

## PERCEPTION OF NURSES REGARDING THEIR ROLE IN A HOSPITAL

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### ABSTRACT

Perception is a process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment. A motivated person is ready to act. How the motivated person actually acts is influenced by his or her perception of the situation. Perception depends not only upon the physical stimuli, but also on the stimuli's relation to the surroundings field and on the condition within the individual. People's behavior is based on their perception of what reality is, not on reality itself. Perception is understood as the act of seeing what is there to be seen which is influenced by the individual, the object and the situation. Perception is the process by which an individual selects, organizes, and interprets the information inputs to create a meaningful picture of the world. In simple terms, perception is why the same universe is viewed differently by different people. The perception is measured by instruments considering role efficacy. Researches show that persons with high role efficacy seem to experience less role stress, anxiety and work related tension. The present study was undertaken with an aim of understanding and comparing the role efficacy of nurses at various levels in a famous hospital in Ludhiana, Punjab (India). All the 120 nurses and 35 head nurses in this hospital were studied for the role efficacy they experience. The outcome of this process is discussed in this paper.

**KEYWORD:** Perception, Sensory Impressions, Physical Stimuli, Role Efficacy, Role Stress

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### INTRODUCTION

Perception is a process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment. A motivated person is ready to act. How the motivated person actually acts is influenced by his or her perception of the situation. Perception depends not only upon the physical stimuli, but also on the stimuli's relation to the surroundings field and on the condition within the individual. People's behavior is based on their perception of what reality is, not on reality itself. Perception is understood as the act of seeing what is there to be seen which is influenced by the individual, the object and the situation. Perception is the process by which an individual selects, organizes, and interprets the information inputs to create a meaningful picture of the world. In simple terms, perception is why the same universe is viewed differently by different people.

Perception process consists of three stages: Selection, Organization and Interpretation. Selection is the first stage in the perception process in which the stimuli is selected through the senses: sight, sound, smell, taste and touch. Organization is the second stage in which the stimuli (information) are mentally arranged so that a sense can be formed of the stimuli or it can be understood. Interpretation is the third stage in the perception process in which the meaning is attached to the stimuli. Interpretations are subjective and are based on values, needs, beliefs, experiences, expectations, involvement, self-concept and other personal factors.

A hospital is a health care institution providing patient treatment by specialized staff and equipment. Hospitals are largely staffed by professional physicians, surgeons, and nurses. It is an institution for the treatment, care and cure of the sick and wounded, for the study of disease, and for the training of physicians, nurses, and allied health care personnel. Hospitals are usually funded by the public sector, by health organizations (for profit or nonprofit), health insurance companies, or charities, including direct charitable donations. Historically, hospitals were often founded and funded by religious orders or charitable individuals and leaders. Today, hospitals are largely staffed by professional physicians, surgeons, and nurses, whereas in the past, this work was usually performed by the founding religious orders or by volunteers. Thus, a hospital can be defined as a building in which the sick, injured, or infirm are received and treated; a public or private institution founded for reception and cure, or for the refuge, of persons diseased in body or mind, or disabled, infirm, or dependent, and in which they are treated either at their own expense, or more often by charity in whole or in part; a tent, building, or other place where the sick or wounded of an army cared for.

The Health team that provides treatment to the patients in a hospital consists of doctors on the curative side and nurses on the care side. Of the two, the role performance of the nurse is crucial since she is responsible for not only providing comprehensive nursing care to the patients but also associated functionally with the doctor in the recovery of the patient (Suryamani, 1989). Nurses provide extensive help to physicians caring for patients recovering from an accident or illness. They fill various roles to ensure hospitals are running smoothly on a daily basis. The nurse's professional goals are concerned with the promotion of health and the prevention of disease as well as the treatment of illness. The efficiency of the performance of nurses depends on their perception regarding their role in the hospital.

