discussing their future careers, the results of *Nurses have a lot of social status attached to their job* (refer to fig. 4.14) do not support the choice of nursing as a career.

According to Domrose (2002), the results of a study conducted by the Vanderbilt University Medical Center's School of Nursing and Center for Health Services Research in Nashville showed that the level of trust placed in nurses by the Americans was so high that 83% of the respondents would be extremely keen to encourage a loved one to study nursing (Domrose, 2002:2). Campaigns to improve the public's awareness of nursing and to encourage young people to enter the profession have resulted in this change in parents' perception of nursing as a career choice. Nevertheless, it remains a challenge for students to obtain correct and reliable information on nursing as a career (Agnew, 2004:21). The information offered by the career advice centres at schools is not updated on a regular basis and teachers are not aware of all the career opportunities offered within the nursing profession.

The results of the participants to the statement *I would like my child to become a nurse* were not surprising as the declining number of new entrants into the nursing profession is a matter of grave concern for nursing leaders. In their study, Roth and Coleman (2008:150) reported that students perceived nursing as not requiring either strong

academic achievement or professional autonomy. They found that nursing was rated low in respect of decision making, leadership, financial viability and power.

- Conclusion:

Nursing is currently not the career of choice for a large number of the respondents. Unsatisfactory working conditions and poor salaries as well as a scanty knowledge of what nurses really do are only a few of the aspects that may have influenced the responses to this statement. The valuable work performed by nurses and the role that nurses play in the healthcare industry were not perceived as important enough by the respondents to warrant their encouraging their children to become nurses.

- Recommendation:

It is essential that recruiting campaigns be conducted on a professional basis and that the younger generation and their parents be made aware of nursing as a profession in its own right by providing them with information that would interest them. The selection criteria and the career opportunities must be marketed to audiences in order to enthuse the public about nursing as a career.

5.3.18. Nurses and nursing are central to curing

- Summary of findings:

Eighty-two percent (642) of the participants viewed nurses and nursing as being central to curing (n = 776) (refer to fig. 4.23).

- Discussion of findings:

Huffstutler *et al* (1998:13) found “that the respondent’s knowledge base about the nursing profession and the individuals who practise nursing was very limited”. The majority of the participants (82%) in this study viewed both the nurse and nursing as central to curing and the declining number of professional nurses having a crisis effect

on both the public and private health care sector. Domrose reported in 2002 that it is only when observing what nurses really do in the healthcare situation that students changed their minds and chose nursing as a career. It is only by educating the public that it will be possible to change the view portrayed in the media that the medical profession is responsible for most of the patient care. Besides bedside nursing care most young people are not aware of the career opportunities offered by nursing and the importance of nursing in delivering healthcare is not communicated to them (Domrose, 2002:1-2).

It is recommended that the initiatives recommended by The Honor Society of Nursing, Sigma Theta Tau International (July 2001), to reverse the nursing shortage and to “[r]eposition nursing as a highly versatile profession where young people can learn science and technology, customer service, critical thinking and decision-making” (http://www.nursesource.org/facts_shortage.html) be used in the development and the implementation of campaigns and projects in South Africa. The re-imaging of nursing as a profession must include real life scenarios which will enable students to realise the actual skills and knowledge which are required in order to become a professional nurse.

The *NURSES for a healthier tomorrow* is a coalition of nursing and health care organisations working together to fund a campaign to recruit people to nursing as a career (<http://www.nursesource.org>). The objectives identified for the different these campaigns are available online and may be incorporated in the development of a uniquely South African product.

- Conclusion:

With the crisis situation in the healthcare industry exacerbated by the HIV Aids epidemic nurses are being given the responsibility to staff clinics and to be part of national campaigns. During the public sector strikes the biggest area of concern was the fact that nurses were participating in the strikes and, thus, that patients were not being cared for. It is clear from the responses to this statement that the respondents are fully aware

that nurses are indispensable to the healthcare industry and that they are central to curing.

- Recommendation:

It is essential that the curing and caring aspects of the nursing profession be included in the rebranding campaigns as well as in any direct marketing at secondary schools. Young people must realise that curing is possible only in an environment in which knowledgeable skilled nurses are part of the management of patients.

Nurses must also be instructed how to communicate their contribution in the curing process to patients, their families and the community.

