

Nursing: An Emerging Profession

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Abstract: Hospital nursing is a career which is on the path of professionalization. Apparently which works under the supervision of doctors, nurses tend to be a full fledged profession by fulfilling the attributes of profession. Abstract knowledge, professional organization, monopoly over practice, service orientation, reward and code of conduct and professional ethics are the defining criteria of a profession. The position of nursing in terms of the above attributes are analysed in order to ascertain its status as profession. The conclusion arrived at confirms that nursing is emerging as a profession.

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Edna Yost, in her book "American Women of Nursing" (1955) remarked that nursing is the "oldest of the arts but youngest of the professions". Nursing today has many women of true professional status and offers opportunities for many types of talents and abilities. Nursing had been primarily a woman's work and its rise to the professional status has been under the leadership of women.

Nursing has often been denied of the status of profession because of the nurse's participation in a functional division of labour, ordered and supervised by the authority of a prime profession, that of the physicians. By definition, the nursing professionals are distinguished from established professions by their relative lack of autonomy, responsibility, authority and prestige. Nursing has been generally considered as a semi profession due to its subordinate nature. However, on the basis of the specialised training, rising values of expertise and knowledge, increased specialisation and work autonomy, nurses are also claiming the status of a full-fledged profession.

E. Harvey Estes and D. Robert Howard (1969:903) expressed the view that nursing has evolved into a professional area of its own, serving the patient in such a way as to enhance his comfort, speed his recovery, and enable him to live with his limitations. Because of their unique competence, the nurse practitioners might be better equipped to function in settings characterized by low population densities, poor transportation and a relative absence of physicians. The nurse practitioner could then be considered as ".....an independent assistant who functions with a degree of autonomy, limited usually by the complexity of the patient's problems which the worker himself must evaluate." (Estes et al., 1969:903)

Status of profession is a matter of controversy. The dynamics of work situations such as occupational differentiation, division of labour and specialisation, modernisation and bureaucratization are the important factors which affect the professional status of any occupational group. Increasing division of labour, specialization and differentiations in the field of occupation contributes to the enhancement of status of some occupational groups as professions. Hence, the status as a profession is a matter of degree which depends upon how far and how long an occupational group comply with the traits of the profession, and professionalisation has become a model for imitation for many aspiring occupational groups.

Controversy over the status as profession starts from the very definition of the term "profession" itself. There are many definitions of profession. Yet there is no unanimously accepted one. There is no agreement with regard to the attributes of profession. Increasing occupational differentiation and organisational commitment of professions has also led to the redefinition of the concept. Lack of one or the other attributes of the profession by almost all professions has led to a confusion of their status as professions. Under these circumstances, the status of any occupational group as a 'profession' is a matter of degree in the process of professionalisation.

The 'professional' status of nursing depends not simply upon the important traits of the profession but also on their relative position with the physicians and the hospital management, who constitute the prime professional authority and bureaucratic authority in the organizational set up in which the nurses work. Nature of such relationships determine the degree of professionalisation of the nurses.

Pointing to the relationship between physicians and nurses, Henry Silver and Loretta Ford (1967:1443-44) state that "Physicians and nurses can and should work together to determine which of them can best assume responsibility for a particular aspect of a patient's therapeutic regime". E. Harvey Estes and D. Robert

Howard (1969:903) have noted that physicians and nurses have traditionally worked together as the two major professions providing care. This working together has not always been as co-professionals, sharing the responsibilities involved in meeting health care needs. Physicians have expressed “increased willingness to place confidence and responsibility in the nurse as a collaborative colleague, while professional nursing education is increasing its preparation in problem solving and decision-making...” (1969:903).

In order to assess the professional status of nursing, opinion of the respondents are ascertained on the important traits of profession for which nursing conforms. The defining characteristics of profession includes the intellectual nature of the job, monopoly over trade and independence, its organisation, service orientation, rewards, and code of conduct and ethics. To claim professional status, nursing must conform to these fundamental attributes of profession. The respondents are asked to indicate their level of agreement over the different attributes of profession.

The status of nursing as a profession depends upon how far the specific duties of the nurses comply with the traits of the profession. One of the attributes of a profession is the abstract body of knowledge on which it claims competence. To be a professional, nurses have to prove the intellectual component of specific duties and their competence and authority over that knowledge. Authority and competence in the specific knowledge helps them to attain monopoly over their career and confers certain extent of independence in discharge of their duties. The independence of professionals tend to bring autonomy to them and thereby they tend to be regulated by their own statutory organization. In addition, the practitioners tend to form associations on professional lines in order to establish and maintain their professional autonomy, monopoly and independence. As professionals, the duties of the nurses are assumed to be a service with altruistic orientation. The salary they get for their work is assumed not as a compensation for their work but, as reward for rendering a distinctive service to the patients as clients. Their service conditions and behaviour in their inter-personal relations and personal life are regulated by the rules of conduct which are elevated to the status of professional ethics. In this context, an attempt has been made to ascertain how far nursing profession conforms to the basic attributes of a profession.