## **REVIEW OF LITERATURE**

Manninen's (1998) longitudinal study conducted on 158 Finnish nursing students examined perceptions of nursing students after 6, 18, and 30 months of education and at the end of the education. He used Likert scale to explore students' self-assessment of nursing as a medical-technical activity, as promoting human well-being and health, and as a professional activity and the findings indicated that along with the caring aspects, nursing as a profession incorporated scientific knowledge and health promotion with the ultimate goal of "taking care of the patient's well-being and needs". The results have learning for educators, and recommend that with the changing nature of nursing, it is imperative to look carefully at the current and future demands of health care services when scheduling the curriculum.

Gerrish (2000) conducted a grounded theory study that examined 25 newly qualified nurses' perceptions of the transition from student to qualified nurse. In-depth, individual interviews were undertaken and questions were asked about how students perceived the differences between the role of the student and the role of the staff nurse, how prepared they were for their new role, what relationships they formed with other staff members, what support systems were available, and what were the stressful and enjoyable aspects of their new role. The results revealed that unlike nurses in the 1980s today's nurses appear to have developed more active learning strategies, which has helped them adjust to their new role.

Latimer (2005) used a cross-sectional approach to study 24 nursing students at the beginning, midpoint, and end of their Canadian university nursing program. The aim of this study was to understand how students perceived their identity and learning, and how educators can intervene to better prepare them for transition into the nurse's role. Data were obtained

through the use of a questionnaire, a picture drawing image analysis, a focus group discussion, and a follow-up debriefing telephone call. Results revealed that nursing students start out with positive perceptions of the nursing profession, but end up with low self-esteem and negative feelings about nursing; however, they remain positive about their future in the nursing profession. The author stated that this research added to the importance of understanding the socialization of students during their nursing education.

Bjorkstrom *et al.* (2006) completed a longitudinal survey to explore the meaning of being a good nurse. The researchers used a questionnaire to ask Swedish informants to describe their perception of what it means to be a good nurse and what it means to be a bad nurse. Data were collected from nursing students at the beginning of their nursing school, just before graduation, and 3 to 5 years after becoming a new nurse. Initially, 164 nursing students participated in the study, and by the end there were 64 informants who had participated at all data collection times. Four categories emerged out of this research: (a) "to do good for others," (b) "to be competent and skilled," (c) "to have professional courage and pride," and (d) "to seek professional development". As informants' professional experience and awareness increased, their meaning of being a good nurse became more complex.

Mooney (2007) studied nurses' perceptions of their role transition and expectations of their new role using grounded theory. Data were gathered using an in-depth interview. Questions were asked about participants' perceptions and experiences of their role transition and expectations of their new role. Results revealed that the new nurses were expected to have in-depth knowledge and increased responsibility with little to no experience. Findings included that there is a need to restructure the transition process so that the expectations of new nurses are more realistic for their limited clinical experience.

Ware (2008) used grounded theory methodology to examine the process of the concept of self as a professional nurse in nursing students. Participants were 15 baccalaureate nursing students enrolled at the beginning of their final semester. Data were generated by asking questions related to how the students pictured themselves assuming the role of the nurse at the beginning of their program, and how they pictured the role of the nurse when they were nearing graduation. The students developed a more holistic view of nursing and felt that the nurse does not only focus on the physical needs of a client, but also the emotional, psychological, and social needs.

## **NEED OF THE STUDY**

Enormous research has been done in foreign countries as well as in India on perception of the nurses regarding their role in hospitals. But only a few have been conducted on the perception of nurses regarding their role in hospitals in Punjab, India. Hence, the present study was taken up at a famous hospital in the district of Ludhiana in Punjab (India).

## **OBJECTIVES**

1. To study the perception of the nurses regarding their role in a hospital in Ludhiana, Punjab (India).
2. To compare the perceptions of the nurses and the head-nurses regarding their role in the said hospital.

## RESEARCH METHODOLOGY

For the present study both exploratory and conclusive research methods were used. The conclusive research method here is descriptive in nature and the research design is single cross-sectional. In this study primary data has been collected through survey method. The research was conducted with the help of a structured interview schedule based on Nursing Role Efficacy Scale (A) (Pareek, 1997). The original instrument has already been tested for reliability and validity and proposes the following dimensions:

- 1) Integration
- 2) Proactivity
- 3) Creativity
- 4) Confrontation
- 5) Centrality
- 6) Influence
- 7) Personal Growth
- 8) Inter-role Linkage
- 9) Helping Relationship
- 10) Superordination

In the present case the target population consists of the nurses working in different hospitals in Punjab (India). The unit (Kotler, 1997) in the study includes a famous hospital in District Ludhiana in Punjab (India) while the elements are the nurses working there. All the 35 Head-Nurses and the 120 Nurses have been covered in the study.

