

## WHY NURSING IS NOT A PROFESSION

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#### BACKGROUND

Nursing has not always enjoyed the respectable status it is now accorded. It has taken literally centuries of hard work, and dedication to ideals to achieve this well-earned recognition. However, there is now another obstacle for nursing to conquer -- nursing has to become recognized as a full-fledged profession, not just a semi-profession (Etzioni, 1969; Ritzer, 1977).

Practitioners of the healing arts have existed since the earliest recorded history of man. "In ancient times the medicine man, the priest-physician and the temple attendant ministered to the sick as part of their religious duties . . ." (Spalding, 1970:4). Women were not a part of this healing group: ". . . you will find no groups of women who were assigned to visit and care for the sick . . . prior to those of the early Christian period" (Spalding, 1970:4). Women did assist male healers; but neither sex was accorded high social status, because of their intimate contact with death and disease. During the early Christian era healing the sick was elevated above the level of drudgery, and acquired a "moral and religious obligation" (Shryock, 1959:77). The social stigma was removed and women entered the ranks of healers. For these women it became a calling, worldly pleasures were forsaken and their respectability as women was preserved.

During the Dark Ages, women once more were viewed negatively as healers and were even considered by many to be witches. Not until the Crimean War in 1854 did nursing again become respectable. The respectability of nursing and the "suitability" of women for the occupation has long been accepted. What has not been accepted is the professional status that nurses have accorded their occupation.

#### NURSING AS SEMI-PROFESSIONAL

Etzioni (1969), feels that nursing is semi-professional because it is organized on bureaucratic lines. The nurse has shorter training time, her status is less legitimated, her body of knowledge is less specialized and she has less autonomy than the full-fledged professions. In addition, the public does not view the nurse as a professional.

The public is not alone in the denegation of nursing's claim to professionalism. Historically, women's work has never been "prestigious" and when women have entered a male-dominated occupation the prestige of that occupation's and the job has become merely "women's work," as is the case generally for typists. The first inclusion of female-dominated occupations that this writer was able to locate, was done by Donald J. Treiman in 1977 (Denishoff and Wahrman, 1979:276). On a scale ranging downward from 100 to 0, that measured perceived occupational prestige, physicians scored 78, high school teachers, 64; nurses were at 54; and secretaries, 54. Using prestige findings, for male-dominated occupations, one finds that a singer in a nightclub is also given a prestige rank of 54 (Hodges, Siegel, & Rossi; 1966).

#### PROFESSIONAL STATUS CRITERIA

Both the nurse and the nightclub singer refer to themselves as professionals. Does saying that one is a "professional" make it so? Based on the public's perception of nursing, it does not; nor does the occupation satisfy the sociological criteria for professions as set forth by Caplow (1954); Etzioni (1969); Ritzer (1977); and Wilensky (1964). In defining "profession," Ritzer (1977:47), combines Wilensky's five-step sequence for professionalization with Caplow's stages and develops the following requirements for a full-fledged profession:

1. Full-time occupation. Nursing has many part-time practitioners.
2. A name must become the exclusive domain of the occupation. The patient is often unable to differentiate between the R.N. and her "assistants."
3. National association. Nationally, forty-three percent of working nurses belong to ANA, and only 11 to 16 percent are considered active members. Other professional associations report that their membership consists of 76 to 93 percent of the profession (Kramer, 1974: 117, 135).
4. Professional training school. The quality of professional training is not consistent, for there are diploma nurses, and nurses with

- college degrees, such as A.S., B.S., M.S.
5. Code of ethics. This is well established in nursing and is an integral part of the occupation.
  6. Political agitation to win popular and legal support. In this area nursing is found to be altruistic, their lobbying efforts are primarily for others.
  7. Systematic knowledge. This is present in the occupation, since basic concepts are relatively uniform.
  8. Professional Autonomy. Generally, nurses are under direct order of physicians and hospital administrators.
  9. Altruistic. This trait is universally accepted, but can be found lacking under individual circumstances.
  10. Authority over clients. The patient does not recognize the nurses' authority, but perceives her authority as emanating from a doctor.
  11. Occupational culture. This is established, based on the educational processes.
  12. Recognized by the community. The occupation has a low prestige ranking by the general public.
  13. Recognized by law that the occupation is a profession (Ritzer, 1977).

#### BARRIERS TO PROFESSIONAL STATUS

According to Ritzer (1977:181-82), nurses "have failed not so much because of their own lack of power, but *because of greater power that has operated against them* from a variety of quarters. 1. The most important factor is . . . opposition from . . . male elites" e.g., male doctors, hospital administrators and even male patients, all of whom are "unwilling to accept the nurse as a full professional with the autonomy and the authority that goes with the title" (Ritzer, 1977:181). 2. The nurse is perceived by the patient as doing the hospital's housework, "cleaning bedpans, and dispensing pills, (Ritzer, 1977:184).

3. A third factor is the nurse herself. According to Davis et al. (1966), 89 percent of nursing students ranked home and family first, work and career were ranked first or second by 77 percent. Upon graduation 90 percent still ranked home and family first, while the proportion giving first ranking to work and career had dropped to 54 percent. Senior students were less likely to see themselves as a valuable

contributor to the physician in providing better patient care their idealism as freshmen had disappeared, to be replaced by realism.

4. Relatively open recruitment is a detriment to the procession from occupation to a profession (Strauss, 1966:62). Not enough care is taken to ". . . recruit and graduate students who are seriously committed to professional careers in the field" (Davis, 1966:174).

5. Equally devastating to the concept of professionalism is the national rate of turnover within nursing -- 30 to 40 percent per year (Heilman, 1982).

6. Nurses are paid hourly wages, contrary to other professions; and they are paid by the hospital as an intervening agency, rather than directly by the patient.

7. "Nursing has been kept embedded in the administrative hierarchy of bureaucratic organizations, so that top-level management positions have traditionally not been held by nurses, but by males with business and management training. The majority of nursing service directors do not control their own budgets" (Cleland, in Chaska, 1978:75).

#### CONCLUSION

The professionalization of nursing will not be achieved by merely subscribing to a prescribed list of criteria, but rather from a reevaluation of external and internal conditions, and a reeducation of significant other in the field; also, the public image of nursing must be improved. After addressing, and incorporating the major "stumbling blocks" to professionalization, the occupation will meet the criteria for a profession. Without the recognition of others, that nursing is a profession, it will remain an occupation with standards.

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and the number of telescreens.

*Thus it was possible to conclude that the more time a family spent viewing gathered around one set, resulted in increased amounts of interaction, discussion of individual problems and the feelings of having a close, loving, and supportive family relationship.*

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