

Conservative Attitudes toward Nursing Professionalism in Japan

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Abstract Although some studies reveal that gender-stereotyped characteristics affect the autonomy of nursing, little is known about how to explain nurses' attitude towards nursing professionalism in a gender perspective. The purpose of this study was to validate the concept of a conservative attitude towards nursing professionalism and to investigate the relationship between the concept and gender conception and clinical ability among nurses by developing questionnaires and conducting a nonexperimentally designed survey with 221 Japanese nurses. The concept of the conservative attitude toward nursing professionalism was explained well by 4 sub-scales: feminine orientation, dependent orientation, holistic orientation and anti-task orientation. This research also found three characteristics: Nurses who have a higher dependent orientation show a tendency to have lower clinical ability and conservative gender conception, nurses who have a higher anti-task orientation show a tendency to have lower clinical ability, and nurses who have a higher feminine orientation show a tendency to have a conservative gender conception. The results suggest that decreasing gender-stereotyped characteristics among nurses are needed for promoting nursing professionalism and nurses' clinical ability.

Key words : nursing professionalism, autonomy, clinical ability, gender stereotype, nurses in Japan

Introduction

Although Nursing Professionalism has been discussed for many years, there is no consensus about their professional status among nurses throughout the world. For example, nurses such as nurse practitioners and clinical nurse specialists have gained considerable authority to make decisions in the United States. Nurse practitioners have

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the authority to make diagnoses and prescriptions, and they can work independently in medical settings and communities. On the other hand, nurses in Japan, even registered nurses and certified nurse specialists, have been working under medical doctors' orders legally. In other words, Japanese nursing domains have focused on nurses' caring abilities but not on expanding their power and authority.

Research in Japan which deals with autonomy among nurses has tried to define nursing autonomy without control, power and authority. Mitsui¹⁾ indicated that gaining autonomy for nurses means taking part in making decisions informally. Kikuchi and Harada²⁾ defined nursing autonomy as independent decision making based on professional knowledge and skill and appropriate nursing practices within the present legal system. Their 'independent decision making' includes five components, but they are almost similar to clinical abilities without control, power and authority in normal settings in present-day Japan. Shijiki³⁾ stated that the essential nursing role is defending patients, so the professional autonomy of nursing is to respect and defend patients' rights and to make decisions by themselves without depending on authority. But her definition is not enough to gain new power for nurses because she did not explain what kind of decision making should or can be allowed for nurses.

However, these definitions of nursing autonomy are limited by the Japanese Nursing Law, which defines the work of nurses as 'the care of patients undergoing medical treatment' and 'assisting medical treatment'. According to the law, nurses must obey medical doctors when they assist with medical treatment, but they can care for a recuperating patient by their own decision making. However, caring for patients undergoing medical treatment is closely related to medical doctors' diagnoses and judgment of medical treatment^{4) 5)}. Thus, nurses in Japan are in a very delicate situation as far as making decisions by themselves regarding the care of their patients.

Moreover, the concept of autonomy means essentially the conditions of being controlled only by its own laws and not subject to any higher one⁶⁾, so those definitions of nursing autonomy in previous research which we have mentioned above have left much to be discussed, and the author does not use these definitions in this study. Still, it is not our purpose here to clarify the concept of nursing autonomy in the present study.

On the other hand, some nursing theories, especially regarding the care concept, tend to emphasize the femininity of caring⁷⁾. The care/caring concept is based on 'difference feminism'⁷⁾, and this feminism has tended to revalue qualities that our society had devalued as "feminine," such as subjectivity, cooperation, feeling, and empathy⁸⁾. In the beginning of the feminism movement, Carol Gilligan maintained that women speak "in a different voice" when they are making moral judgments, that they value context and community over abstract principles. Nel Noddings⁹⁾ emphasized women's caring ability by expanding Gilligan's concept. Noddings' caring concept affected nursing theories developed after 1980⁷⁾. It followed the Care Ethics based on the Gilligan's work, and emphasizes the femininity of caring. It only seeks to construct a women-centered science instead of a men-centered science. The caring concept in this context does not necessarily connote appropriately the kind of knowledge to be associated with the caring profession.