The respondents were personally administered the questionnaire and primary data was collected. The questionnaire consisted of two parts, namely, Part-A and Part-B. Part-A of the questionnaire consisted of solicited information about the profile of respondents like their age, designation etc. Part-B consisted of 30 questions based on Role Efficacy as proposed jointly by Mr. Udai Pareek and Ms. Surabhi Purohit. This questionnaire consisted of 3 statements each related to the ten dimensions of Nursing Role Efficacy and the respondent had to answer on a five point Likert scale (Malhotra and Dash, 2010) in all the thirty statements.

Analysis of data has been done by constructing suitable tables and by using other statistical techniques like mean, standard deviation, and z-test for proportions.

Percentage method was used to analyze Part-A of the questionnaire. The percentage of respondents was calculated for each category of respondent's profile. Part-B consisted of 30 questions. The answer sheet for this questionnaire was used for scoring. Each question had five options and the respondent had to tick on one of them.

**Table 1- Scores for different answer choices**

	<b>Score</b>
Strongly Disagree	1
Disagree	2
Neither Agree nor Disagree	3
Agree	4
Strongly Agree	5

## HYPOTHESIS OF THE STUDY

The data was analyzed using the following null hypothesis (Bajpai, 2010).

## Hypothesis

1. **H<sub>0</sub>:** There is no significant difference between the proportions of agreement for different dimensions of role efficacy for the Nurses and the Head-Nurses.

**H<sub>1</sub>:** There is a significant difference between the proportions of agreement for different dimensions of role efficacy for the Nurses and the Head-Nurses.

Formula used:

$$Z = \frac{(\bar{p}_1 - \bar{p}_2) - (p_1 - p_2)}{\sqrt{(p_w \times q_w) \left( \frac{1}{n_1} + \frac{1}{n_2} \right)}}$$

where:

$\bar{p}_1$  = Proportion of sample 1

$\bar{p}_2$  = Proportion of sample 2

$p_w = \frac{x_1 + x_2}{n_1 + n_2}$  = Estimate of population proportion

$q_w = 1 - p_w$

$n_1$  = Size of sample 1

$n_2$  = Size of sample 2

$p_1$  = Proportion of population 1

$p_2$  = Proportion of population 2

## LIMITATIONS OF THE STUDY

To understand the research findings in their right perspective, it is necessary that limitations of the study be mentioned. The present study may have suffered from the following limitations.

- i) Size of the sample selected for research may perhaps be considered as small, hence; the result of this study might not be fully reliable for generalization for the whole country.
- ii) Since the questionnaire is comparatively lengthy and the nurses normally busy, there are chances that information obtained in some cases might have deviated from actual.
- iii) The respondents were asked to give their practical views and not the ideology, but the personal biases of the respondents might have affected the results.

## RESULTS AND DISCUSSION

The outcome of number of respondents has been categorized in categories such as age, educational qualifications, total work experience, and levels of occupation.

### Age

Age is the first and a very important factor to analyze the perception of the nurses regarding their role in different hospitals. In this study the age of respondents has been divided into four categories.

Table 2 indicates that the largest group for respondents belonged to below 30 (54.84 percent) while the smallest group is for 50 and above (02.59 percent) year categories.

Almost all the nurses belonged to the age group of below 40 years of age with a majority of them being below 30 years of age.

In the Head-Nurses category, more than sixty percent have an age between 40 and 50 years.

**Table 2 - Frequency distribution of nurses in terms of age.**

Age (Years)	No. of Respondents		Total
	Nurses	Head Nurses	
Below 30	85 (70.83)	-	85 (54.84)
30-40	34 (28.33)	8 (22.86)	42 (27.09)
40-50	1 (0.84)	23 (65.71)	24 (15.48)
50 & above	-	4 (11.43)	4 (02.59)
Total	120 (100)	35 (100)	155 (100)

Note: The figures in brackets indicate the percentages.