1 Intellectual Nature of Nursing

Nursing is a career whose incumbents are responsible for the care processes in the hospital system of health care administration and treatment of the patients. In order to assist the highly qualified medical professions in the curative processes of health care administration, the nurses who assist them in almost all aspects of health care should also be equally efficient. Hence, knowledge of medial sciences, and curative and care processes is essential for the nurses. As the medical profession is moving towards high specialisation, the nursing profession should also move towards intellectual efficiency. The advance of medical service and technology has necessitated the nursing profession to keep pace with the developing fields of specialization and superspecialities. The physician requires a nurse with the knowledge of intricacies of operations, manipulations of most modern instruments and technologies in health care and with a sound knowledge of human body mechanism, psychology and administration and management of human relations. In this context, nursing is becoming a highly intellectual profession, anchored on knowledge-base and intellectual efficiency. In order to assess this, the respondents are asked to indicate their level of agreement on the intellectual nature of nursing profession.

Intellectual nature of an occupation depends mainly upon the applicability of knowledge obtained in its training. To be a profession, any branch of occupation or work is required to be based on a rigorous training in which scientific knowledge required for its practice is inculcated. The individuals who opt to enter the profession are required to orient themselves, to acquire and continuously enhance their knowledge in the specific field of their duties. Nursing as a profession is also based on an abstract body of knowledge, particularly in the field of health care administration, management and research. It is also one of the emerging professions that is continuously trying to keep its training and education in pace with the changing requirements of its practice. In this context, how far the knowledge acquired in training and education in nursing is applicable in its practice is a serious matter concerning its intellectual nature. Mastery over the knowledge should enable the practitioner to attain autonomy in the field of his work.

In order to assess the intellectual nature of nursing, five different questions are asked. Applicability of professional knowledge in practice, need for intellectual training, seminars, workshops and in-service trainings and intellectuality of non-nursing activities are the index of professional status of nursing.

Table 1
Intellectual nature of Nursing

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
What is learnt in	20(9.52)	126(60)	08(3.81)	40(19.05)	16(7.62)	210(100)

training is highly applicable in practice						
Need for high intellectual training and orientation	32(15.24)	115(54.76)	10(4.76)	45(21.43)	08(3.81)	210 (100)
Need for seminars, workshops, inservice trainings	30(14.29)	85(40.48)	12(5.71)	48(22.86)	35(16.67)	210 (100)
Non-nursing functions are also intellectual	12(5.71)	08(3.81)	-	105(50)	85(40.48)	210 (100)

2 Monopoly and independence:

Monopoly over performance of their functions is an important characteristic of a profession. Monopoly over trade indicates that the duties performed by the profession is the property or prerogative of its incumbents which cannot be taken over by others. Registration of the practitioners under the professional authority is the indication of its monopoly over practice of the profession. To be a nurse, a qualified person should register under the Nursing Council of India. A qualified but unregistered candidate cannot practice nursing either in a hospital or privately. Hence, monopoly over trade is maintained. The Nursing Council of India is the sole authority to register the qualified persons to enter into the practice of nursing. Hence, competition in the field of nursing by unregistered nurse practitioners is out of question. The emergence of any other occupational group, equally qualified and eligible to compete with the nurses, is not a possibility. The private practice in nursing is a new concept that is emerging nowadays. But it takes place well within the monopoly of nursing profession. Closely related to monopoly of a profession is the concept of independence. Independence in the practice of a profession implies how far the practitioners are able to take decisions on their work situations without authoritative interference of outsiders. Mutual interference in each others' work usually takes place when a number of occupational groups work as a team, with shared responsibilities. This is more so when a work of vital importance, involving vicarious responsibilities, is involved at the center of team work. Health care is one such activity, which involves the teamwork of shared responsibilities wherein, the vicarious responsibility lies with the physician. Nurses, who constitute an important ingredient of the team work, claim certain amount of independence. They substantiate their claim by saying that the nature of their work requires a special kind of competence and efficiency which need not come under the supervision of the physician. In order to assess the extent of independence claimed by the nurses the respondents are asked to indicate their extent of satisfaction or otherwise with regard to statements relating to their control over work lives, supervision by others, their say in major decision makings and pressure of overwork and powerlessness in work environment.