5.3.19. Nurses love their profession

- Summary of findings:

The majority of the participants – 570 (73,5%) – agreed that nurses do love their profession (n = 776) (refer to fig. 4.24).

- Discussion of findings:

Although the majority of the participants agreed with the statement, nurses may still play a role in improving their image by perceiving their work as a career and not as a job. According to Fletcher (2007:209), it is vital that the importance of those factors that influence their professionalism, such as professional appearance, use of full name and title when introducing oneself and dress code, never be underestimated.

It is, however, disturbing that, although the majority of the participants agreed with the statement, 25% (194) disagreed. A positive message about their experiences as nurses, must be conveyed by the nursing professionals while campaigns such as the *Nursing Standard* campaign: *What makes you proud to be a nurse?* (Malone, 2004:18) have already resulted in nurses communicating positive messages and stories.

If they are to portray a positive image of nursing the nurses themselves need to be positive about being a nurse. Nurses are the only ones who are able to change their image and, thus, nurses must communicate their contributions to healthcare both to the public and to other professionals (Meier, 1999:274). Nursing is a profession that needs professionals who loves their profession as nursing is an extraordinary job (McCabe, 2004:25).

- Conclusion:

The respondents show some appreciation for the devotion of nurses to their profession. The public also realises that people will not enter a profession if they do not like or love it. Despite the fact that nurses are perceived as professionals who love what they do they do not market their profession to their patients, families and communities as a career worth following. Nurses tend to defend negative publicity amongst themselves or even to criticise their own profession. Nurses tend not to communicate the positive aspects about nursing and the everyday experiences which take place in the life of a nurse.

- Recommendation:

It is essential that nurses not wait only for the 12 May, International Nurses Day, every year to celebrate their profession. Everyday must be nurse's day and used to relate a positive story. In view of the fact that nurses are the only people able to change the image of nurses must be taught, even during their basic courses, the meaning of professional appearance and professionalism. A training module specifically on communication with the media must be included in all basic and post basic nursing training as this is the most important way in which the image of nurses may be changed.

The findings of this study were, in the main, positive and provided a degree of clarity in respect of the reasons for the current declining numbers of new registrations with the South African Nursing Council. The findings in respect of three of the statements were

used in defining recommendations aimed specifically at improving both the image of nurses amongst school children and the recruitment strategies for nurses.

5.4. CONCLUSION

The conclusions reached by this study include the following:

- Contrary to the negative image portrayed by the media this study revealed a generally positive response to the nursing profession, although the response was not overwhelmingly positive.
- A disturbing finding was the fact that nursing is not viewed as a career of choice and that the public does not understand the complexities of nursing as a career.
- Of the total number of participants, 43,6% only would like their children to become nurses. This finding confirmed the relevance of this study within the South African context as there is an alarmingly high number of vacancies for nurses in the health care industry.
- The nursing profession is still viewed as a predominantly female profession and it is essential that the challenges for men entering the profession be addressed.
- The media should be used to inform the public about the actual career opportunities for nurses, as some of the respondents indicated that they did not, in fact, actually know what nurses did.
- The print and broadcast media are major sources of information and the role that they could play in the improvement of the image of nurses in South African should not be underestimated.
- The economic situation in which most of the members of the South African population find themselves means that factors such as income influence career

choices and the fact that nurses earn relatively low salaries will not help to improve the nursing shortage.

- The gap between the public image of nurses and the actual role that nurses play is not narrowing, as studies show that the public still holds a stereotypical view of nurses.
- International campaigns to improve the image of nursing have brought about positive changes in the nursing profession in Britain, the United States of America and Australia and these campaigns must, thus, be used as models on which to base campaigns in South Africa. The successes of these international campaigns, especially as regards the recruitment of new applicants, have inspired other countries to follow suit.

5.5. RECOMMENDATIONS

The following recommendations are based on the findings, literature review and the conclusions of this study.

- The research findings of this study could serve as a baseline for further studies on ways in which means to improve the image of nurses and to encourage people include the nursing profession as a career of choice.
- A study to determine the specific perceptions of both school children and those individuals younger than eighteen years of age should be conducted to enable these perceptions to be included in the design of a campaign suited to the South African situation.
- Sigma Theta Tau International campaigns should be used and the “[r]epositioning of nursing as a highly versatile profession where young people can learn science and technology, customer service, critical thinking and decision-making” (www.nursesource.org/facts/shortage.html) may constitute an important step in bringing about the change in nursing so desperately needed in South Africa.

