

**ASSESSMENT OF NURSES' PERCEPTION
TOWARDS NURSING PROFESSION IN PUBLIC
HOSPITALS UNDER ADDIS ABABA HEALTH
BUREAU, ETHIOPIA**

By LIYA WONDWOSSEN

A thesis submitted to the school of graduate studies of Addis Ababa University in partial fulfillment of the requirements for the degree of master's of science in maternal and reproductive health nursing, department of nursing and midwifery

**MAY, 2011
ADDIS ABABA
ETHIOPIA**

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Advisor: Sr. EMEBET BERHANE (RN, BSc, MSN)

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Approval by the Board of Examiners

This thesis is by Liya Wondwossen is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of Masters of Science in Nursing.

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ABBREVATIONS

- AAU** - Addis Ababa University
- AAHB** - Addis Ababa Health Bureau
- ANA** - American Nurses Association
- ETB** - Ethiopian birr
- GOH** - Government Owned Hospitals
- NDI** - Nursing Dimensions Inventory
- NGH** - Non Governmental Hospital
- RNAO** - Registered Nurses Association of Ontario
- RN** - Registered Nurses
- UK** - United Kingdom
- USA** - United States of America
- U.S** - United States

ABSTRACT

Background: Whatever notion or idea best describes nursing and whatever set of activities it is defined, it is clear that there are different perceptions of nursing. Perception by itself is merely defined as an idea, belief, or an image you have as a result of how you see or understand something. The Perception of nursing may vary depending on age, educational level, social and professional experience. **Objective:** To assess Nurses' Perception among Professional Nurses in public hospitals under Addis Ababa Health bureau, Ethiopia. **Methods:** Institution based cross sectional quantitative descriptive study with a cross sectional study design was used to assess the perception of nursing among professional nurses. The sample size was determined by using a formula for estimating a single population proportion. Sample size was 264. Data collection was carried out using structured questionnaire. The collected data were analyzed using EP Info version 3.5.1 and transformed to SPSS version 15.00 in the computer for further analysis. The analyses was verified using descriptive interpretation for demographic variables using frequencies and means, and comparative interpretation was employed for internal analyses using cross tabulation. The significance was checked using p value 0.05 and 95% confidence interval. **Result:** the response rate was 256 (96%). Majority (67.6%) were female nurses. More than half (56%) of nurses had good perception towards nursing. A significant association was seen between educational level and perception of nursing ($P < 0.05$). In addition education and perception of important aspects of nursing had shown association ($P < 0.05$). **Conclusion & recommendation:** Majority of nurses who participated in this study had good perception towards nursing. Occupational factors were identified as a leading factor which affects perception. Though this research lay down a base for the assessment of perception towards nursing by nurse professionals in our country, further researches are recommended.

CHAPTER ONE- INTRODUCTION/ BACKGROUND

Nursing is not an easy activity to define, but effort has been made by many scholars and health organizations to define it. Among those definitions Virginia Handerson's definition of nursing is more elaborated definition. Virginia Handerson defined Nursing practice as the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge, and to do this in such a way as to help him to gain independence as rapidly as possible (1). The other known definition of nursing is by American Nurses Association (ANA), Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations (2).

Whatever notion or idea best describes nursing and whatever set of activities it is defined, it is clear that there are different perceptions of nursing. Perception by itself is merely defined as an idea, belief, or an image you have as a result of how you see or understand something (3). More importantly, Perception of nursing may vary depending on age, educational level, social and professional experience and occupational and social factors.

My personal and professional experiences have revealed that there are different angles in which people perceive nursing. Some assume nursing as if "it is a vocation and doesn't have its code of ethics" others consider it as "it is only for females" and most assume nursing as "it is only

concerned with bed making”. The question is how people really perceive nursing particularly the actual perception among professional nurses.

The study conducted in UK and Spain by involving nurses, nursing students, patients and non-nursing students have revealed that the perception of nursing across all participating groups is largely the same and some changes in the perception of nursing takes place in nursing students. This means, the important aspects of nursing are perceived more coherently by all the participant groups in the present study as evidenced by the derivation of an internally consistent factor (Factor 1: Important aspects of nursing) from all participant groups. The second factor (Factor 2: Unimportant aspects of nursing) was not as clearly perceived and was only internally consistent for the diabetic outpatients. This suggests that there may be some difference in the perception of nursing by the diabetic outpatients from the other participant groups. They used the 35-item Nursing Dimensions Inventory (NDI-35) stem questions to gather perception of UK nursing students throughout their education program, qualified UK nurses and Diabetic out patients (4).

Generally Nurses are well thought of by the public, and their image is very positive. In a Harris poll taken in July 1999, more than 1,000 people were surveyed about their attitudes toward nursing. The poll showed that 92% of those polled trust information about health care that provided by RNs and 85% would be pleased if their son or daughter became a RN. If we seriously entertain the views of people outside the field of nursing, we can decide collectively on an agenda that will put the best possible public face on nursing. It is important that we do this because nurses are the health care providers involved with the patient throughout the care continuum they manage the journey of patients under their care on a daily basis (5).

By other study it has also been demonstrated that unless public misconceptions of the nursing profession are not corrected nursing schools continue attract some students who do not have the academic and technical aptitudes to meet the nursing education requirement and unless staff nurses and other stakeholders work together to address the critical issue the goal of reducing the nursing shortage through recruitment and retention will remain a distant one (6).

Authors from various fields since Abraham Flexner (1910) have provided different perspectives on what professionalism means, including knowledge based on scientific principles, accountability, autonomy, inquiry, collegiality, collaboration, innovation, ethics and values (7).

Since Florence Nightingale published her 19th-century book “Notes on Nursing,” the nursing profession has developed from a low-paying, undesirable career into a highly acclaimed and respected profession. According to the American Nurses Association (ANA), professional nursing excellence centers on prevention of illness, alleviation of suffering, diagnosis, treatment and advocacy in the care of persons, families and communities.

Code of Ethics

The code is a modern guide encompassing actions, values and needs of professional nursing. The code emphasizes nurses' obligation to respect patient dignity and patient rights, including the right to life. The code encourages nursing groups and associations to advocate for patients through lobbying and political action, but emphasizes that patient advocacy begins at the basic nursing level.

Prevention of Illness

One of a nurse's primary roles is to prevent illness through patient education and patient care.

Alleviation of Suffering

Standards of professionalism call on nurses to find resources to alleviate pain and discomfort caused by illness or injury. The ANA describes the post-treatment period as a time when nurses focus on patient response, and treat the whole person in an effort to overcome physical and mental suffering. This holistic approach defines how nurses link doctor, patient, family and others in the health care system to provide coordinate patient care.

Diagnosis and Treatment

Nurses are called to be professional advocates and caregivers in the diagnosis and treatment stages of medical care. The ANA's National Center for Nursing Quality (NCNQ) promotes this nursing standard through medical research, collaborative learning and an emphasis on patient safety.

Professional Development

Nursing is a challenging profession that tends to attract self-motivated, lifelong learners. A nurse's education never ends, because of the need to stay in progress on health care issues and changes in medical theory and practice (8).

1.1 STATEMENT OF THE PROBLEM and SIGNIFICANCE OF THE STUDY

Since the development of Florence Nightingale, each generation of nurses, in its own way, has fostered the movement to professionalize the image of nurses and nursing. The struggle to change the status of nurses from that of female domestic servants to one of high-level health care providers has been a primary goal of nursing's leaders for many years (9).

Researchers have revealed a number of negative societal perceptions of nursing related to gender stereotyping, subordination to doctors, low academic standards, limited career opportunities and poor pay and conditions, and importantly how these perceptions may affect levels of recruitment into nursing. Focusing specifically on nurses, research has also considered the extent to which these societal perceptions are realities in their workplaces, and the direct experiences that contribute to attrition from both nursing courses and jobs. However, to date, few research has actually bridged the above approaches and considered the perceptions that nursing students hold as they first enter their education and how these change, or are confirmed, as a result of their experiences (6).

In addressing the negative images of nursing, directors of nursing must develop strategies to at a local level before launching any national campaign to improve nurses' image. But the pilots have indicated the need to improve nurses' sense of their own work first (10).

How individuals perceive themselves and how they are perceived by others are an important part of the relationships between maternal health educators, nurses, other health-care providers, and the families they serve (11).

A study conducted on the professional self-image, nurses employed in 22 Belgian general hospitals with the goal of identifying problems affecting recruitment and retention. Nurses reported having a positive self-image. Most were proud to be a nurse and considered themselves as competent health professionals and having great responsibility (12).