Control over work lives of the staff nurses is a matter upon which the doctors as well as hospital authorities intervene most often. Theoretically, nursing is a field of activity upon which nurses should have full control. However, it goes in accordance with the decisions and directions of the hospital management and the physicians. The concrete tasks of nursing care such as bathing the patients, bed making, administering medicine, feeding, collecting specimens for medical investigations, etc. are also carried on in accordance with successive 'rounds' in pursuance to the visiting 'rounds' of the doctors. Nurses perform their duties in accordance with the directions of the doctors and hospital managerial staff. They are constantly supervised by the two lines of authority - of the doctors and of the hospital management. Role of the nurses in major decisions in patient care, the pressure of workload, and the extent of powers they exercise in their domain of activities are the determinants of nurses' status as professionals.

CONTROL OF NURSES ON THEIR WORK

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Nurses have full control over their professional functions and work lives	14(6.67)	65(30.95)	18(8.57)	75(35.71)	36(17.14)	210(100)
Nurses have sufficient independence in their duties	16(7.62)	70(33.33)	14(6.67)	60(28.57)	50(23.81)	210(100)
Weightage to nurses opinion in Decision making	15(7.14)	45(21.43)	15(7.14)	49(23.33)	86(40.05)	210(100)
Pressure of overwork	47(22.38)	59(28.09)	26(12.38)	45(21.43)	33(15.71)	210(100)
Feeling of Powerlessness	10(4.76)	60(33.33)	20(9.52)	105(50)	15(7.14)	210(100)

ACCEPTABILITY OF SUPERVISION OVER NURSES BY OTHERS

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Supervision by Doctors	15(7.14)	20(9.52)	08(3.81)	85(40.47)	82(39.04)	210(100)
By Nursing Superintendent	96(45.71)	90(42.85)	02(0.95)	10(4.76)	12(5.71)	210(100)
By Hospital admin staff.	13(6.19)	22(10.48)	05(2.38)	80(38.09)	90(42.86)	210(100)

3 Organisation:

Organisation of a profession is distinct from the trade union of an occupational group. Professionals sooner or later form associations to protect their interests. Carr-Saunders points out the underlying motives in the formation of associations: 1) to secure monopoly over practice, 2) to prescribe and enforce a proper standard of professional and honourable conduct, and 3) to improve status of profession.

Organisation of nursing profession along the line of professional authority and association has been realised by the establishment of Nursing Council of India which is the professional authority for the hospital nurses working in India. The establishment of Trained Nurses Association of India (TNAI), as a national level association of the nurses exists for the promotion of professional autonomy and welfare of the nursing professionals.

The table below indicates the responses of the nurses about the integrity of nurses' organisation like TNAI.

NATURE OF PROFESSIONAL ORGANISATION

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Integrity of organisation	28(13.33)	103(49.05)	18(8.57)	30(14.29)	31(14.76)	210(100)
Safeguarding their interest	30(14.29)	112(53.33)	20(9.52)	35(16.67)	13(6.19)	210(100)

PRIVATE PRACTICE BY NURSES

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Attitude towards private practice	26(12.38)	135(64.28)	28(13.33)	12(5.71)	09(4.28)	210(100)

.4 Service Orientation:

It is the ideal of service or of a 'calling' with the practitioners standing above the monetary considerations of the market place, that separates the profession from occupation. Status of profession also depends upon the extent to which an occupational group has altruistic orientation in discharge of its obligations. As a parallel duty to the 'cure' process in the treatment of the patients, 'caring' work is also highly oriented towards the well being of the patients. The role performance of the nurses who are responsible for care processes in the administration of health care, requires as much service orientation and sacrifice of personal and private interests of the nurses as that of the doctors. Service orientation of a profession requires its incumbents to sacrifice personal interests in view of the professional duties to a great extent. Sacrifice of personal interests may be as concrete as spending more time for professional work, readiness to work for a low salary, as well as making sacrifice of major events and happiness of personal life such as marriage & family happiness.

Table:4(1)
SACRIFICE OF PERSONAL INTERESTS

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Sacrifice of personal/family interests in view of patient care	55(26.19)	115(54.76)	12(5.71)	20(9.52)	08(3.81)	210(100)
Assisting the doctor is the most important duty of a nurse	15(7.14)	85(40.48)	20(9.52)	60(28.57)	30(14.28)	210(100)
Importance of patient care	45(21.42)	135(64.29)	08(3.81)	12(5.71)	10(4.76)	210(100)

EXPECTATION ON APPRECIATION OF WORK

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Appreciation by doctor	12(5.71)	38(18.09)	08(3.81)	143(68.09)	09(4.29)	210(100)
Appreciation by superiors	13(6.19)	34(16.19)	10(4.76)	148(70.48)	05(2.38)	210(100)
Appreciation by hospital management	15(7.14)	30(14.29)	15(7.14)	136(6.48)	14(6.67)	210(100)
Appreciation by patients	25(11.90)	171(81.42)	02(0.95)	08(3.81)	04(1.90)	210(100)

Service orientation of a profession is assessed on the basis of the nature of the work they perform, broader orientation of their functioning, extent of sacrifice of personal interests and the expectations that the professionals make for themselves out of their work. With regard to the nursing professionals, the sacrifice of personal interests are reported to be very high. They rate patient orientedness as the highest priority in their work. Expectations of high appreciation for their own work from the patients conforms to their opinion on patient orientedness in their work.