Some nursing research indicated that nursing autonomy and caring have a reciprocal relationship^{10) -12)}. Wade¹²⁾, for example, stated that professional nursing autonomy is unique to nursing and different from the professional autonomy defined by other predominantly male professions. Wade¹²⁾ also wrote that critical attributes associated with professional nurse autonomy include caring; affiliate relationships with clients; responsible, discretionary decision making; collegial interdependence; and proactive advocacy for clients. On the other hand, Boughn¹³⁾ and Schutzenhofer and Musser¹⁴⁾ suggested that caring ideology is not suitable for autonomy.

It is considered that gender biases among nurses would affect nursing professionalism. For instance, most Japanese nurses are female. The ratio of male nurses in 2002 in Japan is 4.0%, and has been increasing only 1.1% from 2.9% in 1999. Nurses who have liberal attitudes regarding their sex role show high scores for professional autonomy, while nurses who have conservative attitudes in this regard indicate low scores¹⁵⁾.

Nevertheless, little is known about how to explain nurses' attitude towards nursing professionalism in a gender perspective. Also, it is not clear how the attitude towards nursing professionalism among nurses affects their general gender conception as a person or their clinical ability as a professional. Thus, the purpose of this study was to

validate the concept of conservative attitude towards nursing professionalism and to investigate the relationship between the conservative attitudes towards nursing professionalism and gender conception and clinical ability among nurses by developing questionnaires and conducting nonexperimentally designed survey research with Japanese nurses.

Method

Theoretical Assumptions for questionnaires and Measurements

The author would like to discuss the theoretical assumptions for questionnaires and conceptual model to determine the model of a conservative attitude toward nursing professionalism and the relationships between conservative attitudes towards professionalism, clinical nursing ability and gender conception among nurses. We also would like to explain all measurements which were used in this study.

Conservative attitude towards nursing professionalism

First, we here describe theoretical assumptions of the conservative attitudes toward nursing professionalism. As mentioned above, the conservative attitude toward nursing professionalism is constructed by a gender perspective. The first reason is that nurses are a 'semi-profession' ¹⁶⁾ such as librarians and social workers, and the greater part of these occupational groups are constituted by females. Amano¹⁶⁾ concluded that a profession like physicians or lawyers is constituted mainly by males, whereas a semi-profession is constituted mostly by females. It has taken over 30 years since Amano pointed it out for 96% of Japanese nurses to be female today. Furthermore, the caring concept in nursing science has gender biases. In this study, the author works with a theoretical assumption according to which gender biases of nursing and caring are the opposite of professionalism. Five items were developed based on gender biases among nursing and caring.

Amano¹⁶⁾ also claimed that the specific orientation of a semi-profession is not based on the mind but on the heart. This is called a holistic orientation, which is useful to provide humane services to other people. A holistic orientation is clearly distinguished from a task orientation, which is a perception of the obligation to make use of one's

professional knowledge and skill for one's clients. In this study, 7 items were developed with a holistic orientation.

The other important point involving professionalism is the control of one's own work without orders from another professional. In other words, the orientation according to which one is subordinate to physicians or other professionals reflects a conservative attitude toward nursing professionalism. Twelve items were developed on this assumption.

Thus, 24 original items were used in the questionnaire. The items were estimated by a 4-point Likert Scale.

Clinical ability of nursing

In this study, we use 'the Measure of Professional Autonomy in Nursing'²⁾ to measure the clinical ability of nursing. The reason is that the scale was developed to measure autonomy in nursing and to deal with perceptual ability, clinical practice ability, abilities for abstract and concrete decision making and the ability for autonomous decision making. But the abilities for decision making are considered to be limited to what physicians' actually order, and these are considered to cover general clinical abilities rather than nursing autonomy.

