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**THE INFLUENCE OF INSTITUTIONAL CONDITIONS AND
REQUIREMENT IN DIFFERENT HOSPITALS ON THE PERFORMANCE
OF UNIVERSITY GRADUATES IN NURSING IN .U.A.R.**

**A Thesis Submitted in Requirements for
The Degree of Doctor of Philosophy**



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100

ii



Chapter	Page
IV. FINDINGS	81
Function I	82
Major findings	82
Findings in relation to each item of activity	86
Function II	103
Major findings	103
Findings in relation to each item of activity	107
Function III	121
Major findings	121
Findings in relation to each item of activity	125
Function IV	136
Major findings	136
Findings in relation to each item of activity	140
Function V	152
Major findings	152
Findings in relation to each item of activity	156
Function VI	170
Major findings	170
Findings in relation to each item of activity	175
Function VII	189
Major findings	189
Findings in relation to each item of activity	197
Summary	220
V. DISCUSSION	222
Implications for Further Study	264
Implications for Nursing	267
VI. SUMMARY AND CONCLUSIONS	272
BIBLIOGRAPHY	289

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1. Types and Number of Nursing Schools in Egypt in the Year 1960-1970 with the Average Number of Graduates per Year from Each Program	20
2. Ratio of Professional and Non-professional Nurses to Each 100,000 Population in Different Countries	22
3. Distribution of Personal Characteristics of Subjects at the Four Different Settings	59
4. Numbers and Characteristics of the Sample Interviewed for Content Validity of the Questionnaire Items and the Distribution of Scores	69
5. Significance of Differences in Mean Performance of Professional Nurses Compared to Differences between Settings and Difference in the Personal Characteristics of Nurses	83
6. Percentage of Helpful and Deterrent Factors in Each Category as Identified by Nurses at the Four Settings in Relation to the Performance of Function I	85
7. Percentage of Helpful and Deterrent Factors in Each Category in Relation to Each Item of Activity Included in Function I	87
8. Means and Values of 't' Comparing the Performance of Function I by Professional Nurses at the Four Settings ...	88
9. Significance of Differences in Mean Performance of Professional Nurses Compared to Differences between Settings and Differences in the Personal Characteristics of Nurses	104
10. Percentage of Helpful and Deterrent Factors in Each Category as Identified by Nurses at the Four Settings in Relation to the Performance of Function II	106
11. Percentage of Helpful and Deterrent Factors in Each Category in Relation to Each Item of Activity Included in Function II	108

Table

Page

12.	Means and Values of 't' Comparing the Performance of Function II by Professional Nurses at the Four Settings	109
13.	Significance of Differences in Mean Performance of Professional Nurses Compared to Differences between Settings and Differences in the Personal Characteristics of Nurses	122
14.	Percentage of Helpful and Deterrent Factors in Each Category as Identified by Nurses at the Four Settings in Relation to the Performance of Function III	124
15.	Percentage of Helpful and Deterrent Factors in Each Category in Relation to Each Item of Activity Included in Function III	126
16.	Means and Values of 't' Comparing the Performance of Function III by Professional Nurses at the Four Settings ...	127
17.	Significance of Differences in Mean Performance of Professional Nurses Compared to Differences between Settings and Difference in the Personal Characteristics of Nurses	137
18.	Percentage of Helpful and Deterrent Factors in Each Category as Identified by Nurses at the Four Settings in Relation to the Performance of Function IV	139
19.	Percentage of Helpful and Deterrent Factors in Each Category in Relation to Each Item of Activity Included in Function IV	141
20.	Means and Values of 't' Comparing the Performance of Function IV by Professional Nurses at the Four Settings	143
21.	Significance of Differences in Mean Performance of Professional Nurses Compared to Differences between Settings and Differences in the Personal Characteristics of Nurses	153
22.	Percentage of Helpful and Deterrent Factors in Each Category as Identified by Nurses at the Four Settings in Relation to the Performance of Function V	155
23.	Percentage of Helpful and Deterrent Factors in Each Category in Relation to Each Item of Activity Included in Function V	157

