



Reflections on the image of nursing

Executive summary

Shelley Cohen, RN, BS, CEN, president of Hohenwald, TN-based Health Resources Unlimited, LLC, recently conducted a survey of 1,142 nursing professionals in the healthcare industry on the types of behaviors, attitudes, appearances, and circumstances that affect nursing’s image.

The results presented in this report represent the strong desire and myriad opinions of nursing professionals on how to change the image of nursing. The results provided a foundation for *Our Image, Our Choice: Perspectives on Shaping, Empowering, and Elevating the Nursing Profession*, a book on the image of nursing published by HCPro, Inc., in September.

This survey was conducted online and, to encourage participation, survey takers were not asked for contact information. The survey contained nine questions: Four were to gauge the demographics of the participants, three were in a multiple choice format, and two were open-ended, allowing the participants to answer the questions any way they wished.

The results show that although the effects of the image of nursing are not concretely defined, many nurses share the same opinions on what affects their image. Common themes in the multiple choice and open-ended questions included educational requirements, skills, media, and horizontal violence.

Demographics

The following section provides an overview of the demographic data provided by survey respondents. As previously stated, the location and contact information of the participants was limited to encourage candid responses. However, to gauge the representation of the replies, some demographic information was requested. This included participants’ gender, age, years of experience, and location.

Location, age, and years of experience

Almost all of the participants (97.7%) were located within the United States. Also, the majority were female (91.7%). Because approximately 94% of nurses are female, according to the U.S. Department of Health and Human Services, this closely represents the nursing population as a whole.

More than half of the participants were 31–50 years old (Figure 1). Additionally, 792 of the respondents (70%) said they had more than 15 years of experience in nursing. None of the respondents said they were new graduates.

> *continued on p. 2*



TABLE OF CONTENTS

Executive summary	1	Open-ended questions	3
Demographics	1	Conclusion	6
Factors that most affect image	2	References	6

Image of nursing

< continued from p. 1

See Figure 2 for a complete breakdown of experience levels.

Factors that most affect image

Survey respondents were asked to rate several factors based on how much they affected the image of nursing. For each factor, respondents could choose “no effect,” “little effect,” or “great effect.”

Many factors were very close to each other in ratings. The factor reported to have the greatest effect on image was how nurses present themselves to patients and families, with 98.9% of respondents saying it had a great effect. Next was whether patients and families think nurses care,

coming in at 98.6%. See Figure 3 for a complete breakdown of the responses to this question.

Do you feel disruptive behaviors among and between staff nurses has affected our image?

A majority of respondents (89.8%) felt horizontal violence has had a negative effect on the image of nursing.