The scale was estimated by a 5-point Likert Scale. The reliability of it was tested by Kikuchi & Harada²⁾.

Gender conception

The Scale of Gender Conception was used to measure general gender biases in this study. This scale was developed by Ito¹⁷⁾. It was tested for reliability and construct validity, and covers 30 items. It was estimated by 4-point Likert Scale.

Subjects and data collection

Three-hundred seventy questionnaires were distributed to all registered nurses and assistant nurses working for two public hospitals in Niigata Prefecture in Japan. Participation in the study was entirely voluntary and anonymity was guaranteed. Also, the researchers promised the participants that the data would be used only for scientific

research. The questionnaires were distributed to the nurses by the nursing division in the two hospitals, and they were collected by post-paid individual return mail. Data were collected in January, 2004.

Statistical Analysis

The items regarding the conservative attitude toward nursing professionalism were confirmed by skewness and kurtosis. Second, the items were analyzed by exploratory factor analysis, then tested by confirmatory factor analysis. The factors of this measurement model were also tested by Cronbach's alpha coefficients. The Measure of Professional Autonomy in Nursing to measure clinical ability of nursing and the Scale of Gender Conception were tested by exploratory factor analysis and Cronbach's alpha coefficients. Finally, the variables of clinical ability of nursing and gender conception were added to the confirmatory factor analysis model of the conservative attitudes toward nursing professionalism, and this model was tested to explore the relationship between these variables using a structural equation analysis.

Results

Description of Study Populations

Three-hundred and fifteen questionnaires were returned, of which 221 were included in the data analysis (response rate 59.7%). The mean age of the sample was 39.9 (± 10.5 , range 21~61), and 25.1% of the sample was male because one of the two hospitals is for psychiatric patients. 86.1% of the sample was registered nurses, and the rest was assistant nurses.

Normality of the items

The items regarding the conservative attitude toward nursing professionalism were confirmed for normality by skewness and kurtosis.

Exploratory Factor Analysis

A principal factor analysis with promax rotation was conducted, with eigenvalues set to be greater than 1.0. Examination of the eigenvalues and associated scree plot

suggested that four factors were distinct: the first factor includes 'Nursing is the profession which makes good use of femininity' (item 1), and the other 3 items consist of Feminine Orientation. The second factor includes the 'Physician is the person with the most authority in medical settings' (item 10), and the other 4 items consist of Dependent Orientation. The third factor includes 'What makes me happiest is to make people happy' (item 22), and the other 3 items consist of Holistic Orientation. The fourth factor includes 'Nurses have an obligation to use their professional knowledge and skill for people at a reasonable price' (item 26), and the other 3 items consist of Anti-task Orientation. All items in the fourth factor are reverse, which is why the factor measures the conservative attitude towards nursing professionalism. If the items are not reverse, they could measure task orientation. Anti-task orientation included one item which had been thought of as a holistic orientation item, 'Sensitivity is very important in nursing practice,' (item 25) in reverse. We performed a reliability test on each of the four scales. The alpha coefficients for the scales measuring Feminine Orientation, Dependent Orientation, Holistic Orientation and Anti-task Orientation were .81, .76, .65, and .61, respectively.

Confirmatory factor analysis for construct model

A confirmatory factor analysis was conducted to validate the construct model. The author modified the model several times according to the modification index. The final model (Figure 1) shows 'Women make better nurses than men' (item 2: loaded to feminine orientation and dependent orientation). 'I am glad to be called a white angel' (item 5: loaded to feminine orientation and holistic orientation); and 'Nurses have an obligation to provide professional care for people' (item 27: in inversion loaded to holistic orientation positively and to anti-task orientation negatively). The model can be adopted as a better fitting model, because interpretations among these double loadings were available. The model's fitting indexes were satisfactory (GFI=0.928, AGFI=0.897, CFI=0.919, RMSEA=0.046)¹.

