

A Study of the Professional Nursing Images of Nursing Unit Managers: A Q-Methodological Approach

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ABSTRACT: The purpose of this study was to analyze the subjective schemata of nursing unit managers in order to promote our understanding of individuals' images of nursing as a profession. The study also sought to provide appropriate strategies for improving the image of nursing based on perceptions of the profession. The results, based on a Q study of nursing unit managers at five Korean university hospitals, revealed three distinct types of images of nursing as a profession: the views of the Proud, the Self-Conflicted and the Progressive manager. It was found that these three types could change continuously through interaction with their environment. Based on the findings, the study also suggested guidelines for constructing a desirable professional nursing image.

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Introduction

A person's beliefs, thoughts or perceptions concerning a certain object have considerable influence on behavior. A professional nurse's image of the services he or she provides is expected to significantly affect performance. Studies indicate that nurses' images of their professional service, which is a key element for the humanistic practice of nursing, also directly relates to their attitude toward the practice (Jun, 1974, 1980).

A nurse's self-perception as a professional has changed significantly over the past three decades. Nurses have sought recognition that goes beyond a simple, supplementary role in medical practices. They have focused their efforts on constructing a new perception of the nurse as an independent professional who bases decisions on rational grounds (Beletz, 1974; Davenport, 1980; Kaler, Levy & Schall, 1989).

A high priority should be given to the identification of a desirable image of nursing as a profession; the lack of a concrete idea and goal results in a lack of appropriate recognition for nurses and their activities. The assumption that the basic value of a profession is reflected in the people who are engaged in it means that establishing a positive image is vitally important in disseminating a positive view of the profession to the public (Allen, 1991; Porter & Porter, 1991).

In Korea, more than 70 percent of the nurses are involved in clinical nursing practices (Park, 1992). Hospitals, where these nurses work, are expected to exhibit a trend toward decentralized administration in the 21st century. Hospitals will be specialized by functions or units; their orientation is expected to swing toward the patient, with more value placed on patients' rights.

These likely changes in hospitals point to the need to reinforce an administrative system especially attuned for each nursing unit throughout the overall nursing organization. A nursing unit manager, as an administrator in the forefront of the new environment, will play a more important role in hospitals and nursing administrations than ever before (Kim, 1994; Wiesman et al., 1993).

Strasen (1992) asserted that establishing a positive image of the nursing profession is vital; that image is a key element that affects the performance of a nursing unit manager. This person's image of the nursing profession has a significant influence on his or her own ability to perform tasks, as well as on staff members' pride, sense of duty and performance. In turn, it affects a patient's sense of satisfaction. In addition, the manager's image of the profession is an important factor

in nursing service, personnel management and nursing education—all tasks in which the manager is involved (Ellis, 1986; Kiger, 1993).

Despite its importance, research measuring the attitudes or viewpoints of nursing unit managers in Korean society is rare because the concept of an image of the profession is highly subjective. This study attempted to analyze the structure and the types of images of their profession held by nursing unit managers. It also attempted to provide a desirable strategy for promoting the image of the professional nurse.

Literature Review

People do not act on knowledge or information, but on the images they perceive (Porter & Porter, 1991). "Image" is an abstract concept. It continuously develops and changes in line with accumulated experience or information, and it is shaped by individual differences. Image generally means the perception that one may formulate toward a certain tangible or intangible object. The perception includes integrated factors related to one's understanding, thought and feeling toward the object. These factors can be applied to every aspect of life. They may provide a basis for the decision-making process and for behavior in response to complex, internalized situations and stimuli (Chung, 1983).

An image of nursing reflects not only an individual nurse's meanings and values concerning the profession, but different knowledge fields. The subjectivity of beliefs, attitudes and values about nursing, which are shaped by each person's distinctive characteristics, exist deep inside one's schemata. Because people continuously interact with themselves, those schemata exercise a significant influence on decisions made and actions taken by professional nurses.

Klatch & Klatch (1987) defined the image of professional nurses and nursing as "an integrated concept of belief, perception and impression that people might have for professional nurses and nursing." This definition explains the image of the nursing profession as an individual's spiritual concept relevant to the image generated from his or her duty and performance.

In considering an image of the nursing profession, various factors deserve serious attention. They include: (1) personal characteristics, such as age, sex, education, personality traits, appearance, income independence and residence; (2) human relationships, such as authority in work, knowledge and skill; (3) societal values concerning the profession; and (4) task structures (Kelly, 1980).