> continued on p. 3

Figure 1

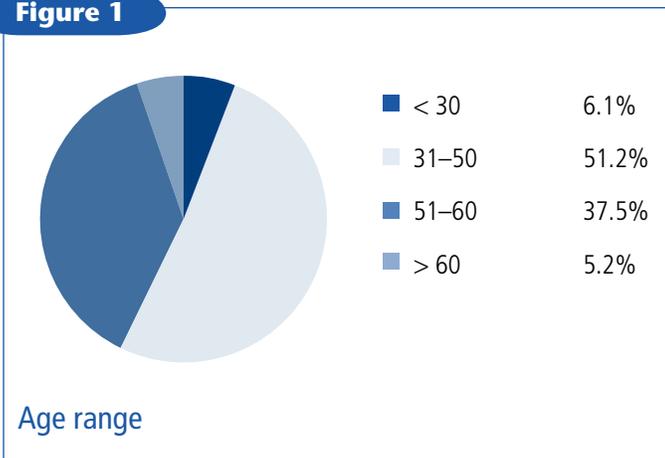


Figure 2

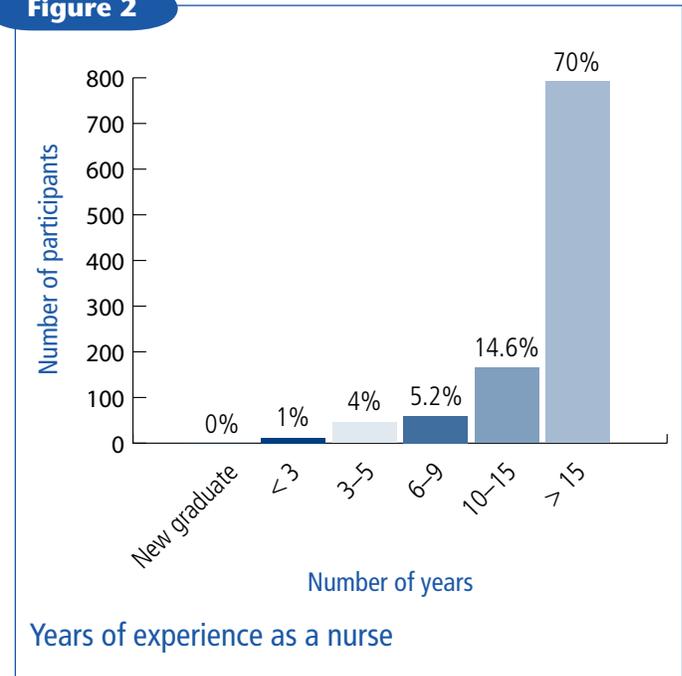


Figure 3

Factors that most affect image

	Has no effect on image	Has little effect on image	Has great effect on image
How nurses present themselves to patients/families	0.2% (2)	0.9% (9)	98.9% (1,031)
How nurses dress	0.3% (3)	9.4% (98)	90.3% (938)
How skilled nurses appear to be at their jobs	0.3% (3)	3.5% (36)	96.3% (1,003)
Misinformation from TV and other media	0.4% (4)	21.8% (226)	77.8% (808)
Whether nurses introduce themselves as a nurse	0.5% (5)	12% (125)	87.5% (912)
How well nurses appear to get along with coworkers	0.5% (5)	12.8% (133)	86.7% (899)
Whether nurses belong to a professional nursing organization	22% (229)	54.3% (565)	23.7% (246)
How nurses act around areas such as the nurses' station	0.1% (1)	5.3% (55)	94.6% (981)
Whether patients/families think nurses care	0.2% (2)	1.2% (12)	98.6% (1,023)
How easily patients/families can read nurses' name tags	2.1% (22)	43.5% (451)	54.4% (564)

Image of nursing

< continued from p. 2

Nurse-to-nurse hostility is a well-documented phenomenon, and although it seems to affect mostly new nurses, no group of nurses is immune to horizontal violence (Bartholomew).

Do you think having a bachelor's degree in nursing affects the image a nurse has?

The plurality of respondents (46%) said they didn't think having a bachelor's degree affects the image of nursing. According to the U.S. Department of Health and Human Services, 62% of staff RNs practice with associate degrees or diplomas. See Figure 5 for a complete breakdown of responses to this question.

Although the most common answer was no, yes (31.6%) and maybe (22.4%) combined made up more than half of the responses.

Open-ended questions

This survey allowed participants' voices to be heard in the form of two open-ended questions. Although this type of question is more difficult to categorize, the responses were classified into recurring topics.

What do you think the individual nurse can do to help shape a more realistic image of nursing?

This question garnered 807 responses and answers were categorized into the following topics: professional

behavior/appearance, showing compassion, community awareness, education, and membership in nursing organizations.

The plurality of responses to this question discussed the need for nurses to display professional dress and/or behavior. Almost three hundred respondents referenced this topic in their answers.

Although nurses still act and are seen as compassionate caregivers, their advancing roles peg them as scientists, researchers, administrators, and direct care providers, all of which require advanced knowledge and skills (Cohen, Bartholomew).