- The responsibility for changing the image of nursing lies in the hands of the nursing profession and nurses should use the findings of this study to re-brand the profession as a knowledge-based career for all genders and all age groups.
- It is recommended that nurse leaders and nurse educators participate actively in the development of school programmes in order to include nurses and nursing in school projects so as to promote an awareness of nursing as a career.
- Nurses must be trained in specific skills on how to communicate their specialised experience and knowledge to their patients, colleagues, family and friends. The art of communication with the media, media relations and assertiveness must be included in the curricula of both basic and postgraduate courses.
- The importance of representative groups such as the Forum for Professional Nurse Leaders, Nursing Education Association and FUNDISA to build relationships with the media, rather than individuals attempting to convey a positive image, must be recognised.
- A South African study on the way in which nurses are shaped by personal experience, media messages and socio-demographic factors would add to the information needed to design a model for the improvement of the professional image of nurses. This change in the self-image of nurses must be brought about through the change in the nurses' own perceptions of the importance of the nursing profession.
- Professional organisations should play an important role in the training of nurses on how to communicate their specialised skills and knowledge to both the other health care professions and the public.
- Succession planning for nurse leaders must be in place to ensure that nurse managers are role models who are able to portray a positive image of nursing and

become a key factor in both the recruitment of nurses to the profession and their retention in the profession.

- National campaigns must be devised to improve the image of nursing as a career. A re-branding initiative similar to the campaign in the United States in terms of which nurse recruitment was transformed and the nursing profession became the fourth most popular career choice among school leavers should be implemented (Waters, 2005:22).

5.6. LIMITATIONS OF THE STUDY

During the collection of data the following factors were noted. These factors may have influenced the perception of the public:

- The difference in respect of service delivery between the public and private sector meant that some of the respondents felt the need to enquire whether they should complete the questionnaire with regard to the private or the public sector.
- The shortage of medication, equipment and proper facilities, specifically in the public sector, was interpreted by some of the respondents as poor nursing care with the nurses being seen as the culprits if patients were referred to tertiary hospitals for treatment.
- The wide publicity that was accorded to the nurses' strikes may have had an effect on the responses to the statements about whether nurses could do anything themselves to better their circumstances or whether they did, in fact, earn good salaries.
- A number of respondents refused to answer the question on the sexuality of nurses as they felt that it was inappropriate.
- In order to be able to include all tiers of society it was essential that illiterate individuals also be included and, thus, interpreters had to assist these

respondents to complete the questionnaires. Although the research assistants and interpreters were trained in being objective and in conveying the views of respondents, the possibility does exist that misunderstandings may have arisen.

- The study included members of the public of eighteen years and older only and, thus, the perceptions of individuals younger than eighteen are not included in the study.
- The sample size could have been increased to include all nine provinces.
- Financial and time constraints meant that 1 000 questionnaires only were distributed.

5.7. SUMMARY

The aim of the study was to describe the perception of the general South African public of the image of nurses. Accordingly, the objectives of the study were to determine the general public's perception of nurses as well as to formulate recommendations based on the research results aimed at enhancing the public image of nurses.

A quantitative, non-experimental and descriptive design was used to gather more information about the perceptions of the South African public of the image of nurses.

The objectives of the study were met in that the study did succeed in determining the South African public's perception of the image of nurses, with the results demonstrating that the overall perception is positive. In addition, the results of the study enabled the formulation of recommendations that may be applied in practice and, when implemented, may have a positive outcome for the nursing profession in South Africa.

A positive image of nurses is important for the future of the nursing profession in South Africa and it is only the nurses in our country who are able to influence and

change the perceptions of, specifically, the younger generations. It is, thus, extremely important to focus both on both the communication skills of nurses and the training of nurses to ensure that nursing will be a career option for the young, as nursing is a career for knowledgeable and caring professionals.

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Nurses for a Healthier Tomorrow: www.nursesource.org

The Campaign for the Future of Nursing and Midwifery:

www.valueofnursing.com.au

Campaign for Nursing's Future: www.campaignfornursing.com and

www.discovernursing.com