Historically, the image of nursing has been affected by women's

status in society, the feminism movement, feminine culture, sexual liberation, economic changes, the public hygiene environment and the socio-political environment (Aydelotte, 1987). Societal perceptions about nursing also are shaped by the self-esteem of nurses and the development of professional values (Barker, 1991).

However, the traditional image of nursing has been limited to a supplementary role in medical practice. Moreover, it has been viewed as a feminine profession that requires warm-heartedness (Hughes, 1980). As a result, nurses have been treated as mere assistants to doctors. Generally, the mass media have projected these negative images of nurses dependent on doctors, rather than in a broader and more independent role. The media seldom present nurses as well-educated, devoted contributors who are active in improving a patient's health and preventing diseases (Chi, 1983; Beletz, 1974; Kalisch & Kalisch, 1983; Salvage, 1983; Smith & Smith, 1989).

On the other hand, some research has supported a positive role for nurses who are independent and assume a critical role in managing patients' health. These studies argued that interpersonal contact with a nurse could help change negative public images about nurses. Therefore, they indicate, the actual image of nurses is influenced more by direct personal contact with professionals than by projections of the mass media (Andrew, 1981; Kelly, 1980; Kippman & Ponton, 1989).

Other studies on the image of nursing (Porter, Porter & Lower, 1989) showed that the self-perception of nurses who were asked to define their own image of nursing fell into one of three groups: positive, negative and neutral. In the same survey, 100 percent of the doctors and 84 percent of the general public had a positive image of nursing whereas only 72 percent of nurses themselves had a positive image, the lowest percentage among the groups studied. A recent study in Korea also revealed that the general public had a positive image of nurses. However, nurses rated their image lower than the image of doctors in terms of the value of the profession, expertise and contribution to the practice (Song, 1993).

These results show that nurses experience a conflict in their self-image. Although they want to be acknowledged as professionals, they also denigrate themselves. This conflict deepens their frustration and results in the deterioration of the image of nursing they have developed through education.

Development of an image of nursing that accurately reflects the fundamentals of the profession is necessary, so that nurses can realize their true potential. An ideal image of the professional nurse is essential

because it leads to satisfaction for patients, who receive better treatment from nurses. Nurses also benefit from developing an ideal professional image, which improves both job satisfaction and public approval rating.

Methodology

The first purpose of this study is to analyze schemata of the professional nursing image perceived by the nursing unit manager. The second purpose is to suggest a strategy to promote a desirable image by that manager.

As described above, the professional nursing image is a subjective concept that reflects individual meanings and values. Concourse theory and factor analysis can be used to explore this subjectivity. Q methodology and its related techniques can be used to measure subjective schemata (Kim, 1992, 1994; Dennis, 1986; McKeown & Thomas, 1988). Individuals analyze and evaluate incoming messages, or Q items, forming subjective schemata, such as an idea, feeling or value about them. Identifying schemata can help explain an individual's characteristics.

For this study, the relevant literature first was reviewed and analyzed to define the Q population of statements. Interviews and written narratives based on Global Single-Item Questions were then conducted with 159 adult subjects from various professions. After intensive interviews with 11 nursing unit managers, 223 statements were collected; these statements formed the Q sample.

After correcting redundant and unclear statements, the 223 Q-sample statements were reviewed by professors of nursing and methodology and classified into 15 categories according to meanings and subjects. Through this process, 40 statements classified as the most representative and distinctive were chosen for use in the sorting process.

The P-sample consisted of a convenience sample of 30 nursing unit managers from five university hospitals who volunteered to participate in the study. These people were asked to sort the 40 statements along a nine-point scale, ranging from most disagree (-4) to most agree (+4).

After each Q sort, respondents were interviewed about the items they placed in the extreme columns (+4, +3, -3, and -4). The resulting Q sort provides data that represent the respondent's operant subjectivity on the issue being considered.

Distribution Values

Most Disagree					Most Agree			
-4	-3	-2	-1	0	+1	+2	+3	+4
(2)	(3)	(4)	(5)	(6)	(5)	(4)	(3)	(2)

Distribution Frequency

Finally, the results of the sorts were analyzed using PC-QUANL which subjects the data to principal component factor analysis. To decide on optimal factors, those which were thought to be most appropriate were selected after inputting various factors with an eigenvalue of 1.00 or above.