Almost two-fifths of the respondents referenced professional dress or behavior in their answers. Responses included:

- "Nurses often downplay the technical skills and critical decision capabilities necessary for professional success in favor of adjectives such as "caring" and "nurturing." Nurses can and should be both. The level of professionalism can be raised without sacrificing the human touch and empathy that nurses contribute to healthcare."
- "The nurse must have an attitude and demeanor of professionalism; maintain an objective, calm, conversational tone in all communications; and continue

> continued on p. 4

Figure 4

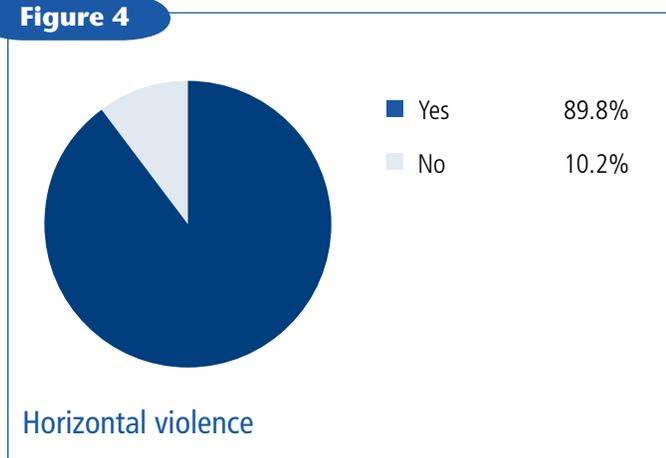


Figure 5

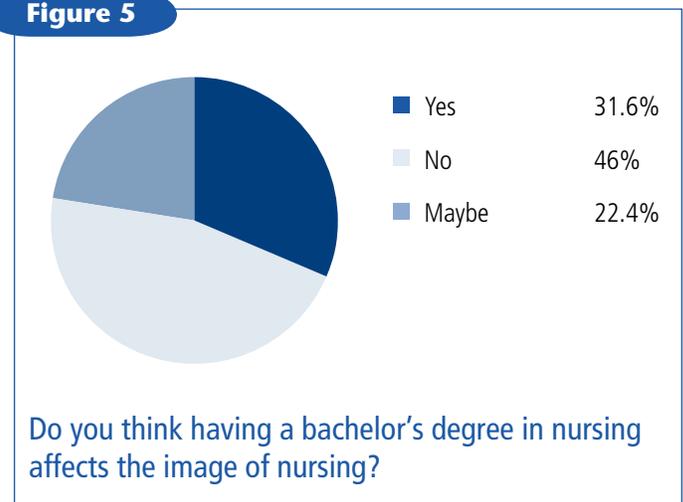


Image of nursing

< continued from p. 3

to pursue nursing and professional challenges and education.”

- “Don’t dress like a slob. Camouflage scrubs, scrubs with peek-a-boo tops, and crop pants do not promote a professional image.”
- “Dress and behave professionally. Maintain a caring, compassionate, patient-focused attitude.”

The next most common answer, with 132 respondents writing about it, was community awareness.

Those who wrote about this topic mentioned the effect an individual nurse can have on the media as well as on his or her community.

Inaccurate media portrayals of nurses can cause public policymakers to underfund nursing clinical practice, research, and education, deficiencies that will ultimately lead to patient harm (Cohen, Bartholomew). Responses included:

- “Speak up when an inappropriate image of nursing is projected.”
- “For the most part, be the opposite of the TV shows! Show caring for the person, not ‘the MI in bed 1.’ ”
- “Promote the nursing profession to others—young adults that we know, our children, etc. We need to increase our work force and we need to promote the nursing profession.”
- “Educate family, friends, and public that the role of the nurse today requires extensive knowledge, critical thinking, astute judgment, and advanced decision-making skills in addition to empathy and compassion. Campaign against media for poor portrayal of nurses (e.g., the TV show *Scrubs*).”

Another common response to this question involved showing compassion for patients. Sixty-two respondents referenced this topic in their answers.

Excerpts included:

- “Demonstrate a caring and compassionate practice. Compassion is what separates the nurses from the non-nurses.”
- “Care for patients with compassion and treat every patient as the individual they are. Be available for family members, but balance that availability without being intrusive.”
- “Remember why you became a nurse; hopefully, it is to help people. We are supposed to be *Angels of Mercy*, not *The Devil Wears Prada*. Too much drama!”