5 Rewards:

Professional's worth is ascertained in terms of the rewards they are able to derive by their service. When a profession becomes attached to an organisational set-up, the rewards which it deserves tend to be converted into salary and other incentives. The rewards help us to assess the recognition of their worth in an organisational set-up as well as the relative significance of their service.

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Nurses get good salary	35(16.66)	105(50)	04(1.90)	43(20.47)	23(10.95)	210(100)
Social security is sufficient	28(13.33)	111(52.86)	08(3.81)	33(25.23)	10(4.76)	210(100)

6 Code of Conduct and Ethics:

Every profession has an explicit ideology and ethics and the incumbents are required to adhere to them. Professionals ethic and ideology are taught in the course of their training and education, and rendered into concrete code of conduct and guidelines in practice of the profession. Perception of the professional ideology and ethics by the incumbents of a profession can be ascertained by asking questions on the nature of their code of conduct in the practice of the profession. Hence the respondents are asked to indicate how they behave in their workplace.

CODE OF CONDUCT AND ETHICS

Nature of code of conduct	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Strict	23(10.95)	145(69.04)	08(3.81)	26(12.38)	08(3.81)	210(100)

7 Factors Affecting Professional Status:

Attainment of the status as a profession as well as its retention depends upon how far the attributes of the profession are held intact. The nurses claim the status of profession based on their compliance with the basic attributes of the profession. However, they perceive certain factors as affecting their professional status adversely. Foremost among them is the imposition of non-nursing activities upon them. Discrepancy between training and practice is also a significant factor in affecting their status as professionals. Updating of knowledge plays a crucial role in enhancing their professional status. Lack of uniformity in rules and regulations regarding nursing education and practice especially between different states in India is an important impediment in their attainment of professional status.

Table:7(1)

FACTORS THAT AFFECT PROFESSIONAL STATUS OF NURSES ADVERSELY

	Factors	Respondents	Percentage
1	Involvement of non-nursing activities in greater extent	185	88.09
2	Lack of proper updating of knowledge by seminars, workshops and	115	54.76

	inservice training		
3	Lack of adequate relationship between training and practice	146	69.52
4	Routinization of nursing care activities	73	34.76
5	Practice of the profession by untrained and partially trained persons	48	22.85
6	Lack of uniformity in rules and regulations on nurse training and practice	102	48.57
7	Increasing control over nurses by the hospital management	32	15.23
8	Lack of dedication	30	14.28
9	Neglect of patient care activities	38	18.09
10	Low salary	35	16.66
11	Neglect of code of conduct	35	16.66
	N	210	

Note: Total does not tally to 210, the respondents have given more than one answer. The answers have been calculated out of 210 ∴, N=210.

Conclusion:

In spite of its popular status as a semi profession, nursing tend to be a full fledged profession. Data on intellectual nature of nursing reveals that nursing tend to rely more on theoretical knowledge in its training and practice. It tends to minimize the non-nursing activities from its schedule of tasks. Monopoly over practice and independence in discharge of duties are the other two traits that have been tested over nursing profession. It is revealed that the statutory requirement of registration under a professional authority for its practice and greater control by the nurses over their own work enhances nurse’s monopoly over practice and independence in work. Supervision by their own professional superiors is also an indication of their independence.

Nursing profession in India tends to be organized under two lines of structures. The statutory body of Nursing Council of India lays down rules and regulations regarding nursing education and practice, while the single national level association, called Trained Nurses Association of India, integrates the nursing practitioners into a tightly organized professional body. The emerging concept of private practice in Nursing also helps to improve its professional status.

Service orientation is the core of nursing profession. Data reveals that patient care is the primary duty of the nurses and the nurses sacrifice a great deal of personal and family interest in view of their professional calling. The reward pattern of the nursing practice confers the status as a ‘salaried’ professions. The code of conduct laid down by the profession for its practitioners and its strict adherence in work situations and private life gives a professional identity and outlook for nurses. Regarding the factors that adversely affect the professional status of the nurses, involvement of non-nursing work, lack of adequate relationship between training and practice, lack of proper updating and knowledge and lack of uniformity in rules and regulations are identified as most important. However, in the light of above facts, it could be considered that nursing is an ‘emerging profession’ if not yet a full-fledged profession.

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