¹ All items are available by contacting the author.

Conservative Attitudes toward Nursing Professionalism in Japan

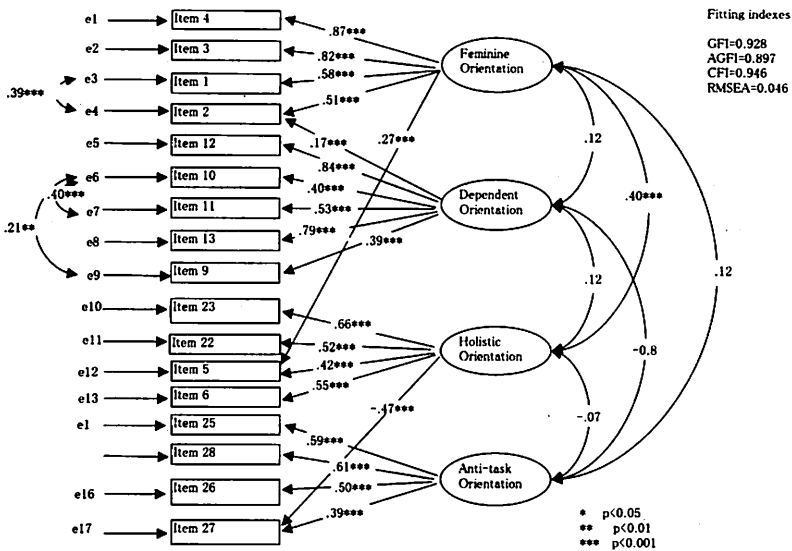


Figure 1. Model of factorial structure of Conservative Attitude toward Nursing Professionalization testing by confirmatory factor analysis

Factor structures and reliabilities of Scale of Gender Conception

A principal factor analysis with promax rotation was conducted, with eigenvalues set at greater than 1.0. Examination of the eigenvalues and associated skree plot suggested that 1 factor was distinct: the alpha coefficient for the scale measuring Clinical Ability is 0.92.

Factor structures and reliabilities of Scale of the Measure of Professional Autonomy in Nursing measuring Clinical Ability

A principal factor analysis with promax rotation was conducted, with eigenvalues set at greater than 1.0. Examination of the eigenvalues and associated skree plot suggested that two factors were distinct: the eigenvalue of the first factor, which includes items 1-42, is 20.0; and the eigenvalue of the second factor, which includes item 43-47, is 2.7. The difference between the first and the second factor is 17.3. For that reason, it is clear that the scale is constructed by only the first factor, so it was used to measure Clinical Ability of Nursing. The alpha coefficient for the scale is 0.97.

Structural Equation Model

Figure 2 presents the standardized structural coefficients for the relation among Conservative Attitude towards Nursing Professionalism, Gender Conception and Clinical Ability of Nursing. Before the analysis, the authors constrained the parameters Clinical Ability of Nursing to The Measure of Professional Autonomy of Nursing and Gender Conception to The Scale of Gender Conception by each alpha coefficient. The reason is that reliability coefficients estimate the proportion of observed variance that is consistent or systematic; 1 minus the reliability coefficients thus estimates the proportion of the test variance that is due to random measurement error¹⁸⁾. The bold lines represent significant relationships at a level of .05. The results indicate that low Feminine Orientation and low Dependent Orientation were significantly related to liberal Gender Conception, while low Dependent Orientation and low Anti-task Orientation were significantly related to high Clinical Ability of Nursing. The model's fitting indexes were satisfactory (GFI=0.911, AGFI=0.879, CFI=0.919, RMSEA=0.051).