This Q study produced three coherent factors: The Proud, The Self-Conflicted and The Progressive. Although there were high correlations between the factors—such as between factors I and III, and factors II and III—each factor that emerged from the analysis represented a different image of the nursing profession. The correlative relationships among the three factors are shown in Appendix I.

Interpretation of Factor Types

Type I: The Proud

Type I nursing unit managers view nursing as a professional service. They see nurses as professionals who understand and take care of patients, using expertise and skills that can be generated solely on the ground of rational thought under the spirit of humanism. They believe that professional nurses should have a positive attitude, responsibility and faithfulness. These qualities enable them to exert a continuous effort to develop themselves as professionals, as well as to improve their expertise and their understanding of people and their environment.

However, this factor shows discontent with their social status and salary. Type I nursing unit managers strongly believe that nurses should not depend on a certain person's knowledge and authority, but should develop professional qualities and abilities as a role model in order to shape a new image.

The 11th subject—whose factor weight score was the highest among

The Proud—placed a higher value on self-improvement efforts, characteristics of philanthropy and trustworthiness, and professionalism in nursing tasks than she did on external and environmental factors. These characteristics were typical of the type I group.

The 10th subject, whose factor weight score was the second-highest, viewed the role of a nurse as a proponent of patients. She intended to improve not only her own image but also that of the nursing profession by broadening the profession's educational demands; these demands would include personal and institutional aspects to enable nurses to perform their duties effectively and thus protect the dignity and rights of patients. This subject, who works in a surgical department, showed a very active attitude and pride as a professional, as well as generosity and tolerance toward her staff.

"It is important for the nurses to perceive themselves as professionals and act accordingly. However, it is regrettable that some nurses have a negative perception of themselves," she said in her statement about professional nursing. "I believe that the nurses should try for themselves, regardless of others' acknowledgment. Because of the characteristics of nursing, academic background and effort are very important."

Type I nursing unit managers disagreed most strongly with the statement that "Nursing is not acknowledged as an independent field in medical practice," with a difference of -2.437 from the other statements. They disagreed because they believe medical practice could not exist without nursing.

Type I managers do not see the function of nursing as limited to supplementing the prescriptions of doctors. Rather, they seek to broaden the role of the nurse in industrialized society, a society whose members are aging and in which the number of chronic and incurable diseases is increasing. Because elderly people who suffer from chronic disease need care, rather than a cure, they have a greater need for a nurse's caring functions than a doctor's medical skills. This view of broadening the functions of nursing supports Muyskens' (1982) argument.

Strasen (1992) argued that nursing unit managers with a positive self-image tend to rely on inner control and self-actualization to improve job performance and reach occupational goals; they perceive themselves as influential in the organization rather than as being influenced by fortune or external factors. Thus, the positive professional nursing image of type I nursing unit managers is realized in their actions by the improvement of the unit management, as well as the quality of nursing service. In turn, nursing unit managers can achieve self-satisfaction and

reinforce their images so that the internalized image of the nursing profession can be improved.

Type II: The Self-Conflicted

Type II nursing unit managers acknowledge the professional aspects of nursing, recognizing that it is a professional service based on humanism. However, they also denigrate nursing as a profession that does not require expertise. Type II managers suffer from an internal conflict concerning the practice of nursing; they lack self-encouragement and belittle their profession.

Therefore, they not only value such external and environmental elements as the societal perception of nursing and a system of rewards, but limit their roles to those of a middleman among other medical professions. In their relationship with other professionals, including doctors, they prefer to take subordinate positions rather than establish interdependent, co-operative relationships centered on patients.

Because this type of nursing unit manager tends to belittle the profession and have a negative perception of it, The Self-Conflicteds cannot establish a professional image of their job. This result seems to be in line with Choi's (1978) finding that nurses place more importance on environmental factors, such as salary or working conditions. It also supports Herzberg's (1967) argument that people who are discontented with their jobs tend to relate more strongly to their working environments.

The type II managers believe that nursing is not an independent field among medical practices. They also believe that nursing is not a practice that requires expertise and professionalism. They strongly disagree with statements regarding independence of nursing practice and an equal relationship with other colleagues, including doctors. They pointed out that even other medical professionals, such as doctors, doubt the expertise of nurses. They also believe that they are controlled primarily by doctors' orders and that their position is supplementary to that of doctors.

When a nurse lacks a positive attitude toward the profession, that nurse's efficiency in helping patients decreases significantly, despite his or her professional knowledge and skill (Chung, 1973). Furthermore, beliefs, attitude and perceptions play a critical role in efficient job performance for people whose profession involves helping others (Choi,

1970). Therefore, the lack of a positive image among nurses causes many problems (Kim, 1985).