<u>Table</u>	<u>Page</u>
24. Means and Values of 't' Comparing the Performance of Function V by Professional Nurses at the Four Settings	158
25. Significance of Differences in Mean Performance of Professional Nurses Compared to Differences between Settings and Difference in the Personal Characteristics of Nurses	171
26. Percentage of Helpful and Deterrent Factors in Each Category as Identified by Nurses at the Four Settings in Relation to the Performance of Function VI	173
27. Percentage of Helpful and Deterrent Factors in Each Category in Relation to Each Item of Activity Included in Function VI	176
28. Means and Values of 't' Comparing the Performance of Function VI by Professional Nurses at the Four Settings ...	178
29. Significance of Differences in Mean Performance of Professional Nurses Compared to Differences between Settings and Difference in the Personal Characteristics of Nurses	190
30. Percentage of Helpful and Deterrent Factors in Each Category as Identified by Nurses at the Four Settings in Relation to the Performance of Function VII	192
31. Percentage of Helpful and Deterrent Factors in Each Category in Relation to Each Item of Activity Included in Function VII	195
32. Means and Values of 't' Comparing the Performance of Function VII by Professional Nurses at the Four Settings ..	199

INTRODUCTION

INTRODUCTION

Background for the Study:

The most critical problem facing nursing today is the increasing discrepancy between demands and supply. This observation is reflected in the shortage that exists in almost every field of nursing (Harrington and Theis, 1967). Although the number of nursing personnel at the present time is greater than it has ever been, there is still a shortage of nurses necessary to give nursing care (Alexander, 1962). The problem of giving good nursing care to patients with the persistent shortage of nursing personnel, posed the thought that nursing personnel are not always utilized to the best of each individual's ability and preparation.

The determination of the most effective utilization of nursing skills represents a major contribution to the resolution of this problem, particularly in view of the fact that nursing has become so broad in scope that it needs to be performed by different personnel on different levels, and with different preparation and education. Furthermore, within the nursing profession, there exists a variety of practitioners with different degrees of skills and preparation: diploma programs in schools of nursing affiliated to hospitals; assistant degree programs, and baccalaureate degree programs, which are an integral part of a college or university.

the hospital has become the largest employer of practicing nursing, and many newly graduated nurses, including those from pre-service baccalaureate programs, receive their initial post graduate experience in this setting (ANA, 1961). The appropriate use of the strengths peculiar to graduates of each pre-service program, coordinates the total nursing staff approach to patients and prevents waste of special capabilities. Yet, currently there is little evidence that there exists in the actual practice field in the hospital setting, a differentiation of levels in nursing (Rogers, 1961). Few hospitals, however, have acknowledged the distinctive contributions which graduates of the various types of educational programs are prepared to make. Yet, most hospitals expect all nurses to perform similar functions with the same degree of competency. Such expectations necessarily create problems for graduates of all types of educational programs (Simms, 1963; Harrington and Theis, 1968).

The huge programs in health and medical research have made the patients more aware of the advances in science and technology. On the other hand, high quality comprehensive health care is established as a human right, and not a privilege to be enjoyed by relatively few. The quantum jump in medical science has increased the ability to understand and

influence the state of illness and also led nurses to provide an array of health services of a wide range (Moxley, 1968). As a result, the health professions are faced with many urgent demands for a number of personnel and for personnel with specialized professional competence and experience in planning and administration (Brown, 1965).