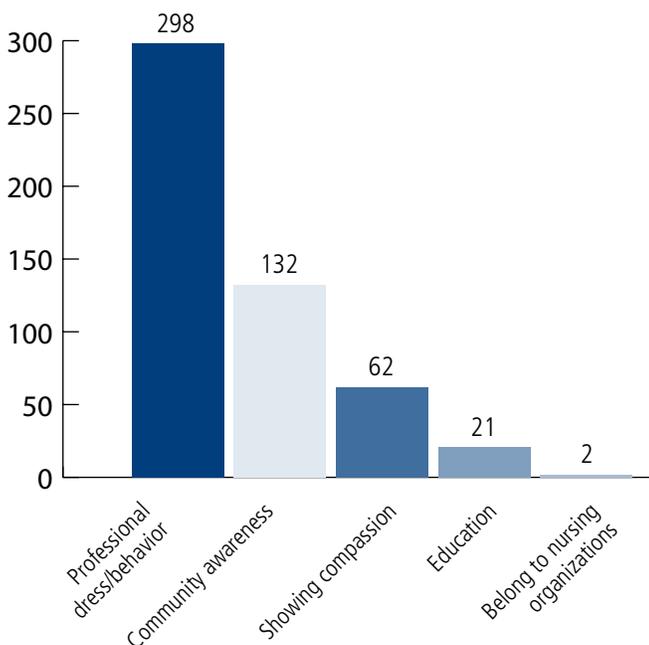
See Figure 6 for a complete breakdown of the responses to this question.

If you had the power to change one thing about nursing that you feel would have the greatest effect on our image, what would it be?

A total of 820 respondents answered this question. (See Figure 7 for a complete breakdown of the responses.)

> continued on p. 5

Figure 6



What can the individual nurse do?

Image of nursing

< continued from p. 4

Although many of the themes were the same as the previous question, the answers fell into a broader range of categories: professionalism, defining what a nurse is, education, pay, work conditions/staffing, public awareness, nurse-to-nurse hostility, nurse-physician relationships, and unity in the profession. One hundred respondents who answered this question said if they could change anything, they would change the public perception of nurses. Some of the responses included:

- ▶ “Increase awareness of our role as a vital and integral part of the healthcare team, not a waitress, maid, servant, or physician’s handmaiden.”
- ▶ “Give most of the writers of medical shows, comedy and drama alike, a whack to the side of their heads.”
- ▶ “Transform the image of nursing at the bedside as the competent caregiver who is an educator to patient and family.”

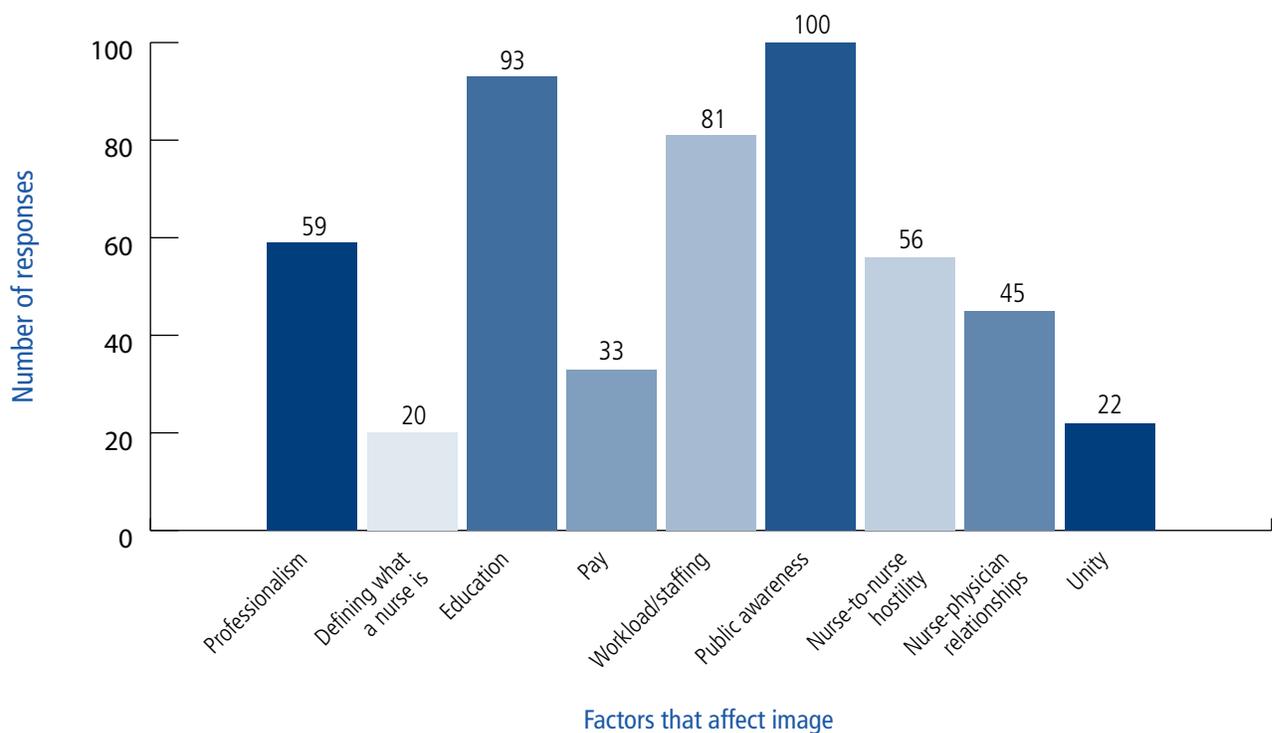
Another common answer to this question focused on nurses’ workloads and staffing conditions. The nursing shortage and high turnover rates have left many facilities struggling to achieve adequate staffing. However, having more staffing usually increases patient safety (Lower).