It is possible to promote the Self-Conflicted managers' image of the nursing profession through diverse educational methods, so they perceive themselves more positively. These steps would help them realize the image of their profession that they seek. Because type II managers are sensitive to outside opinion about the nursing profession, it is possible to improve their self-image through a long-term image-improvement marketing strategy (Andreoli, Carollo & Pottage, 1988; Chaney, 1986; Cuesta, 1994) designed to improve or convert attitudes about nursing among the media, patients and the public.

Type III: The Progressive

Type III nursing unit managers recognize the distinctiveness and professionalism of nursing, allowing them to pursue professional knowledge and the enrichment of education based on philanthropic humanism. Through this process, they seek to improve the quality of the profession and reach the ideal of professional nursing.

However, type III managers lack the will and effort for self-improvement in the quality and attitude of the nurse as the primary figure of professional nursing practices. They tend to perceive the nurse as a professional with a relatively low degree of responsibility and morality concerning his or her activities and patients.

The Progressives also place a high value on the ideal of professional nursing; they perceive individual talent and characteristics as important factors related to nursing. As a result, they deepen the gap between ideal nursing practices and reality, thus contributing to a low rate of job satisfaction.

The 12th subject, who showed the highest factor weight score, said: "I believe that a true nursing can only be achieved by carefully observing patients' mind with courtesy because nursing is a profession that takes care of the well-being of patients based on responsibility, devotion and love toward human beings. Therefore, education is more essential for such an ideal nursing practice and positive change than any other profession. In my experience as a manager, I recognize a great gap in performance among nurses according to their educational backgrounds."

The Progressive manager also actualizes the fundamental quality of nursing as love based on humanism, or "In," a traditional Korean concept meaning "love." The 13th subject described this view as "nursing performed through human relationship." The explanation for

this view can be found in the traditional Korean mental structure (Yoon, 1989; Cho, 1987; Committee for Philosophic Material Press, 1988; Choi, 1987). It also is a desirable view because nursing deals with human beings. Love is the root of "In" philosophy, which involves moral actions to help others. "In" combines the widely generalized nursing concept of caring and love in Christianity. In short, the concept of "In" represents an ethical behavior that emphasizes the duty of humans in human relationships. Because practicing "In" guides the behavior of medical staffs in treating patients or their families, development of a strategy that actively applies the concept of "In" to nursing is much needed (Lee, 1993).

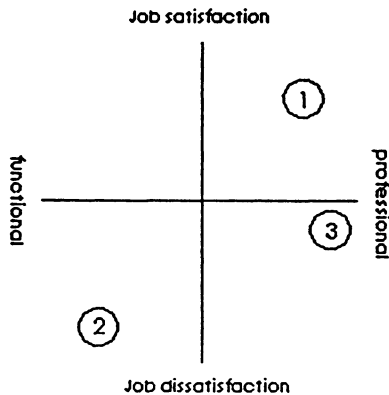
If the Progressives could develop a positive self-image, combined with the concept of nurses as professionals, they might become ideal nurses, with a desirable pride and job ethic.

Conclusion

Q methodology identifies and measures an individual's subjectivity, in this case, the structure of a professional nursing image. This study identified three types of professional nursing images. The Proud type, who believes that an individual nurse's competency and quality determines the quality of nursing, has a positive outlook, recognizing the need for continuous self-development and effort. The Self-Conflicted type, who regards environmental factors as more important than efforts at self-improvement, negatively perceives the occupation of nursing and its prospects. The Progressive type has difficulty improving his or her image as a professional. Progressives try to be recognized as full-fledged professionals by pursuing the ideal of professional nursing, reflecting an individual nurse's quality and characteristics.

The discovery of these three types through Q methodology may present a strategy for improving the professional nursing image. Figure 1 graphically shows the position of the three types, according to two axes: the perception of professionalism of nurses and the degree of satisfaction of nursing professionals. The Proud type is placed in the upper right corner; this group perceives the nursing occupation as highly professional and satisfactory. The Self-Conflicted type is placed in a way that shows the group's perception of nursing as highly functional, with low job satisfaction. The placement of the Progressives indicates they have a lower job satisfaction rate and perceive nursing more professionally than do the Prouds.