This area of study, Perception of nursing, has not been researched in developing countries. Thus, it is high time to carry out scientific inquiry to have new insight in Sub Saharan Countries such as Ethiopia where perception is remarkably affected by many social, economical, cultural and spiritual factors. Hopefully the finding of this research will fill the existing knowledge gap and contribute to educators and policy makers for creation of better awareness among the wider community. Though the perception of nursing could have impact on the coordinated work of the health care providers this study will focus only on the perception of nursing.

CHAPTER TWO-LITERATURE REVIEW

To facilitate the inquiry how professional nurses perceive nursing it is necessary to review briefly the global image of nursing within the public and Nurse Professionals. A large study has been conducted on nurses' reports on hospital care in five countries; USA, Canada, England, Scotland, and Germany. Based on reports, from 43000 nurses and more than 700 hospitals, similar and conforming data were revealed. Reports of low morale, job dissatisfaction, burnout and intent to leave their current employs were common across the sample. Further nurses reported that they experienced increase in work load and non-nursing tasks fully. The researchers concluded that if inadequate staffing becomes chronic, the quality of care delivered would be compromised and resulted in adverse patient outcomes (13).

Though 70% of the public viewed the nursing carrier positively but there were some surprising differences between the public's opinions about the nursing profession versus opinions of registered nurses themselves. Eight percent of the public considered RNs as professionals, while only 23% of RNs considered themselves as professionals (14).

In United States the research were conducted to assess the Public's Image of Nursing as Described by Baccalaureate Pre nursing Students. The following open ended questions were asked to the individuals who had agreed to participate in the interview: Nursing is . . . , in my opinion, nurses are...., and the most important requirement for becoming a nurse is In response to the open-ended question, "Nursing is" the overwhelming majority of participants responded that nursing is "a caring, helping profession." The participants described nursing as caring interventions that were performed primarily in care settings, mainly "hospitals." However, respondents stated that

nursing care is provided in doctor's offices. Respondents described nursing as “a noble calling” and indicated that the nursing profession was commendable but often "subordinate to medicine. These comments were not made in a derogatory manner, but most individuals who discussed nursing and medicine in their responses envisioned physicians, not nurses, as the leaders in health care (15).

The results of a study on professional self image of nurses in Belgium are encouraging because it revealed that Belgian hospital nurses have a rather positive self-image. Most of the respondents were proud to be nurses, and more than 60% of them would choose nursing again as a career if given the opportunity. Moreover, the majority of respondents considered themselves to be competent health care professionals having great responsibility (12).

A comparison study of Guatemalan and USA Nurses attitudes towards nursing showed both Guatemalan and USA nurses had much in common especially in their reasons for staying in nursing. Many things need to change to help the morale and job satisfaction, but most nurses enjoy their jobs when they are able to do what they came into the profession to do. Nurses desire to serve and help others, and the satisfaction they receive after a hard day's work of patient care is what motivates them to continue forward in the nursing profession (16).

Nursing, despite its advancement, is still widely perceived to be a “female profession”. Globally, this perception has often deterred the entry of qualified young men into the profession. In a study conducted in Malaysia to assess upper secondary male students' perception of nursing as a career choice, Good salary, stability and low stress were considered to be important career choice motivators. However, nursing was not seen to fulfill these important career choice motivators. Nursing received low mean scores in all areas when compared to an ideal career. Nursing was not perceived to be a profession

only for females. Parents, teachers and the media were found to be strongly influential in career decisions. However, teachers and the media did not encourage students into joining the profession (17).

The impact of low perception for nursing by professional nurses is not only limited to low job satisfaction but it also lead to the intention of leaving the profession. It is escalating the nursing shortage throughout the world.

A serious nursing shortage is creating a crisis in the nation's health care system. Many experienced nurses are leaving the field and young people are not selecting nursing as a potential career (18).

Nursing shortage refers to a situation where the demand for registered nurses (RN) is greater than the supply, as is currently the ongoing condition in the United States and several other developed nations such as UK, Austria, Norway, Japan, and Australia. As of 2009, U.S. medical facilities were in need of an additional 100,000 nurses. As of 2010, U.S. Hospitals are seeking to hire nurses from different countries in hopes to relieve the epidemic national nurse shortage. By 2012, there could be up to 1.1 million unfilled nursing positions in the United States (19).

The study was done in America about the public versus registered nurses (RNs) perceptions of the nursing career and its impact on nursing shortages. Then the study revealed that 70% of the public viewed the nursing career positively. However, there were some surprising differences between the public's opinions about the nursing profession versus opinions of registered nurses themselves. Nursing was perceived as caring or compassion by 20% of RNs versus 16% of the general public. While 16% of the general public considered nurses as caring, just 20% of RNs agreed. While 17% of the public considered RNs highly knowledgeable, qualified and skilled, only 6% of RNs agreed. Eight percent of the public considered RNs as professionals, while only 23% of RNs considered

themselves as professionals. Only 4% of RNs perceived RNs as smart or highly educated compared to 7% of the public. One might attribute these perceptions to a lack of awareness or education among the public about the rigors of nursing education and competency. Interesting finding of this study in America was that while one in four Americans had considered a nursing career, nursing professionals were significantly less likely to probably or definitely recommend a career in nursing than the general public. This could be a sign of apathy toward the profession among nurses (20).

South Africa is ahead of the rest of Africa in terms of health workers per capita. The absolute minimum standard set by the World Health Organization is 228 health workers for every 100 000 people (or 438 people per health worker, maximum). Africa as a whole falls below this standard, with 185 health workers for every 100 000 people. Even though South Africa rises just above the WHO's minimum standard, the organization reports that we still have only 468 health workers for every 100 000 people (213 people per health worker) (21).

In contrast in Ethiopia health worker population ratio among all nurses without including midwives, is 3870 people for each nurse according to 2008/09 G.C of health and health related indicators of federal democratic republic of Ethiopia (22). This indicates that Ethiopia is facing shortage of nurses. Therefore the researcher would like to assess what differences or similarities would come on exploring the perception of nursing among professional nurses.

2.1. THEORETICAL FRAMEWORK

The domains of practice in nursing include clinical care, research, education, policy and administration. Nurses apply the attributes of professionalism daily in the context of practice. While there is no consensus in the literature as to the meaning of professionalism, there are some generally recognized descriptors or attributes. As early as 1910, Abraham Flexner identified several characteristics related to professionalism, which are still relevant today: knowledge, specialization, intellectual and individual responsibility and well-developed group consciousness. Authors from various fields have since provided different perspectives on what professionalism means, including knowledge based on scientific principles, accountability, autonomy, inquiry, collegiality, collaboration, innovation and ethics and values.

Health care environments have become a challenge in recent years due to constant restructuring in an effort to achieve greater efficiency and productivity. These environments have been characterized by rapid change and influences in human resource strategies such as the movement toward flexible workforces. Changes have been evident across all settings, making for a chaotic and occasionally unstable work environment.

Professional/Occupational Components

■At the individual level, the **Individual Nurse Factors** include the personal attributes and/or acquired skills and knowledge of the nurse which determine how she/he responds to the physical, cognitive and psycho-social demands of work. Included among these factors are commitment to patient/client care, the organization and the profession; personal values and ethics; reflective practice; resilience, adaptability and self confidence; and family work/life balance.

■At the organizational level, the **Organizational Professional/Occupational Factors** are characteristic of the nature and role of the profession/occupation. Included among these factors are the scope of practice, level of autonomy and control over practice, and intradisciplinary relationships.

■At the system or external level, the **External Professional/Occupational Factors** include policies and regulations at the provincial/territorial, national and international level which influence health and social policy and role socializations within and across disciplines and domains (7).

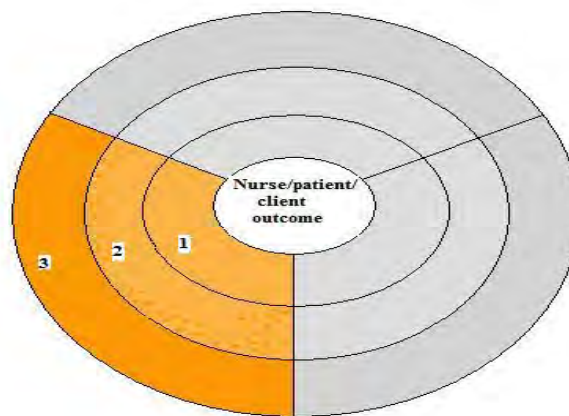


Figure1. Theoretical Framework of professionalism adopted from RNAO.