Responses included:

- ▶ “Staff us better so we are not so tired and we can smile more.”
- ▶ “More time at the bedside. New technology is wonderful, but the increasing amount of paperwork needed for regulatory requirements keeps nurses doing more paperwork instead of being with the patient.”
- ▶ “More ancillary staff to do the chores we as nurses should not have to do (e.g., cleaning up messes or taking patients to the bathroom).”

> continued on p. 6

Figure 7



What one thing would you change?

Image of nursing

< continued from p. 5

Many respondents also mentioned education. The majority of these wanted to implement a four-year degree as the standard in nursing, but some had other things to say about how education could affect nursing's image, including:

- ▶ "Allow experienced nurses without master's degrees in nursing to become members of nursing school faculties; they provide a wealth of experience and information. To deny these positions to experienced nurses means that we are shooting ourselves in the foot and the nursing shortage will continue."
- ▶ "Mandatory continuing education for relicensure in all states. Or, instead of compact states—since we all take the same board exam—national licensure!"

Fifty-six responses indicated that ending nurse-to-nurse hostility would improve the image of nursing. Not only does bickering in front of patients or families hurt the nursing image, but a hostile work environment decreases morale and increases job dissatisfaction (Bartholomew).

Responses focusing on this topic included:

- ▶ "Increase understanding of each other's role and responsibility as a nurse. We need to start with our profession, and then expand to physicians and others. Show respect to each other first."
- ▶ "Have all nurses understand that they have the power to affect each other's success or lack of success and to be mutually supportive."

There were other insightful responses to this question as well. These fell under topics that were recurring but not as frequently referenced as those already mentioned. Survey respondents, such as the following, wrote about nursing professionals needing to become unified, nurse-physician relationships, and defining the true identity of the term "nurse":

- ▶ "The often derogatory physician superiority/nurse inferiority relationship. Neither physicians nor nurses could be as effective without each other. Patients sometimes see this disparity of respect, and their impression of both roles is affected."
- ▶ "I would like us to stick together. We currently don't. We would have a loud voice if we all were united."
- ▶ "Only RNs would have the title 'nurse.' Identifying LPNs as nurses has muddied the perception of nurses. Lots of patients call the [certified nurse assistants (CNA)] and [medical assistants (MA)] 'nurse' too. It drives me crazy. I worked very hard for my education (BSN, MSN) and do not appreciate being seen as the same as MAs, CNAs, and LPNs."

Conclusion

Although the image of nursing seems to be an acknowledged and obvious problem, the solution is not simple. There is more than one cause to this problem, and although some of the solutions are agreed upon, others are not. As seen in the open-ended responses, each individual has a different idea of the best way to remedy this issue.