Figure 1
Positioning Map of the Types



The significance of this study lies in identifying the three discrete types of professional nursing images, as indicated by positioning each type in the quadrants. Because these types are not fixed, but continuously moving as they interact with the environment, these findings can suggest a way to construct a desirable image of the nursing profession.

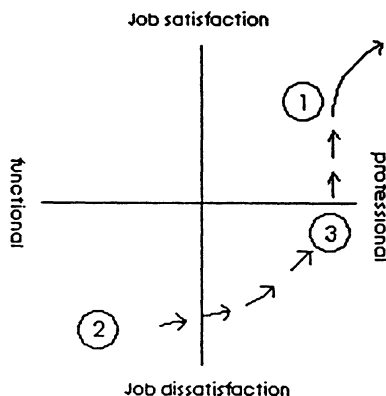
Strategic responses can be developed by each of the types, based on this conceptualization. The Self-Conflicteds can move in the direction of the Progressives by reinforcing the potential of professionalism in their image of nursing. The Progressives need motivation to internalize a positive self-image, as well as to reinforce job satisfaction by rearranging tasks, reconstructing communication channels, and establishing proper social and economic rewards; these actions will move them toward the image represented by The Prouds. Professional education and strategies to heighten, the Prouds' already-positive view of nursing suggests the possibility of constructing an improved image of the profession.

The goal, based on this discussion, is to establish an ideal vector which could be applied to all three types. This ideal vector envisions a desirable professional nursing image that a professional nurse should pursue; it mitigates personal and institutional conflicts in the process of establishing and improving the image of the profession.

As shown in Figure 2, an ideal professional nursing image can develop as the Self-Conflicteds move in the direction of the Progressives, while the Progressives move upward to the quadrant where the

Prouds dwell. And the Prouds progress toward the best image of professional nursing of all.

Figure 2
Ideal Vector for the Professional Nursing Image



The ideal vector suggests a detailed strategic response for each factor, especially for the Self-Conflicteds and the Progressives. First, strategies that can promote self-image to reinforce the professional nurse's sense of self-importance and job satisfaction should be considered in order to resolve problems that come from within the nursing organization. Second, the nursing marketing strategy would be projected on people outside nursing, a target audience that includes patients and their families, the general public, the mass media, doctors and other medial professionals, nurses and nursing students, hospital administrators and legislators; these people would be the main body of the study (Yeun, 1994; Andreoli, Carollo & Pottage, 1988; Ben-Sira, 1983; Benedict, Gemmel & Anderson, 1988; Chaney, 1986; Cuesta, 1994; Greeneich, 1993; Tomy, 1992).

Accordingly, the construction of such strategies would lead to an improved image of their profession that nurses could follow and practice. The image of professional nurses is not only an individually perceived, comprehensive phenomenon for social co-existence; it also is expressed distinctively and diversely through an individual's subjectivity. Understanding of the subjective structure of a professional nursing image and strategies for improving that image can lead to an active, positive image of the profession. Such an image can help nurses

realize their own professionalism and achieve job satisfaction. In turn, services would improve and patients' satisfaction would rise.

This study contributes to nursing practice in several ways. First, the features of each type of nursing unit manager, as described above, can be used as basic strategic data to improve professional satisfaction and productivity among nurses, through the construction and improvement of a professional nursing image. In addition, these features can serve as a basic marketing structure for repositioning the image of professional nurses among patients and other members of the public identified above.

The results of this study also can be used as educational material for nursing students, with the professional nursing image identified here as an educational goal for undergraduate nursing departments. At the graduate level, the study provides fundamental data for education and research whose objectives include preparing nurses to adapt to a rapidly changing professional environment and understanding how to contribute to the profession and to society.

Finally, the data can help individuals accomplish their own nursing goals.

This study provides evidence that Q methodology offers a holistic and heuristic view of nursing unit managers' subjectivity.