Key - 1. Individual nurse factors

2. Organizational professional/occupational factors

3. External professional/occupational factors

CHAPTER THREE - OBJECTIVES

3.1 General Objective

- To assess Nurses' Perception towards Professional Nursing in public hospitals under Addis Ababa Health bureau, Ethiopia.

3.2 Specific Objectives

- To assess the nurse's perception towards professional nursing.
- To identify factors that influence nurses' perception towards professional nursing.

CHAPTER FOUR - METHODS AND MATERIALS

4.1. STUDY AREA AND PERIOD

Study area – The study was conducted in Addis Ababa, capital of the country. As per the 2007 census result the population size of the city estimated to be 2,854,462. The city has a total area of 540km² with an average elevation 2500 meters above sea level. A major reason for selecting the metropolis is that it is major urban center of the country where many high level governmental and non-governmental hospitals, which are better equipped with personnel and high tech-equipment, are found. According to 2008/09 G.C Federal Ministry of Health data in health and health related indicators report, there are 3621 nurses of which 244 are midwives and the remaining are all nurses. There are 6 hospitals owned by MOH and additional 35 hospitals owned by others, a grand total of 41. There are also 24 health centers by MOH and 7 by others a total of 31 health centers in the city. The private clinics are 551 which range from lower level to special level (22).

Study period – the study was conducted from October 2010 to May 2011.

4.2 STUDY DESIGN

Institution based descriptive cross sectional study design was used to assess the perception of nursing among professional nurses.

4.3 POPULATION

4.3.1 Source population

All Nurses who are working in all five hospitals under Addis Ababa Health Bureau were source population.

4.3.2 Study population – Study population have included all selected nurses from the five hospitals under Addis Ababa health bureau and who fulfilled the inclusive criteria.

4.4 Eligibility criteria

4.4.1 Inclusive criteria;

- Nurses working in five governmental hospitals under Addis Ababa Health Bureau and available at the time of data collection.
- Those nurses who were volunteer to participate in the study.

4.4.2 Exclusive Criteria

- Those who are not willing to participate in the study
- Those nurses who are not available at the time of data collection.

4.5 Sample Size Determination and Sampling Procedure

4.5.1 Sample size

The sample size was determined by using a formula for estimating a single population proportion.

Since there is no study done on this topic, the sample size for this cross sectional study was calculated by assuming prevalence to be 50%.

$$n = \frac{(z\alpha/2)^2 p (1-p)}{d^2}$$

Where n = estimated sample size

P = prevalence

d = marginal error

$$n = \frac{(1.96)^2 \times 0.5(1 - 0.5)}{(0.05)^2}$$

$$= \frac{3.84 \times 0.25}{0.0025} = \mathbf{384}$$

Since the study population is less than 10,000 finite population correction formula is applied:

$$n_f = \frac{n}{1 + \left[\frac{n}{N} \right]}$$

Where n_f = desired sample size

n = the calculated sample size

N = total population

$$n_f = \frac{384}{1 + (384/641)}$$
$$n_f = 240$$

Adding 10% non-responsive rate, the total sample size required for this study appears to be 264 nurses.

4.5.2. SAMPLING PROCEDURE

A proportionate systematic random sampling technique was employed to select intended study subjects from all five governmental hospitals under Addis Ababa health bureau which are, Gandhi Memorial, Minilik II, Ras Desta memorial , Yekatit 12, and Zewditu Hospitals. List of nurses those working at all hospitals was taken from each hospital's administration then the selection of 264 nurses was performed using the following formula from the sample frame.

$$n_j = \frac{n \cdot N_j}{N}$$

Where n_j – sample size in j hospital

n - Estimated final sample size

N_j – Total number of nurses in j hospital

N – Total nurses in the hospitals

Proportional allocations of the study subjects to the five hospitals were as follows:

Mahteme Gandhi memorial hospital:

$$88/641 \times 264 = 36 \quad K^{\text{th}} = 88/36 = 2.5 \approx 3$$

Ras Desta Damtew Hospital

$$88/641 \times 264 = 36 \quad K^{\text{th}} = 88/36 = 2.5 \approx 3$$

Minilik II Hospital

$$158/641 \times 264 = 65 \quad k^{\text{th}} = 158/65 = 2.4 \approx 2$$

Yekatit 12 Hospital

$$162/641 \times 264 = 66.7 = 68 \quad K^{\text{th}} = 162/68 = 2.4 \approx 2$$

Zewditu Hospital

$$145/641 \times 264 = 59.7 = 60 \quad K^{\text{th}} = 145/60 = 2.4 \approx 2$$



Figure 2: Schematic Representation of sampling procedure.

4.6. DATA COLLECTION TOOLS

The data collection was carried out using structured questionnaire which was adopted from the study conducted in UK and Spain, posted on international journal of Nursing Studies (4). The questionnaire which was prepared in English was translated to Amharic for ease of use. The questionnaire contains 9 socio – demographic characteristic; Age, sex, ethnic group, marital status, educational status, religion, monthly income, work experience and hospitals they are working in. 35 Nursing dimension inventory stem questions used to assess nurse’s perception towards nursing profession which was designed as likert scale which ranges from not important to very important. And last part of the questionnaire contains one question to assess factors that affect perception.

4.7. DATA COLLECTION TECHNIQUE

Data were collected by self administered method. Questionnaires were distributed for selected nurses in each hospital. Five supervisors were assigned to follow the whole procedure of data collection.

The supervisors that had BSc. level degree qualification were recruited for the task from each hospital. One day training was given for them focusing on the objectives of the study and ways of data collection and data handling after collection. The data, which was collected, was packed and submitted to principal investigator every day.

4.8. DATA QUALITY ASSURANCE

The quality of data was assured by using a standard NDI questionnaire which was employed in UK and Spain to assess nurses' perception. Pre-test of the questionnaire was conducted at Black Lion hospital on 10% of estimated sample size to check clarity, consistency and to make necessary amendment on the questionnaire two weeks before actual data collection.

Similarly, training was offered to the supervisors to avoid hypothetical bias and ensure proper categorization and coding of questionnaires. Furthermore, supervisors and the principal investigator had checked the collected data thoroughly on daily basis for its completeness. The data collected every day was packed and submitted to principal investigator.

4.9. DATA PROCESSING AND ANALYSIS

Data analysis was started by sorting and performing quality control checkup at field. Data was checked in the field to ensure that all the information is properly collected and recorded. Before and during data processing the information was checked for completeness. Epi-info 3.5.1 version and SPSS version 15 statistical soft were employed for data entry and analysis. Microsoft excel was also applied for producing charts. All data were coded in terms of numbers. The analysis included checking errors and describing the collected data by numerical summary measures tables, charts and measures of association, all of which are instruments for interpretation of the collected data. Multiple attributes for outcome variables was checked for its association by binary logistic regression.

4.10. VARIABLES

4.10.1. Dependant variable;

Perception of nurses towards nursing

4.10.2. Independent variables;

Socio demographic data (age, sex, ethnic group, marital status, educational status, Religion, monthly income, work experience, and working hospital).

Factors which affect perception; Individual nurse factors, Organizational

Professional/occupational factors and external professional/occupational factors

4.11. ETHICAL CONSIDERATION

The following procedures were taken to ascertain ethical issues; approval was granted from Institutional Review Board (IRB) of Addis Ababa University, Collage of Health Science, Department of Nursing and Midwifery. Permission from Addis Ababa Health bureau and directors of the selected Hospitals were sought. At individual level after explaining the purpose of the study, informed consent was obtained from all participants prior to their participation in this study. Participants were informed that privacy and confidentiality will be maintained. The study units' culture, language, beliefs and value was respected. The study subjects were also informed that the study process will have no intended harm to them and confidentiality will be kept. Any study participants who were not willing to be included in the study was not forced to be included in the study.

4.12. DISSEMINATION OF THE RESULT

After the data was analyzed, based on the findings obtained, conclusions and recommendations were made. Then the result of the study was submitted to Department of Nursing and Midwifery (AAU), Addis Ababa Health bureau and other responsible bodies. The result was presented during thesis defense in the school of Nursing, as a partial fulfillment of master of Nursing. Moreover, the findings of the study would be published and disseminated through different journals and scientific publications. Stakeholders such as The Federal Ministry of Health, Ethiopia Nurses Association, and other policy makers which are involved in health sector can use the findings of this study and the recommendation for their services promotion.