This survey shows that a majority of nurses believe the way they present themselves every day plays a big role in the image of nursing. Other factors such as misinformation from the media and educational standards are also important to the issue. ■

References

Bartholomew, K. (2006). *Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other*. Marblehead, MA: HCPro, Inc.

Cohen, S. and Bartholomew, K. (2008). *Our Image, Our Choice: Perspectives on Shaping, Empowering, and Elevating the Nursing Profession*. Marblehead, MA: HCPro, Inc.

> continued on p. 7

Image of nursing

< continued from p. 6

Lower, J. (2006). *A Practical Guide to Managing the Multi-generational Workforce: Skills for Nurse Managers*. Marblehead, MA: HCPro, Inc.

U.S. Department of Health and Human Services (2004). "The Registered Nurse Population: Findings from the 2004 National Sample Survey of Registered Nurses." Health Resources and Services Administration, <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/appendixa.htm> (accessed October 7, 2008).

Relief from all your nurse manager headaches is now just a click away!



Visit **StrategiesforNurseManagers.com**,
a new Web site designed to help you succeed as a manager.

11/08

SR4408

<p><i>Strategies for Nurse Managers.com</i> Benchmarking Report Editorial Advisory Board</p>	<p>Group Publisher: Emily Sheahan Senior Managing Editor: Michael Briddon</p>	<p>Editorial Assistant: Julie McGinley, jmginley@hcpro.com, 781/639-1872, Ext. 3288 Editorial Assistant: Keri Mucci, kmucci@hcpro.com</p>
<p>Shelley Cohen, RN, BS, CEN President, Health Resources Unlimited, LLC Hohenwald, TN</p> <p>Marie Gagnon, DM RN, B-C, MS, CADAC, LISAC, CISM Director, Baptist Health System School of Nursing, Abrazo Health Systems Phoenix, AZ</p>	<p>June Marshall, RN, MS ANCC Magnet Recognition Program® Project Director Medical City Hospital Medical City Children's Hospital Dallas, TX</p> <p>David Moon, RN, MS Director of Recruitment Summa Health System Akron, OH</p> <p>Bob Nelson, PhD President, Nelson Motivation, Inc. San Diego, CA</p>	<p>Tim Porter-O'Grady, EdD, RN, CS, CNA, FAAN Senior Partner, Tim Porter-O'Grady Associates, Inc. Otto, NC</p> <p>Dennis Sherrod, EdD, RN Forsyth Medical Center Distinguished Chair of Recruitment and Retention Winston-Salem State University Winston-Salem, NC</p> <p>Disclosure statement: The SNM advisory board has declared no financial/commercial stake in this activity.</p>
<p>Strategies for Nurse Managers (ISSN: 1535-847X) is published monthly by HCPro, Inc., 200 Hoods Lane, Marblehead, MA 01945. Subscription rate: \$129 per year. • Postmaster: Send address changes to Strategies for Nurse Managers, P.O. Box 1168, Marblehead, MA 01945. • Copyright © 2008 HCPro, Inc. All rights reserved. Printed in the USA. Except where specifically encouraged, no part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro or the Copyright Clearance Center at 978/750-8400. Please notify us immediately if you have received an unauthorized copy. • For editorial comments or questions, call 781/639-1872 or fax 781/639-2982. For renewal or subscription information, call customer service at 800/650-6787, fax 800/639-8511, or e-mail customerservice@hcpro.com. • Visit our Web site at www.hcpro.com. • Occasionally, we make our subscriber list available to selected companies/vendors. If you do not wish to be included on this mailing list, please write to the marketing department at the address above. • Opinions expressed are not necessarily those of Strategies for Nurse Managers. Mention of products and services does not constitute endorsement. Advice given is general, and readers should consult professional counsel for specific legal, ethical, or clinical questions.</p>		
<p>MAGNET™, MAGNET RECOGNITION PROGRAM®, and ANCC MAGNET RECOGNITION® are trademarks of the American Nurses Credentialing Center (ANCC). The products and services of HCPro, Inc., and The Greeley Company are neither sponsored nor endorsed by the ANCC.</p>		