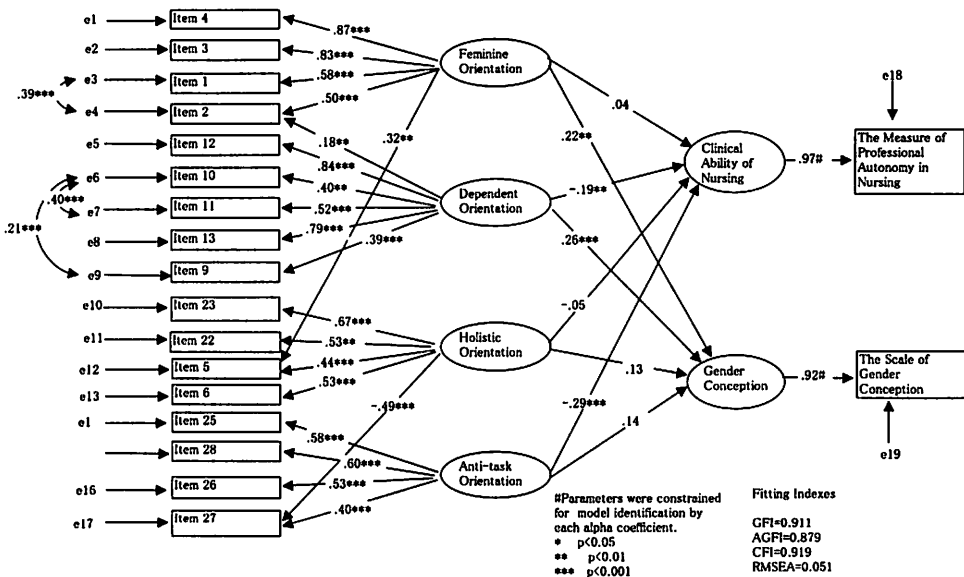


Figure 2. The Structural Equation Model

Discussion

Construct and validity of the conservative attitude toward nursing professionalism

The present study examined the construct validity of the conservative attitude toward nursing professionalism. The concept was explained well statistically by the 4 sub-scales, Femininity Orientation, Dependent Orientation, Holistic Orientation and Anti-task Orientation. The reliability of two of the sub-scales proved to be relatively low and must be improved.

A significant relationship was found between Femininity Orientation and Holistic Orientation. Femininity Orientation has been underscored as an essential component of caring by the academic discipline of care ethics, which was started by Carol Gilligan, since the 1980's. In their beliefs in service to the public and sense of calling, both of which attributes are related to a sense of dedication to the profession, teachers, social workers, and nurses emerge as strongly professionalized. This may be related to the relatively low financial compensation which persons these fields receive since dedication seems necessary if one is to continue in the field¹⁹⁾. Though the issues regarding the essential component of caring have been pointed out in other studies^{7)20)–23)}, the present study statistically validated the relationship between Femininity Orientation and Holistic Orientation. The result assumes that strengthening femininity in a modern male-dominated society is associated with valuing self-sacrifice and personal character such as embodied in the terms tender or careful.

On the other hand, the item 'Female nurses could be better than a male nurse' (item 2) was loaded on both the Feminine Orientation and Dependent Orientation. That result implies that feminine orientation in a male-dominated society is related with depending on the authority of someone and that the interpretation of the double loading seems appropriate. Similarly, 'I am glad to be called a white angel' (item 5) was loaded on the Feminine Orientation and Holistic Orientation. 'Nurses have an obligation to provide professional care for people' (item 27) was loaded negatively on the Holistic Orientation and positively on the Anti-task Orientation. It was confirmed that the sense of public duty which is widely thought to be included in professional autonomy is the opposite of the Holistic Orientation.

Furthermore, this study found one of the characteristics specific to nurses' professional awareness. It showed that an item regarding sensitivity as essential to nursing (item 25) is related to Anti-task Orientation but not to Holistic Orientation. Hence, it was clear that the holistic orientation among nurses was not clearly separate from task orientation as Amano theorized¹⁶⁾. For some nurse respondents in this research area, sensitivity is essential for professional nursing practice. This seems to reflect what our society requires of nurses in terms of a tender and feminine personality.