4.13 OPERATIONAL DEFINITION

Nurse – is a professional who is registered by ministry of health and working in an accredited hospitals

Perception – is an idea, belief, or an image you have as a result of how you see or understand nursing.

Good perception towards nursing profession is \geq mean value

Poor perception towards nursing profession is $<$ mean value

Nurse professionals– Nurses who are working in all five hospitals under Addis Ababa health bureau.

Public hospitals – Hospitals which are owned by government

CHAPTER FIVE - RESULT

Socio demographic characteristics

Of the total 264 nurses involved in the study, 256 adequately responded and made a total response rate of 96%. The remaining 4% failed to return the questionnaire and a few return the questionnaire empty. A larger proportion or more than half of the participants 64 % (n=164,) were in the age group of 20-30. The second higher proportion of nurses were in the age group ranges from 31-40, which is 25% (n=64,).The remaining 7.4% (n=19,) and 3.5% (n=9,) were in the age group 41-50 and above 51 years of age, respectively.

In respect of sex composition majority of the nurses 67.6% (n=173) were females and the others 32.4% (n=83) were males. The ethnic makeup of the participants involved in the study showed that 54.7% (n=140) were Amharas'. The marital status depicted that 56.7% (n=145,) were single and the remaining were married and divorced. The religious characteristics' of the participants showed that more than 2/3 were Orthodox Christians, 70.7% (n=181).

The educational background of the nurses revealed that 59% (n=151) were diploma holders and the others were Bachelor of Science degree holders 40.6% (n=104). In terms of professional work experience, about one third, 25.4% (n=65) of the participants had more than six years but less than eight years of work experience. The second larger proportion of participants, 24.2% (n=62) had less than one year of experience. Lastly, the economic characteristics revealed that 48% (n=123) of the nurses monthly income range from 774-1644 ETB.

Table 1, Socio-demographic characteristic of nurses at five public hospitals under Addis Ababa health bureau, Addis Ababa, Ethiopia, 2011

Characteristics	No. (%)
Age	
20-30	164 (64.1)
31-40	64 (25)
41-51	19 (7.4)
Above 51	9 (3.5)
Sex	
Female	173 (67.6)
Male	83 (32.4)
Ethnicity	
Amhara	140 (54.7)
Gurage	27(10.5)
Oromo	52 (20.3)
Tigray	25 (9.8)
Other	12 (4.7)
Marital status	
Single	145(56.6)
Married	98(38.3)
Divorced	9(3.5)
Widowed	4(1.6)
Educational status	
Diploma	151(59)
Bachelor degree	104(40.6)
Masters degree	1(0.4)
Religion	
Orthodox	181(70.1)
Protestant	45(17.6)
Muslim	16(6.3)
Catholic	5(2.0)
Other	9(3.5)
Monthly income	
774-1644	123(48)
1645-2807	89(34.8)
2808-2989	32(12.5)
2990 and above	7(2.7)
No response	5(2)
Work experience	
Less than one year	62(24.2)
1-4 years	39(15.2)
Above 4 – 6 years	38(14.8)
Above 6 -8 years	65(25.4)
Other	51(19.9)
No response	1(0.4)

PERCEPTION

Possible scores on the NDI 35 stem questions could range from 35 to 105. In this study, the scores ranged from 45 to 105. The mean score was 81.18 (SD= 9.13). High scores on the NDI indicate good perception towards nursing profession and low score on the NDI indicate poor perception towards nursing. Table 3 demonstrated the sum, mean value and standard deviation of each stem question.

Tables 2, NDI stem questions sum, mean and standard deviation

NDI stem questions	Mean	SD
1. Involve a patient with his or her care	2.77	0.57
2. Give reassurance about a clinical procedure	2.76	0.61
3. Pray for a patient	2.21	0.89
4. Deal with everyone's problems at once	1.97	0.88
5. Observe the effects of a medication on a patient	2.83	0.52
6. Keep in contact with a patient after discharge	1.74	0.87
7. Assure a terminally ill patient that he or she is not going to die	1.46	0.76
8. Stay at work after a shift has finished to complete a job	2.05	0.92
9. Come to work if I am not feeling well	1.39	0.72
10. Attend to the spiritual needs of a patient	2.25	0.89
11. Be cheerful with a patient	2.68	0.65
12. Provide privacy for a patient	2.48	0.83
13. Make a patient do something, even if he or she does not want to	1.38	0.65
14. Appear to be busy at all times	1.13	0.45
15. Arrange for a patient to see his or her chaplain	1.50	0.78
16. Assist a patient with an activity of daily living (washing, dressing, etc.)	2.66	0.69

NDI stem questions	Mean	SD
17. Keep patient records up to date	2.86	0.50
18. Feel sorry for a patient	2.77	0.55
19. Get to know the patient as a person	2.73	0.64
20. Explain a clinical procedure to a patient	2.82	0.53
21. Be neatly dressed when working with a patient	2.79	0.58
22. Sit with a patient	1.54	0.76
23. Explore a patient's lifestyle	2.54	0.74
24. Report a patient's condition to a senior nurse	2.55	0.76
25. Be with a patient during a clinical procedure	2.70	0.65
26. Be honest with a patient	2.88	0.46
27. Organize the work of others for a patient	1.73	0.90
28. Listen to a patient	2.88	0.42
29. Consult with the doctor about a patient	2.91	0.40
30. Instruct a patient about an aspect of self-care (washing, dressing, etc.)	2.80	0.55
31. Share a personal problem with a patient	1.17	0.54
32. Keep relatives informed about a patient	1.84	0.86
33. Measure the 'vital signs' of a patient (e.g. pulse and blood pressure)	2.92	0.38
34. Put the needs of a patient first (i.e. before your own)	2.57	0.67
35. Be technically competent with a clinical procedure	746	0.39

SD = Standard Deviation

The perception of the nurses involved in this study showed that more than half of nurses, 56.6% (n=145) had good perception towards the profession and the remaining 43.4% (n=111) had poor perception towards nursing profession.

Of the total number professional nurses who participated in this study, 71.5% (n=183) had an intention to leave or quit their profession and only 28.5% (n=73) had no intention to leave their profession. The main cause to have an intention to leave their profession was inconvenient working environment, 35.9% (n=92) and the second leading cause was 28.1% (n=72) low salary.

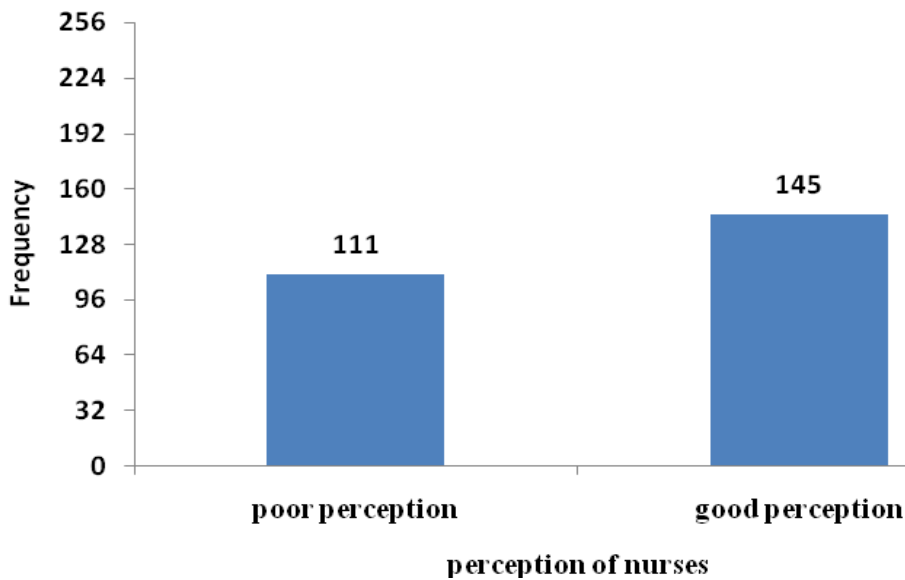


Figure 3, Perception of nurses towards nursing profession in five public hospitals under Addis Ababa Health Bureau, Addis Ababa, Ethiopia, 2011

Factors analysis

To assess perception towards important and unimportant aspect of nursing, few questions were selected. The questions with their mean values are summarized under table 2. From the nursing dimension inventory 35 stem questions the following five questions were selected as factor I which is important aspect of nursing, 'keep patient records up to date', 'explain a clinical procedure to a patient', 'be honest with a patient', 'listen to a patient' and 'consult with the doctor about a patient'. The mean score was 14.35 (SD=1.84). Among the professional nurses who participated in the study 23% (n=59) had not clearly perceived the important aspects of nursing but 77% (n=197) had clearly perceived important aspects of nursing.