### Educational Background

Educational background is a very important factor, which affects the behaviour of an individual to a very large extent. Table 3 indicates a majority of respondents (nearly 60%) were found to be having an educational level of under-graduation.

Furthermore, among the nurses, around three-fourth were undergraduates while the rest were graduates. Among Head-Nurses, over 90 percent of the respondents were graduates (the rest being postgraduates).

**Table 3- Frequency distribution of nurses in terms of educational qualification**

Educational Qualification	No. of Respondents		Total
	Nurses	Head Nurses	
Undergraduate	92 (76.67)	-	92 (59.35)
Graduate	28 (23.33)	32 (91.43)	60 (38.71)
Postgraduate	-	03 (8.57)	03 (1.94)
Total	120 (100)	35 (100)	155 (100)

Note: The figures in brackets indicate the percentages.

### Total Work Experience

The next important factor under study was the total work experience of the nurses. On the basis of the total work experience the executives were classified into four categories, i.e.

- i) Less than 5 years,
- ii) Between 5 and 10 years,
- iii) Between 10 and 15 years,
- iv) Above 15 years.

Table 4 shows that the largest group of the staff members has an experience below five years followed by those having an experience of above 15 years.

In case of nurses more than half had an experience of less than 5 years and the rest being divided in the other categories.

At the Head-Nurse level, a majority had an experience of over 15 years followed by between 10 and 15 and between 5 and 10 years.

**Table 4- Frequency distribution of nurses in terms of total work experience**

Total Work Experience (Years)	No. of Respondents		Total
	Nurses	Head Nurses	
Less than 5	62 (51.67)	-	62 (40)
5-10	23 (19.17)	02 (20)	25 (16.13)
10-15	19 (15.83)	08 (22.86)	27 (17.42)
Above 15	16 (13.33)	20 (57.14)	36 (26.45)
Total	120 (100)	35 (100)	155 (100)

Note: The figures in brackets indicate the percentages.

### Level of Occupation

Table 5 shows that the number of junior nurses is more than seventy percent of the total respondents.

**Table 5 – Frequency distribution of nurses in terms of level of occupation**

Level of Occupation	No. of Respondents	Percentage
Nurses	120	77.42
Head-Nurses	35	22.58
Total	155	100

### Analysis of Role Efficacy of nurses

#### 1. Ranking of the different dimensions of role efficacy for nursing employees

Table 6 shows that the top three dimensions of role efficacy in order for nurses are Inter-Role Linkage, Helping Relationship and Super-ordination while for head nurses are Super-ordination, Helping Relationship and Inter-Role Linkage.

**Table 6 – Ranking of the dimensions of role efficacy based on the mean scores**

Rank	Style	
	Nurses	Head-Nurses
1.	Inter-Role Linkage	Super-ordination
2.	Helping Relationship	Helping Relationship
3.	Super-ordination	Inter-Role Linkage
4.	Centrality	Centrality
5.	Personal Growth	Personal Growth
6.	Integration	Integration
7.	Confrontation	Confrontation
8.	Proactivity	Proactivity
9.	Creativity	Influence
10.	Influence	Creativity

## 2. Two-Sample Analysis Results

### Hypothesis

**H<sub>0</sub>:** There is no significant difference between the proportions of agreement for different dimensions of role efficacy for the Nurses and the Head-Nurses.

**H<sub>1</sub>:** There is a significant difference between the proportions of agreement for different dimensions of role efficacy for the Nurses and the Head-Nurses.