Appendix

Factor Loadings for Nursing Unit Managers

Subject No.	1	2	3	COM
Factor 1: Proud				
19	80	15	16	70
11	87	13	21	81
18	81	23	15	74
25	69	17	17	53
28	81	14	26	74
24	78	12	28	71
6	76	29	11	68
2	77	04	32	70
10	83	24	26	83
29	65	17	44	65
22	71	30	44	79
20	67	04	52	73
5	61	49	03	62

16	56	34	35	56
21	51	19	44	49
15	51	48	20	53
27	62	59	24	80

Factor 2 : Self-conflict

23	-00	73	08	54
7	05	84	22	77
14	35	66	20	61
1	37	63	18	58
8	21	66	38	63
26	19	52	34	43
9	43	45	36	52

Factor 3 : Progressive

12	08	19	75	61
17	11	21	59	41
4	23	16	64	50
13	25	37	60	56
3	21	51	69	78
30	38	27	58	56

Factor correlations: I -- II= .526; I -- III= .595; II -- III= .640

Typal Array (z-scores)

Q-Statements	I	II	III
1. It is thought that social status of nurses is high.	-.9	-1.4	-.7
2. Nursing profession does not require the rational and logical way of thinking.	-2.0	-1.9	-2.0
3. Nurses show a professional appearance by cooperating with other professionals in medical field such as doctors.	.8	-1.1	.4
4. Nurses are perceived as independent and autonomous in their job performance.	-.4	-1.3	-.8
5. Nurses are willing to utilize their knowledges, skills, and time for their patients.	.8	-.0	-.4
6. It is believed that patients trust nurses.	.9	.4	.4
7. It seems that nurses participate actively			

in public activities.	.4	.5	.1
8. Nurses have the matured personality with a philanthropism.	.1	.3	-.3
9. In technical perspective, nurses cannot be regarded as professionals.	-1.7	-.7	-.6
10. Nurses, as professionals, continuously make efforts to acquire expert knowledge.	1.3	.2	-.5
11. Generally speaking, nurses continuously make efforts to be equipped with a great personality.	.6	-.7	-.4
12. Nurses with their uniform appeared to be as professionals.	-.5	-.3	-.2
13. Nurses are looked as professionals since they work hard with a positive attitude.	1.2	1.2	.8
14. Nurses are respected as professionals by other professions in hospital.	-.8	-.8	-.5
15. It seems that nurses are not hard working for the specialty of the profession as other professions in the hospital are.	-1.3	-.1	.9
16. Nurses show professional task performance and matured personality in relationship with other professions.	.8	-.1	-.2
17. Nurses appear to be a leader with ability to express their own opinions in job performance.	.8	1.4	-.7
18. Nurses show a professionalism in solving problems of patients quickly and precisely.	1.4	.3	.5
19. Nurses are not properly equipped with basic culture and common knowledge required for professionals.	-1.6	-.4	.1
20. Nurses show responsibility and sincerity as professionals.	1.1	1.1	1.0
21. Nurses show responsibility and ethics that are required for professionals.	.9	.3	-.4
22. Nursing is not regarded as an independent field in medical structure.	-.8	2.2	1.1
23. Nursing shows its professionalism best when the service is provided with devotion, sacrifice, and responsibility as a professional service.	1.6	1.4	1.7
24. Nursing is a service that takes care of patients with a professional insight.	1.8	1.8	1.5
25. Nursing is a very complex and difficult job that only a professional with expert			

knowledge and skill can perform.	.3	-.8	1.5
26. In order to have professionalism, nursing should be performed with the spirit of 'In' in oriental philosophy which means love.	.7	.9	1.3
27. Nurses' cap and white gown are symbols that represent a professional appearance.	-.4	-.4	-1.0
28. Because nursing requires more devotion, kindness and attendance than professional knowledge, it is rather a holy job than a professional service.	-.5	-.0	-1.1
29. Nursing is perceived as a noble profession.	.0	-.1	.6
30. Nursing is not a professional job because it performs as a liaison among different professions in the organization.	-1.6	-.1	-1.2
31. If a unique nursing theory tuned for Korea is developed, nursing will be a competitive medical service after opening the market to foreign medical services.	.6	.7	.5
32. Nursing is acknowledged as a unique knowledge and skill that only a nurse can perform.	.1	-.1	.4
33. Nursing is not perceived as a life-long profession in society.	-1.0	1.0	.0
34. It is thought that nursing is not a stable profession.	-1.0	-.9	-1.7
35. It is thought that the prospect of nursing profession is not bright.	-1.4	-1.0	-2.2
36. Nursing is a profession that does not provide a proper monetary rewards considering its role.	-.2	1.4	.6
37. Nursing is a profession with a positive social perception.	-.3	-1.1	-.2
38. Nursing profession provides great contribution to society with its professional power.	-.0	-1.1	-.4
39. It is thought that nursing requires at least Bachelor's degree as a profession.	1.0	1.1	2.2
40. Nursing is a profession that receives a satisfactory spiritual reward and a proper treatment through support and recognition from the organization.	-.8	-2.0	-.7

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