Factor II is unimportant aspect of nursing which was assessed by the following three NDI questions. 'Deal with everyone's problems at once', 'pray for a patient' and 'come to work if not feeling well'. The mean score was 5.57 (SD=1.55). From the study participants 47.7% (n=122) had not perceived unimportant aspect of nursing and 52.3% (n=134) had perceived unimportant aspect of nursing.

Table 3, List of questions under factor I and factor II with mean values.

Factors	Questions	Mean
Factor I, Important aspects of nursing	keep patient records up to date	2.86
	Explain a clinical procedure to a patient	2.82
	Be honest with a patient	2.88
	Listen to a patient	2.88
	Consult with the doctor about a patient	2.91
Factor II, Unimportant aspects of nursing	Deal with everyone's problems at once	1.97
	Pray for a patient	2.21
	Come to work if not feeling well	1.39

Table 4, Factor analysis of perception towards nursing at five public hospitals under Addis Ababa health bureau, Addis Ababa, Ethiopia, 2011

Factors	Nurses perception	No. (%)
Factor I	perceived	197(77)
	Not perceived	59(23)
Factor II	perceived	134(52.3)
	Not perceived	122(47.7)

Key, Factor I, important aspect of nursing and **Factor II**, Unimportant aspect of nursing

Factors affecting perception

By excluding double chosen factors, factors that affect perception towards nursing is illustrated in figure 1. Under factors that affect good perception towards nursing, individual factors scored 24.6% (n=63), occupational factors scored 60.9% (n=156), extra occupational factors got 23.4% (n=60) and under factors which were exclusively listed as a reason to have an intention to leave their profession, low payment was the leading cause which accounts 8.2% (n=21) and public's perception towards nursing was 1.2% (n=3) which was found to be the second leading cause.

Both Personal and occupational factors were chosen by 8.5% (n=22) of study participants as a common factors which influence perception towards nursing. Occupational & extra professional and Personal & extra professional factors were the second and third influencing factors of perception towards nursing, 5.4% (n=14), 5.1% (n=13) respectively.

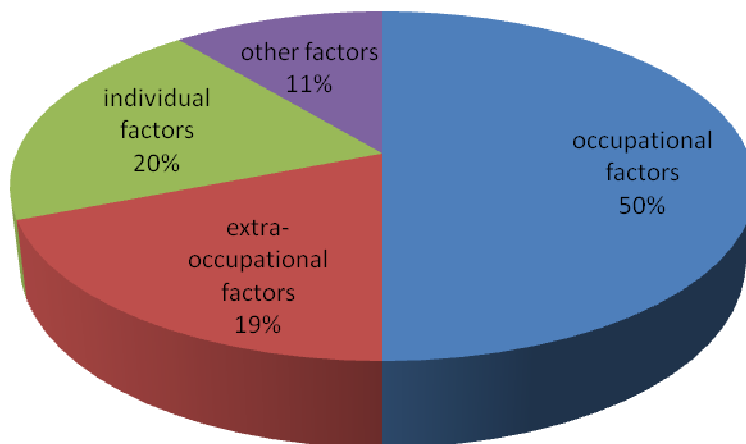


Figure 4, Factors affecting of nurses perception towards nursing profession in five public hospitals under Addis Ababa health bureau, Addis Ababa, Ethiopia, 2011

Significant Association

Socio demographic characteristics and perception towards nursing

Bi-variate analysis was done to look at relationship between independent variables of Socio – demographic characteristics with the perception of nursing. On this model of analysis, Amhara nurses were 4.5 more likely to have good perception than other ethnic groups (COR=4.5, 95% CI 1.16 – 17.35). Nurses who had bachelor and masters of nursing had 1.76 times more likely to have good perception than nurses who had diploma educational level (COR=1.76, 95% CI 1.05 - 2.94).

Nurses who had a monthly income above 2808ETB were 2.37 times more likely to have good perception than other nurses who had a monthly income of less than 2808ETB(COR=2.37, 95% CI 1.12 – 5.04).

Professional Nurses at Gandhi Memorial Hospital had slightly higher likelihood to have poor perception towards nursing profession than other nurses who work in other hospitals. (COR=0.20, 95% CI 0.08 – 0.49).

After adjusting for all Socio – demographic characteristics, nurses who work in Gandhi memorial hospital were also slightly more likely to have poor perception than other nurses who work in other hospitals. (AOR=0.15, 95% CI 0.05 – 0.43). (Table 5)

Table 5, significant association between socio-demographic characteristics & perception of nursing among nurses in five public hospitals under Addis Ababa health bureau, Addis Ababa, Ethiopia, 2011

Variables Characteristics	Perception		COR (95% CI)	AOR (95%CI)
	Poor	Good		
Age category				
20 – 30	70	94	1.00	1.00
31 – 40	28	36	0.95 (0.53 – 1.71)	0.90 (0.39 – 2.07)
Above 41	13	15	0.85 (0.38 – 1.92)	0.94 (0.29 – 3.00)
Sex				
Female	77	96	0.86 (0.50 – 1.47)	1.05 (0.57 – 1.90)
Male	34	49	1.00	1.00
Ethnicity				
Amhara	56	84	4.5 (1.16 – 17.35) *	3.53 (0.79 – 15.80)
Gurage	14	13	2.7 (0.61 – 12.59)	1.93 (0.36 – 10.12)
Oromo	21	31	4.42 (1.07 – 18.30) *	3.97 (0.84 – 18.79)
Tigray	11	14	3.81 (0.82 – 17.57)	3.74 (0.70 – 20.02)
Other	9	3	1.00	1.00
Marital Status				
Never married	60	85	1.00	1.00
Married	51	60	0.83 (0.50 – 1.36)	0.73 (0.36 – 1.44)
Education				
Diploma	74	77	1.00	1.00
Degree & MSN	37	68	1.76 (1.05 – 2.94) *	1.94 (0.95 – 3.96)

Variables Characteristics	Perception		COR (95%CI)	AOR (95%CI)
	Poor	Good		
Religion				
Orthodox	78	103	1.00	1.00
Protestant	20	25	0.94(0.49-1.82)	0.86(0.40-1.7)
Islam	8	8	0.75(0.27-2.1)	0.83(0.25-2.70)
Catholic	2	3	1.13(0.18-6.96)	1.32(0.18-9.36)
Other	3	6	1.51(0.36-6.24)	3.62(0.58-22.34)
Income				
774-1644	58	65	1.00	1.00
1645-2807	41	48	1.04(0.60-1.80)	0.69(0.34 -1.38)
2808&above	12	32	2.37(1.12-5.04)*	1.68(0.64 -4.37)
Experience				
< 4 yrs	44	57	1.00	1.00
4 – 8 yrs	46	57	0.95(0.55 – 1.66)	0.74 (0.34 – 1.57)
8 & Above 8	21	31	1.14 (0.57 – 2.24)	1.47 (0.49 – 4.41)
Hospitals				
Ras Desta	10	26	1.36 (0.55 – 3.35)	1.07 (0.38 – 2.99)
Minilik II	27	36	0.70 (0.33 – 1.44)	0.65 (0.29 – 1.46)
Gandi	26	10	0.20 (0.82 – 0.49) *	0.15 (0.05 – 0.43)*
Zewditu	27	33	0.64 (0.30 – 1.33)	0.53 (0.23 – 1.23)
Yerkatit	21	40	1.00	1.00

COR= Crude Odds Ratio

AOR= Adjusted Odds Ratio

*Statistically significant

SOCIO DEMOGRAPHIC CHARACTERISTICS AND PERCEPTION OF IMPORTANT ASPECTS OF NURSING

Those nurses with Bachelor and Masters Degree were found to be 1.99 times more likely to perceive important aspects of nursing than other group of nurses who had diploma qualification. (COR=1.99, 95% CI 1.06 – 3.74). After adjusting more educated nurses, those who held first degree and second degree, had 2.59 times more likely to perceive important aspects of nursing than diploma Nurses. (AOR=2.59, 95% CI 1.12 – 5.97). (Table 6)

Table 6, significant association between socio-demographic characteristics & perception of important aspects of nursing among nurses in five public hospitals under Addis Ababa health bureau, Addis Ababa, Ethiopia, 2011