(Variable 1: Nurses, Variable 2: Head-Nurses)

#### 1) Integration

##### z-Test: Two Sample for Proportions

Agreements for the style		
	Variable 1	Variable 2
Proportion	0.722222222	0.819047619
Observations	360	105
Hypothesized Proportion Difference	0	
Estimated Population Proportion	0.744086022	
Z	-2.00055332	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject H<sub>0</sub>

#### 2) Proactivity

##### z-Test: Two Sample for Proportions

Agreements for the style		
	Variable 1	Variable 2
Proportion	0.525	0.742857143
Observations	360	105
Hypothesized Proportion Difference	0	
Estimated Population Proportion	0.574193548	
Z	-3.97242727	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject H<sub>0</sub>

3) Creativity

**z-Test: Two Sample for Proportions**

Agreements for the style		
	<i>Variable 1</i>	<i>Variable 2</i>
Proportion	0.080555556	0.276190476
Observations	360	105
Hypothesized Proportion Difference	0	
Estimated Population Proportion	0.124731183	
Z	-5.33835626	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject  $H_0$

4) Confrontation

**z-Test: Two Sample for Proportions**

Agreements for the style		
	<i>Variable 1</i>	<i>Variable 2</i>
Proportion	0.619444444	0.79047619
Observations	360	105
Hypothesized Proportion Difference	0	
Estimated Population Proportion	0.658064516	
Z	-3.25079685	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject  $H_0$

## 5) Centrality

**z-Test: Two Sample for Proportions**

Agreements for the style		
	<i>Variable 1</i>	<i>Variable 2</i>
Proportion	0.808333333	0.885714286
Observations	360	105
Hypothesized Proportion Difference	0	
Estimated Population Proportion	0.825806452	
Z	-1.83949379	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is less than the critical value, so, do not reject  $H_0$ .

## 6) Influence

**z-Test: Two Sample for Proportions**

Agreements for the style		
	<i>Variable 1</i>	<i>Variable 2</i>
Proportion	0.166666667	0.4
Observations	360	105
Hypothesized Proportion Difference	0	
Estimated Population Proportion	0.219354839	
Z	-5.08388553	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject  $H_0$ .

7) *Personal Growth***z-Test: Two Sample for Proportions**

Agreements for the style

	<i>Variable 1</i>	<i>Variable 2</i>
Proportion	0.766666667	0.866666667
Observations	360	105
Hypothesized Proportion		
Difference	0	
Estimated Population		
Proportion	0.789247312	
Z	-2.21068216	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject  $H_0$

8) *Inter-Role Linkage***z-Test: Two Sample for Proportions**

Agreements for the style

	<i>Variable 1</i>	<i>Variable 2</i>
Proportion	0.830555556	0.942857143
Observations	360	105
Hypothesized Proportion		
Difference	0	
Estimated Population		
Proportion	0.855913978	
Z	-2.8832303	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject  $H_0$

9) *Helping Relationship***z-Test: Two Sample for Proportions**

Agreements for the style		
	<i>Variable 1</i>	<i>Variable 2</i>
Proportion	0.802777778	0.980952381
Observations	360	105
Hypothesized Proportion Difference	0	
Estimated Population Proportion	0.843010753	
Z	-4.4158439	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject  $H_0$

10) *Super-ordination***z-Test: Two Sample for Proportions**

Agreements for the style		
	<i>Variable 1</i>	<i>Variable 2</i>
Proportion	0.794444444	1
Observations	360	105
Hypothesized Proportion Difference	0	
Estimated Population Proportion	0.840860215	
Z	-5.06637529	
z Critical two-tail	1.959962787	

**Result:** Since the calculated value is more than the critical value, so, reject  $H_0$

**CONCLUSIONS**

As is evident from the discussion, the dimensions of role efficacy with high scores for the nursing employees are in a different order; the top three dimensions for nurses being Inter-Role Linkage, Helping Relationship and Super-ordination whereas for head nurses the dimensions being Super-ordination, Helping Relationship and Inter-Role Linkage. The mean scores for Influence and Creativity is quite low which is not a healthy trend.

The results of the z-test for proportions show that there is a significant difference for proportions of agreement for all the dimensions for nurses and head nurses and the proportions for agreement are low in case of nurses as compared to head nurses.

## RECOMMENDATIONS

1. The proportions for agreement for the dimensions of Influence and Creativity for both nurses and head nurses are quite low so; it is required that suitable training be provided to the nurses to remove the misconception that their work does not allow them creative actions and that their job does not influence a large section of society.
2. The proportions for agreement for all the dimensions are low for nurses as compared to the mean scores for head nurses. An attempt for changing the same should be made.

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