It is apparent, therefore, that drastic changes must be made in the supply and utilization of all personnel if services of the magnitude indicated about patient care of the individualized kind suggested, are to be provided. One of the changes that is strongly indicated, is the preparation of nurses to assume roles that are much broader in scope, and require a higher level of proficiency than those played by most members of the profession at present. Only professional nurses could provide this, since the nursing performance involves more technology than the nursing art and science which was needed to care for patients previously (Greenough, 1968). Preparation for the professions has been regarded as a process of socialization, as well as education. Along with their acquisition of knowledge and skills, recruits into a profession are considered to develop values, attitudes and beliefs supportive to their role as a practitioner (Hildegard, 1968).

the Nursing Profession

Parsons (1954) defined the term professional in the context of nursing as one who is engaged in work that is predominately intellectual, requires direction and judgement, cannot be standardized in production time, requires advanced scientific knowledge and is predominately original and artistically creative. It follows that, the recognition of a category of patients, medical treatment in special circumstances which come to be felt in the profession, should be handled in a distinctive way by employing recently developed medical knowledge or techniques. If nursing roles are to be realized in that respect, certain standards of competence are required. Only nurses who have had a long period of intellectual and emotional maturation will be able to fill such role (Bowden, 1967). In regard to the expanding role of the baccalaureately prepared professional nurses, Cherescavich (1964) stated that they are collaborators to the physician and are an extension of the curative process.

Throughout the ages, the purpose of nursing has been to give services that are beneficial to mankind. During this century as nursing practice became a profession, its primary purpose has been not only to provide care, but even to improve its standards of practice (Porter, 1961). The health of the people depends upon qualified nurses more than

the public health. The implementation and coordination of the efforts of medical and auxiliary health personnel are dependent upon professional nursing proficiency. However, if the role of the nurse is primarily defined in terms of the functions it evolves, it would nevertheless be expected that an individual would function most effectively and be most satisfied in a role best fitted to her social, intellectual and emotional characteristics.

Implicit in the above, efficient manpower utilization requires a sound organizational structure, assignment of responsibilities to the persons in the best position to accomplish the work, and, effective supervision. The optimum utilization of nurses, particularly within the hospital settings, is a major concern and need in nursing today. The most important factor, however, is the overall climate set by top management and the key department heads. This climate is thought to dispose toward cooperation and trust, or conflict and distrust (Brown, 1965). It has been found out that the bureaucratic and hierarchic structure of the hospital itself, often described as inflexible and authoritarian in nature, appears to foster dependency and curtail initiative, create tension and inadequate communication among nurses and other professional groups and have been found to

hinder individual performance and create dissatisfaction (Simms, 1963; Harrington and Theis, 1968). As a result, conflicts between professional and bureaucratic role concepts lead to compromise and frustration. The hospital system emphasizes conformity to rules and regulations, submissiveness to authority, status and learning based on repetitive practice of procedures, more than on the development of intellectual curiosity and judgement. It follows that, followership has been produced at the expense of leadership, i.e., it has produced insecurity, dependency, passivity and narrowness of outlook. Unlike the hospital goal, determined by urgent and heavy service demands of preparing practitioners, the university school has its goal, the development of the individual; it is interested in preparing the individual to face life with considerable self awareness, self confidence and self direction and ability to lead (Brown, 1965). Moreover, the university program in nursing emphasizes individualized care and the development of intellectual skills. The student is encouraged to use intelligence and creativity in the solution of problems and is expected, not only to minister to patients, but also to analyze and evaluate the results of those ministrations. These are the foundation on which to build professional training, to produce persons with intellectual breadth, imagination, flexibility

and an emotional and emotional commitment necessary for meeting the imperative needs of a dynamic society.

The focus of the hospital, however, would seem to be at variance with the baccalureate theory. Emphasis is placed upon established routines and technical proficiency. Assignments are planned in terms of tasks to be done, rather than patients to be nursed. Dr. Brown (1948) stated that the everyday hospital organization is filled with standardized procedures that must be carried out at the expense of individualized patient comfort. Furthermore, the nursing service is caught between the authority exercised by the medical administration, on the one hand, and the hospital administration on the other. Unfortunately, the individual nurse finds herself with little freedom of movement and of initiative for things other than specific duties, even within that service of which she is a part. The evidence of the combined reports given by Hughes (1958) placed a sad indictment indeed upon nursing, pointing out that the best educated nurses were engaged in desk work, while leaving to practical nurses and aides the immediate care of the sick.

Nurses wish to nurse, but gradually they have had to assume many activities that are not necessarily nursing. They may be found obtaining medications from a pharmacy, making