Socio-Demo.	Variables Perception		COR (95%CI)	AOR (95%CI)
	Poor	Good		
Age category				
20 – 30	39	125	1.06(0.42-2.70)	0.83(0.21-3.15)
31 – 40	13	51	1.30 (0.45 – 3.73)	1.09 (0.32 – 3.69)
41 & Above	7	21	1.00	1.00
Sex				
Female	45	128	1.00	1.00
Male	14	69	1.73(0.88-3.37)	1.53(0.72-3.25)
Ethnicity				
Amhara	33	107	1.00	1.00
Gurage	7	20	0.88 (0.39 – 2.26)	0.92 (0.32 – 2.66)
Oromo	10	42	1.29 (0.58 – 2.86)	1.57 (0.64 – 3.84)
Tigray	5	20	1.23 (0.43 – 3.54)	1.17 (0.36 – 3.74)
Other	4	8	0.61(0.17-2.17)	1.08(0.25-4.69)
Marital Status				
Never married	36	109	1.00	1.00
Married	23	88	1.26 (0.69 – 2.28)	1.62 (0.70 – 3.71)
Education				
Diploma	42	109	1.00	1.00
Degree& MsN	17	88	1.99 (1.06 – 3.74) *	2.59 (1.12 – 5.97)

Socio-Demo.	Variables Perception		COR (95%CI)	AOR (95%CI)
	Poor	Good		
Religion				
Orthodox	38	103	0.62(0.13 - 2.92)	0.63(0.12-3.34)
Protestant	13	38	0.41 (0.08 - 2.09)	0.26(0.46-1.55)
Islam	6	10	0.27(0.46 - 1.69)	0.23(0.30-1.77)
Other	2	12	1.00	1.00
Income				
774-1644	33	99	1.00	1.00
1645-2807	20	69	1.26(0.66-2.39)	0.65(0.29-1.47)
2808&above	6	38	2.32(0.89-5.99)	1.33(0.42-4.18)
Work experince				
< 4yrs	23	78	1.13 (0.51 - 2.46)	1.66(0.46-6.04)
4-8yrs	23	80	1.15 (0.53 – 2.53)	0.86 (0.31 – 2.41)
41 & Above	13	39	1.00	1.00
Hospitals				
Ras Desta	6	30	0.44(0.12-1.58)	0.28(0.07-1.13)
Minilik II	15	48	0.28 (0.97 – 0.84) *	0.19 (0.61 – 0.63)
Gandi	16	20	0.11 (0.36 – 0.34) *	0.06 (0.18 – 0.23)
Zewditu	17	43	0.26 (0.07 – 0.66) *	0.13 (0.41 – 0.45)
Yekatit	5	56	1.00	1.00
COR= Crude Odds Ratio		AOR= Adjusted Odds Ratio		* statistically significant

CHAPTER SIX – DISCUSSION

This study attempted to assess perception of nursing among professional nurses and to identify factors which influence the perception. In this study participants were selected from the sample frame prepared from lists which were acquired from each hospital's administration. Of the total 264 study units i.e. total sample size and with 10% non response contingency, 256 had participated in this study which made the response rate 96%.

From a total of 35 NDI stem questions five questions for assessing perception towards important aspects of nursing and three questions for assessing perception towards unimportant aspects of nursing profession were selected. In a cross sectional study conducted in UK and Spain (18) the important aspects of nursing were perceived more coherently by all the participant groups.

In congruent with the previous study, in this study the important aspect of nursing was perceived by 77% (n=197) nurses. And unimportant aspects was perceived by 52.3% (n=134) of nurses. The important aspects of nursing were more perceived by nurses than unimportant aspects of nursing. In addition it was identified that there was a significant association between important aspects of nursing and educational level. Importantly, the more the nurses had better education the better they had perception on important aspects of nursing. This is to say that as the nurses increase in their educational level their perception towards the important aspect of nursing was also increased.

The best practice guideline of RNAO says that a nurse, patient or client, organizational outcome is comprised of physical, cognitive and professional components (7). The professional component is further subdivided in to individual nurse factors, organizational/professional factors and external professional factors. In this survey assessment of factors which affect perception towards nursing,

Occupational, Individual, extra occupational factors scored 50%, 20% and 19% of nurses respectively.

The findings obtained from the study in Turkey evidenced that the introduction to nursing course has positively affected the students' understanding of nursing. The students' awareness of professional features of nursing, qualifications a nurse should possess and the roles and functions of a nurse were increased. When the expressions regarding professionalism included in the nursing definitions of students were evaluated, it was seen that the definitions before the course were insufficient regarding professionalism, however, at the end of the course, the expressions fulfilling the professional criteria increased significantly (23). Findings from the study also support previous research. Alike with nurse students, nurse professionals in this study demonstrated that as they increase in their educational level their perception towards the profession increases. Diploma holders 50.9% (n=77), Degree holders 64.4% (n=67) and masters holder 100% (n=1) had good perception towards the profession. Significant association was also identified between perception and educational level. Degree and Masters holders had 1.76 times more likely to have good perception than diploma holders.

Perceptions of nursing profession and learning experiences of male students in baccalaureate nursing program in Changsha, in China showed that the male nurse students mainly demonstrate negative experiences in nursing study, which arouses great concern to nursing educators for retaining them in nursing after graduation and also affects further recruitment of male students. It is important to have gender-balance in the nursing team. Enrolling more male nurses will also partially resolve the nurse shortage. Greater efforts should be made to encourage more male students to enter nursing programs and to retain those males in nursing (24). In this study however, more male nurse

professionals had good perception towards the profession than female professionals. The number and percentage of good perception among the study participants were 55.5% (n=96) and 59.5% (n=83) for female and male nurses, respectively

The findings also revealed that 71.5% (n=183) nurses, who had some years of experience, had intention to quit their profession which may have catastrophic in aggravating shortage of nurses i.e. creating a crisis (18) and this correlate with the previous studies.

A comparison of Guatemalan and USA nurses' attitudes towards nursing concealed that the most common problem identified was the nursing shortage (16). In line with the previous study, work burden was found to be one of the causes that made nurses to have an intention to leave their profession. *Similarly a study conducted in USA nurses shortage is creating a tendency to leave their hospital jobs (25).*

Comparison of nurses in each hospital included in the study revealed that nurses, who work in Gandhi Memorial hospital, were more likely to have poor perception than others in the other four hospitals.

From a total score of 105, 145 nurses (56.6%) had scored more than the mean score of 81.18. This showed that a sound perception towards nursing profession was held by above half of the nurses who participated in this study.

STRENGTH AND LIMITATION OF THE STUDY

Strengths

- The sampling method used was systematic random sampling so generalization can be made.
- All public hospitals under Addis Ababa health bureau were included.

Limitations

- Only a quantitative study
- Very few literatures were available.

CHAPTER SEVEN - CONCLUSION AND RECOMMENDATION

7.1. CONCLUSIONS

From this study more than half of the study participants were found to have good perception towards nursing profession. This pointed out a sound perception to nursing profession was possessed among most of the study participants.

Majority of nurses had an intention to leave their profession.

The relative and/or combined effects of demographic variables like sex, religion income, work experience, and education on the perception of professional nursing by nurses were examined, however, only education had an association with perception of nursing. This showed, as the educational level of the participants increases their perception towards nursing also increases positively.

Under factors which affect good perception towards nursing, occupational factors was found to be the leading factor.

Indeed, majority of the results were congruent with the literatures even though the scope and number of studies to this topic/issue were limited worldwide.

Generally majority of nurses in five public hospitals under Addis Ababa health bureau had good perception towards nursing profession.

7.2 RECOMMENDATIONS

- Strategies such as opportunity to pursue further education should be implemented by government to strengthen factors that positively affect nurses' perception towards the nursing profession.
- Professional association, such as nursing association, has to make utmost effort towards improving perception towards nursing profession.
- Further research should be carried out to on perception of nurses towards their profession.
- Though majority of nurses had good perception towards nursing but still a significant amount had an intention to leave their profession, thus further research is highly recommended to identify factors that compel them to quit their jobs. In sum governmental bodies, professional associations, policy makers and other relevant stake holders are stints recommended to conduct solid inquiry on factors that are forcing nurses to leave their profession.

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Annexes

ADDIS ABABA UNIVERSITY

College of Health Sciences

Department of Nursing and Midwifery

Annex 1- Information sheet

You are invited to participate in a research study to be conducted by MSC student at Addis Ababa University, College of health science, Centralized school of Nursing. Please read the following statement and ask any unclear questions before you agree to participate.