Characteristics of Conservative Attitude toward Nursing Professionalism and Clinical Ability of Nursing or Gender Conception

This research also found three characteristics of the Conservative Attitude toward Nursing Professionalism and Clinical Ability of Nursing or Gender Conception among nurses according to the structural equation model. First, nurses who have a higher dependent orientation show a tendency of having lower clinical ability and a conservative Gender Conception. Dependent orientation means that nurses think physicians have the most say in medical and healthcare settings and that nurses tend to follow physicians' decision making. In other words, the Dependent Orientation seems strongly associated with paternalism, and it is one of the typical female roles. Thus, it is clear that the Dependent Orientation is a traditional and conservative female nurse orientation in today's male-dominated society.

Second, nurses who have a higher Anti-task Orientation tend to have lower clinical ability. Task orientation is 'a sense of obligation to provide their professional knowledge and skill'¹⁶⁾, which is the opposite of the Anti-Task Orientation. The results in this study suggest that nurses need task orientation to promote their clinical ability in nursing.

Nurses with a higher feminine orientation tend to have a conservative gender conception. They may have gender biases not only in medical and clinical settings but also in daily living situations. It is possible that their gender biases prevent them from becoming more professional nurses.

The present study suggests that education is needed for nurses to decrease their gender biases for promoting nursing professionalism and nurses' clinical ability. In particu-

lar, the Feminine Orientation has a significant relationship with Holistic Orientation in this study, so we need to emphasize task orientation for nursing. It is also suggested that the Dependent Orientation should be decreased by appropriate educational intervention for professional nursing.

Limitations of this study

Four limitations of the study bear mentioning. One is the sampling method to collect data from a convenience sample in a particular area in Japan. Another limitation is regarding the development of the scale of a conservative attitude toward nursing professionalism, especially in relation to reliability. The scale must be refined and tested using a larger population. The third limitation is that the model involved analyses of cross-sectional data, but it assumed a causal order. So we did not interpret the results in causal order. Additional research should be done to explain the relationship in more detail. The last limitation is that the study did not refer to demographic data such as age, gender, or nursing experience. The authors tried to find the effect of gender, so the sample in this study included for more male nurses than actual ratio of male nurses in Japan. But we did not find any effects of gender on latent variables among the conservative attitudes towards nursing professionalism. Although no significant relationship was found between demographic data including gender and latent variables in this study, the relationship must be tested in another randomized sample. However, although the previous study in a randomized sample failed to find any relationship between autonomy and either the age of nurses or their years of nursing experience, it revealed that stereotyped female characteristics are related to low levels of autonomy¹²⁾. Thus, it is suggested that stereotyped gender characteristics more strongly affect autonomy than demographic variables.

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看護の専門性に対する伝統的態度

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要 旨

看護の自律性に対してジェンダー・ステレオタイプが与える影響については、これまでに研究が行われてきたが、看護の専門性に対する伝統的態度をジェンダーの視点から探究した研究はほとんどない。従って本研究の目的は、看護の専門性に対する伝統的態度の構成概念をジェンダーの視点から検討し、この概念と性差観及び看護の臨床能力との関係を検討することである。対象は、日本国内で働く看護師221人であり、質問紙調査によりデータを収集した。看護の専門性に対する伝統的態度は、4つのサブスケールで説明された。それは女性性志向、従属志向、聖職志向、そして反職務志向である。さらにこの研究では、以下の3点が明らかになった。1) 高い従属志向をもつ看護師は、臨床能力が低く、伝統的な性差観をもつ傾向にある。2) 高い反職務志向をもつ看護師は、臨床能力が低い傾向にある。3) 高い女性性志向をもつ看護師は、伝統的な性差観をもつ傾向にある。これらの結果から、看護師のもつジェンダー・ステレオタイプな特徴を減じることが、看護の専門職化を促進し、臨床能力を向上させるために必要であると示唆された。

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