1. **Topic;** Assessment of Nurses' Perception towards Nursing Profession in Addis Ababa City Administration Hospitals, Addis Ababa, Ethiopia.
2. **Objective of the study;** To assess Nurses' Perception among Professional Nurses in governmental hospitals under Addis Ababa health bureau Ethiopia. The information you provide will help us better understand what nurses perceive about their profession and factors that affect nurses' perception towards nursing profession.
3. **Participation procedure and guide line**
 - a. The information you provide will be kept completely anonymous. That is, your name will not be on any of the forms.
 - b. It will take about 30 minutes to complete the survey.
 - c. The questions are written in Amharic and it is self administered questionnaire by Nurses.
4. **Participation benefits and risks**
 - a. Your participation in this study does not involve risk that are greater than those your experience in your daily life. You might feel some mild discomfort from reading and responding to some items on the questionnaire but again, the risk of discomfort is not greater than you might have in your working area or in other normal activities.

- b. You also may experience some benefits from participating on this project this benefit might be positive feelings from helping an important research study.
 - c. No incentive will be given for participating in this study.
5. **Right to refuse or withdraw;** your participation is volunteer and there is no penalty for you not wanting to participate. This means that you are free to stop at any point or to choose not to answer any particular question or all the questions.
6. **Right as a participant;** you have a right to have any questions about this research project answered. Please direct any question to **Liya Wondwossen**.

Centralized school of Nursing,

College of Health Science

Addis Ababa University.

Cell phone 251-911-19-19-28, e mail – liwo_w@yahoo.com

7. Agree to participate

Yes _____

No _____

Signature _____

Date _____

Annex 2 - CONSENT FORM

Greeting; Good morning/Good afternoon

We are going to take few minutes on to assess Nurses' Perception among Professional Nurses in governmental hospitals under Addis Ababa Health bureau, Addis Ababa, Ethiopia. This questionnaire is present to you to obtain relevant information about nurses' perception and factors affecting perception towards nursing profession in order to have a better understanding. All information you give will be kept confidential and you are not going to be mentioned by name. Filling the questions is totally is depending on your willingness and also you have the right to quite at any point through the course of administering the question. If you need more clarification you can ask the supervisor.

The research will be done with the collaboration of Addis Ababa University College of Health Science, Centralized school of Nursing.

PRINSIPAL INVESTIGATOR

LIYA WONDWOSSEN

Tel; 0911-19-19-28

We would greatly appreciate your response to us and like to thank you ahead for taking your time

Name & Signature of supervisor; _____

7. Monthly income in birr

1. 774 – 1644 birr

2. 1645 - 2807 birr

3. 2808 - 2989 birr

4. 2990 – And above birr

8. Work experience

1. Less than 1 year

2. Above 1year - 4 years

3. Above 4 years – 6 years

4. Above 6 years – 8 years

5. Other specify, _____

9. The hospital you are working in is

1. Ras Desta

2. Minilik II

3. Gandi memorial

4. Zewditu

5. Yekatit 12

Part II Assessment of Perception

Nursing Dimensions Inventory (NDI-35) Stem question: ‘As a nurse it is/will be important for me to:’ Response on a 5-point Likert scale:

1. Very Important
2. Important
3. Moderately Important
4. Little Importance
5. Not important

(NDI-35) Stem question	Very Important	Important	Moderately Important	Little Importance	Not important
1. Involve a patient with his or her care					
2. Give reassurance about a clinical procedure					
3. Pray for a patient					
4. Deal with everyone’s problems at once					
5. Observe the effects of a medication on a patient					
6. Keep in contact with a patient after discharge					
7. Assure a terminally ill patient that he or she is not going to die					

(NDI-35) Stem question	Very Important	Important	Moderately Important	Little Importance	Not important
8. Stay at work after a shift has finished to complete a job					
9. Come to work if I am not feeling well					
10. Attend to the spiritual needs of a patient					
11. Be cheerful with a patient					
12. Provide privacy for a patient					
13. Make a patient do something, even if he or she does not want to					
14. Appear to be busy at all times					
15. Arrange for a patient to see his or her chaplain					
16. Assist a patient with an activity of daily living (washing, dressing, etc.)					
17. Keep patient records up to date					

18. Feel sorry for a patient					
(NDI-35) Stem question	Very Important	Important	Moderately Important	Little Importance	Not important
19. Get to know the patient as a person					
20. Explain a clinical procedure to a patient					
21. Be neatly dressed when working with a patient					
22. Sit with a patient					
23. Explore a patient's lifestyle					
24. Report a patient's condition to a senior nurse					
25. Be with a patient during a clinical procedure					
26. Be honest with a patient					
27. Organize the work of others for a patient					
28. Listen to a patient					
29. Consult with the doctor about a patient					

(NDI-35) Stem question	Very Important	Important	Moderately Important	Little Importance	Not important
30. Instruct a patient about an aspect of self-care (washing, dressing, etc.)					
31. Share a personal problem with a patient					
32. Keep relatives informed about a patient					
33. Measure the 'vital signs' of a patient (e.g. pulse and blood pressure)					
34. Put the needs of a patient first (i.e. before your own)					
35. Be technically competent with a clinical procedure					

36. Have you ever intend to leave the profession?

1. Yes
2. No

37. If yes to the previous question what would be the reason

1. Low salary

2. Inconvenient working environment
3. Administration issue
4. Work burden

Part III Assessment of factors that affect perception

1. What do you think is the reason for nurses to have poor perception towards their profession?
 - A. Individual factors
 - B. Occupational factors
 - C. External occupational factors
 - D. Other factors

Annex 4 - Amharic version of questionnaire

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሣይንስ ኮሌጅ

የነርስ እና አዋላጅ ነርስ ትምህርት ክፍል

መረጃ

በአ.አ ዩኒቨርሲቲ ጤና ሣይንስ ኮሌጅ የነርስ እና አዋላጅ ነርስ ትምህርት ክፍል የድህረ ምረቃ ተማሪ በሆነችው የሚሠራ ጥናት ላይ እንዲሳተፉ ተጋብዞታል እባክዎ የሚከተለውን ያንብቡና በጥናቱ ላይ ለመሳተፍ ከመወሰንዎ በፊት ግልፅ ያልሆነልዎ ጥያቄ ካልዎት ይጠይቁ

1. **ርዕስ:-** በአዲስ አበባ ጤና ቢሮ ስር ባሉ ሆስፒታሎች ያሉ ነርሶች ስለ ነርስነት ሙያ ያላቸውን የጠለቀ አስተሳሰብ መቃኘት፣ ኢትዮጵያ፡
2. **የጥናቱ አላማ:-** በአዲስ አበባ ጤና ቢሮ ስር ያሉ ሆስፒታሎች የሚሰሩ ነርሶች ስለ ነርስነት ሙያ ያላቸውን የጠለቀ አስተሳሰብ ለመገምገም የሚሠጡት መረጃ፣ ነርሶች በነርስነት ሙያ ላይ ስላላቸው የጠለቀ አስተሳሰብ እና ለነርስነት ያላቸውን የጠለቀ አስተሳሰብ የሚያቃውሱ ነገሮችን በበለጠ ለመረዳት ይጠቅመናል፡፡
3. **የተሳተፎ ስርአት እና መምሪያ**
 - ሀ. የሚሠጡት መረጃ ስምዎ ሳይጠቀስ በሚስጥር ይያዛል፡፡ይህም ማለት የእርስዎ ስም በማንኛውም ቅፅ ላይ አይኖርም
 - ለ. መጠይቁን ለመሙላት 30 ደቂቃ አካባቢ ይወስዳል
 - ሐ. ጥያቄዎቹ በአማርኛ የተዘጋጁ እና ነርሶች እራሳቸው የሚሞሉአቸው ናቸው
4. **የተሳተፎ ጥቅም እና አደጋ**

ሀ. በእርሶ በዚህ ጥናት መሳተፍ ሁልጊዜ በእለት-ተቀን ኑሮዎ ከሚያጋጥሞዎ አደጋ የበለጠ አደጋ አያጋጥሞዎትም። ምን አልባት መጠነኛ አለመመቸት መጠይቁ ላይ ያሉትን ጥያቄዎች ሲያነቡ ሊያጋጥሙት ይችላል ነገርግን ያለመመቸት አደጋው እለት-ተቀን በስራ ቦታዎ ወይም በሁልጊዜ እንቅስቃሴዎ ከሚሰማዎት አለመመቸት አይበልጥም።

ለ. በዚህ ጥናት ላይ በመሳተፍ ጥቅም ሊያገኙ ይችላሉ።ይህም ጥቅም ጥናቱን በመርዳትዎ መልካም ስሜት ሊሆን ይችላል።

ሐ. በዚህ ጥናት ላይ በመሳተፍዎ ምንም ማበረታቻ አይሰጥም።

5. ያለመሳተፍ ወይም የመውጣት መብት፡- የእርሶ ተሳትፎ በመልካም ፈቃደኝነት ላይ ይመስረታል።ፈቃደኛ ባለመሆንዎ የሚደርስቦ ምንም አይነት ቅጣት የለም። ይህም ማለት በማንኛውም ጊዜ የማቆም ወይም ምንም አይነት መልስ ያለመስጠት ሙሉ መብት አለዎት።

6. እንደተሳታፊ መብትዎ፡-ስለዚህ ጥናት ያልዎትን ማንኛውም ጥያቄ ለሊያ ወንድወሰን ይጠይቁ
ስልክ ቁ.0911 19 19 28

Email liwo_w@yahoo.com

7. ለመሳተፍ ተስማሙ

ሀ. አዎ ተስማምቻለሁ _____

ለ. አልተስማማሁም _____

ፊርማና ቀን _____

የስምምነት ቅፅ

ሰላምታ፣ እንደምን አደራችሁ/እንደምን ዋላችሁ

በአዲስ አበባ ጤና ቢሮ ስር ባሉ ሆስፒታሎች የሚሰሩ ነርሶች ስለ ነርስነት ሙያ ያላቸውን የጠለቀ አስተሳሰብ ለመገምገም ጥቂት ደቂቃዎችን እንወስዳለን።

ይህ ለእናንተ የቀረበው መጠይቅ ነርሶች በነርስነት ሙያ ላይ ስላላቸው የጠለቀ አስተሳሰብ ለመቃኘት አስፈላጊውን መረጃ ለማግኘት እና ለነርስነት ያላቸውን የጠለቀ አስተሳሰብ የሚያቃውሱ ነገሮችን ለመገምገም የተዘጋጀ ነው።

ማንኛውም የምትሰጡት መረጃ በሚስጥራዊነት ይያዛል። እንዲሁም በስም የማትጠቀሱ ስለመሆኑ እናረጋግጣለን። መጠይቁን መሙላት በእርስዎ ሙሉ ፈቃደኝነት ላይ ይመሰረታል። መጠይቁን እየሞሉ ባሉበት በማንኛውም ሰዓት የማቋረጥ ሙሉ መብት አለዎት። እንዲብራራሎት የሚፈልጉት ነገር ካለ ተቆጣጣሪን መጠየቅ ይችላሉ።

ይህ ጥናት ከአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የነርስ እና አዋላጅ ነርስ ትምህርት ክፍል ጋር በመተባበር የሚሰራ ነው።

ዋና አጥኚ

ሊያ ወንድወሰን

ስልክ 0911- 19 19 28

ከወዲሁ ስለሚሰጡን መልስና ጊዜዎትን በመውሰድዎ ልናመሰግናት እንወዳለን።

የተቆጣጣሪ ስም እና ፊርማ -----

7. ወርሀዊ ገቢ

1. 774 - 1644ብር

2. 1645 - 2807ብር

3. 2808 - 2989 ብር

4. 2990ብር እና ከዛ በላይ

8. የስራ ልምድ

1. ከአንድ አመት በታች

2. ከ1-4 አመታት

3. ከ4 በላይ - 6 አመታት

4. ከ6 በላይ - 8 አመታት

5. ሌላ ካለ ይግለጹ

9. አሁን እየሰሩ ያሉበት ሆስፒታል

1. ራስ ደስታ

2. ዳግማዊ ሚኒሊክ

3. ጋንዲ መታሰቢያ

4. ዘውዲቱ ሆስፒታል

5. የካቲት 12 ሆስፒታል

ክፍል 2:- አስተሳሰብን መገምገሚያ

	አላስፈላጊ	በጥቂቱ አስፈላጊ	በመጠኑ አስፈላጊ	አስፈላጊ	በጣም አስፈላጊ
1.ለህመምተኛው-በሚሰጠው ክብካቤ መሳተፍ					
2.ለሚደረግ ማንኛውም የህክምና ምርመራ ስርአት ማረጋገጫ መስጠት					
3.ለህመምተኛ መጸለይ					
4.የብዙዎቻችን ቸግር ባንድ ጊዜ ለመፍታት መሞከር					
5.የመድሀኒቶቻችን ውጤት በህመምተኛው ላይ መከታተል					
6.ከህመምተኞቻቸው ጋር ያለን ግንኙነት ከህክምና ጣቢያ ከተሰናበቱም በኋላ መቀጠል					
7.በጽኑ ለታመመ/ች ህመምተኛ እንደሚይዩት/ትሞት ማረጋገጫ መስጠት					
8.የስራ ሰአት ካለቀ በኋላ ያላለቀ ስራን ለመጨረስ በስራ ላይ መቆየት					
9.የጤነኝነት ስሜት ሳይሰማ ወደስራ ቦታ መምጣት					
10.የህመምተኛውን መንፈሳዊ ፍላጎት ማርካት					
11.ከህመምተኛ ጋር ደስተኛ መሆን					
12.ለህመምተኛ ለብቻ መሆንን ማረጋገጥ					
13. ሕመምተኛው መስራት ባይፈልግም እንዲሰራ ማስገደድ (ማሰራት)					
14. ሁልጊዜ በስራ የተጨናነቁ መምሰል					
15. ህመምተኛው ቁስ እንዲያገኝ ሁኔታን ማመቻቸት					

16. እለት ተእለት በሚሰሩ ስራዎች ህመምተኞችን መርዳት (ለምሳሌ መልበስ፣ ማጠብ)					
17. ለህመምተኞችን መዝገብ ወቅታዊ አድርጎ መያዝ					
18. ለህመምተኛ ማዘን					
19. ህመምተኛን እንደ ሰውነቱ ማወቅ					
20. የህክምና ምርመራ ስርዓትን ለህመምተኛ ማብራራት					
21. ከህመምተኛ ጋር ሲሰሩ በጥንቃቄ መልበስ					
22. ከህመምተኛ ጋር መቀመጥ					
24. የህመምተኛው ሁኔታ ለሚበልጥ ነርስ ሀተታ ማቅረብ					
25. የህክምና ምርመራ ስርዓት በሚካሄድበት ጊዜ ከህመምተኛ ጋር መቆየት					
26. ለህመምተኛ ሀቀኛ መሆን					
27. የሌሎችን ስራ ለህመምተኛ ማደራጀት					
28. ህመምተኛን ማድመጥ					
29. ስለ ህመምተኛ ለሀኪም ማማከር					
30. ለህመምተኛ ስለእራስ ጥንቃቄ (መታጠብ፣ መልበስ...) መመሪያ መስጠት					
31. የግል ችግርን ለህመምተኛ ማጋራት					
32. ስለ ህመምተኛ ሁኔታ ዘመዶች እንዲያውቁ ማድረግ					
33. የህመምተኛን vital sign መለካት					
34. ምንግዜም የህመምተኛን ፍላጎት ማስቀደም					

35. በህክምና ምርመራ ስርዓት ብቁ ችሎታ ያለው/ያላት መሆን					
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36. ሙያህን /ሙያሽን ለመልቀቅ አስበህ/ሽ ታውቃለህ/ሽ?

1. አውቃለሁ
2. አላውቅም

37. ለቀዳሚው ጥያቄ መልሱ አዎ ከሆነ ምክንያቱ ምን ሊሆን ይችላል?

1. ዝቅተኛ ክፍያ
2. የማይመች የሥራ ቦታ
3. የአስተዳደር ጉዳይ
4. ከፍተኛ የስራ ጫና

ክፍል 3: - ለነርስነት የጠለቀ አስተሳሰብን የሚያቃውሱ ነገሮችን መገምገሚያ

1. ነርሶች ለነርስነት አናሳ አስተሳሰብ እንዲሆራቸው ሊያደርጉ የሚችሉ ምክንያቶች የትኞቹ ይመስልዎታል?
 1. የግለሰብ ነገሮች
 2. የስራ ቦታ ነገሮች
 3. ከሙያ ውጪ ያሉ ነገሮች

Declaration by the candidate

The thesis is my original work, has not been presented for a degree in any other university and that all sources of material used for the thesis have been duly acknowledged.

Full Name of candidate

signature

Date

Confirmation by Advisor

Full Name

signature

Date