THE PROFESSIONALIZATION OF NURSING

New Zealand as a case study

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YUE LIU

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ABSTRACT

Nursing has often been regarded by sociologists, the medical profession and even nurses themselves, as an occupational grouping which is semi - rather than fully - professionalised. This study is concerned with recognising the 'professional project' that has been undertaken by New Zealand nurses and assesses their progress towards professionalization by addressing two key research questions. Firstly, what are the historical and contemporary mechanisms by which nursing has attempted to secure professional status in New Zealand? Secondly, how do nursing organisations and nurses themselves seek to maintain and enhance their professional status?

This study presents a review of historical and sociological literature with regard to nursing to portray its evolution from the colonial settlement of New Zealand until the present. Within the New Zealand context the professional project undertaken by nurses appears to have a proud history, and New Zealand nurses were the first in the world to achieve legislated registration. Despite this early recognition, progress towards achieving full professional status by this female dominated occupation has historically faced challenges from its male dominated counterpart in the form of the medical profession. The strength of nursing organisations and the establishment of formal nursing education have been two of the historical means by which professionalization for New Zealand nurses has been advanced.

In order to examine contemporary perceptions about the processes through which nursing has been professionalized and how professional status is maintained, a series of eight semi-structured interviews were undertaken with a purposive sample of key informants from the state sector, nursing organisations and nursing educators. A qualitative analysis of the data collected showed that both nursing organisations and tertiary level qualifications had contributed to the achievement of professional status. The professional project had also been accelerated through working partnerships between nursing organisations and external stakeholders, as well as the establishment of standards that defined

scopes of practice and codes of ethics. A diminishing public health budget and the increased presence of unregulated health workers were considered to be key threats to maintaining the professional status of nursing.

This research concludes that despite the impression given by the international sociological literature that nursing is a semi-profession, nurses in New Zealand fulfil the claim to full professional status through their association with an exclusive body of knowledge, their ability to self-regulate and operate with a high degree of professional autonomy, as well as external recognition as a profession. However, professional status is dynamic, rather than fixed, and nurses will continue to strategically maintain and renegotiate their status in the face of future challenges.

DEDICATION

This thesis is dedicated to my dear mother, Lili, who has been a nurse for over thirty years.

It is also dedicated to the cherished memory of my previous supervisor, Dr Paul Harris.

ACKNOWLEDGEMENTS

CONTENTS

ACRONYMS

AUT	Auckland University of Technology
DHB	Waikato District Health Board
ECA 1991	The Employment Contracts Act 1991
EEO	Equal Employment Opportunities Trust New Zealand
EN	Enrolled Nurse
HPCA 2003	Health Practitioners Competence Assurance Act 2003
MOH	Ministry of Health
NA	Nurse Assistant
NCNZ	Nursing Council of New Zealand
NP	Nurse Practitioner
NZNO	New Zealand Nurses Organisation
PDRP	Professional Development Recognition Programmes
RN	Registered Nurse
VUW	Victoria University of Wellington
WINTEC	Waikato Institution of Technology

Chapter One

Introduction

The topic of this study is of personal and sociological interest to the nursing profession. The researcher's interest was initially sparked because her mother and friends are nurses in China, and often have discussions about whether nursing is a 'professional' occupation, and why some people consider it to be a 'semi-profession'.

Sociologists and nurses themselves have struggled to determine whether professionalism is present or absent in nursing. A number of sociological authors have clearly identified professionalization as a dynamic and changing process, and as such, occupations which were not considered professions in the past have now reached a more professional status as a result of group effort and social changes. New Zealand is a particular and obvious case in which nurses have a long and well documented history of advancing their own professional project.

The nursing profession as we know it today evolved largely in the nineteenth century (Haas, 2005; Macdonald, 1995). Historically, "…nurses have found themselves in a work situation where the most prestigious positions routinely go to men" (Katz, 1969, p. 54). According to Thompson, Newell and Morrall (2000), medicine is a profession, while nursing aspires to be one. Hence, "medicine has increasingly made the nurse into an administrative specialist, while the nurse's heritage is that of bedside care of the individual patient" (Katz, 1969, p. 54). In one of the seminal academic works that addresses nursing as a profession, Katz (1969) asserts that nurses are under pressure to become professionals, but that this status is easily undermined by the doubts of both physicians and of nurses themselves.

The concept of professionalization has provided sociologists with a means of encompassing variations and seeming inconsistencies in the development and present state of the occupations conventionally regarded as professions (Johnson, 1972). Professional status is attributed to the most visible professions

(Bennett & Hokenstad, 1973), while fields such as education, social work and mental health have been variously referred to as 'semi-professional' (Katz, 1969) - a term which encompasses those workers in the personal and caring professions, as well as many others.

The focus of this thesis is on New Zealand's achievements towards the professionalization of nursing. The research presented here seeks to explore this theme by examining two specific questions. Firstly, what are *the processes* by which nursing has or is attempting to secure professional status in the New Zealand context, and secondly, by what mechanisms do nursing organisations and nurses themselves seek to *enhance and maintain* professional status? The answers to these questions are qualitatively assessed by presenting the perspectives of three different stakeholder groups within nursing. These include state sector representatives (the Nursing Council of New Zealand, the Ministry of Health, and the Waikato District Health Board), nursing educators (from Auckland University of Technology, Massey University, Victoria University of Wellington, and the Waikato Institution of Technology) and the trade union that represents the nursing sector in New Zealand (The New Zealand Nurses Organisation).

Thesis structure

Chapter two surveys the literature addressing the historical development of nursing, both in New Zealand and beyond. This review highlights a range of important points in relation to the context in which the professional development of nursing in New Zealand has occurred. While nursing's early history in New Zealand provided a 'profession' for middle class women, from the mid-nineteenth century the nature and delivery of medical treatments changed, and nurses had to carry out increasingly complex tasks and were faced with new responsibilities. The eventual development of registration and the regulation of nursing are identified as central mechanisms within the process of achieving professional status, and the development of a recognised specialised body of

knowledge has been a key criterion for the maintenance of professional status and autonomy in nursing. Two particular deficiencies within the range of sources examined are highlighted, and these have been used as the basis for developing the research questions.

Chapter three outlines the methodology of the research. A qualitative approach is considered as a basis for data collection, analysis and presentation of results. The process of data collection is described, as is the procedure involved in designing a schedule for in-depth interviews with key informants. The methodological orientations and challenges that have influenced this research are also acknowledged.

Chapter four presents the results with regard to the process of professionalization, which draw on interview data from eight semi-structured interviews with three groups of selected key informants. An overview of perspectives with regard to major developments within the New Zealand context has been presented, and respondents confirmed that nursing in New Zealand has a long history of professional recognition. The nursing professionals involved in this study believed that nursing education contributes to the process of professionalization, and respondents also highlight that the formalisation of professional knowledge and standards of practice have contributed to the advancement of the 'professional project'.

Chapter five presents the data with regard to addressing two noted deficiencies in the literature, that is: how the professional status of nursing is maintained, and the means by which it is threatened and challenged in the New Zealand context. Respondents highlighted the need for nurses to constantly update their knowledge and skills in order respond to rapid technological changes and extend their fields of practice. Competition from the unregulated health care workforce provides a significant contemporary challenge to the status of nursing and this effect is compounded through administrative targeting of the nursing workforce in order to reduce public health expenditure.

Chapter six reviews the sociological literature with regard to theories of the professions and professionalization before presenting a theoretical analysis of the findings. The analysis demonstrates that, firstly, the experience of nurses in New Zealand contrasts with the impression in the international sociological literature that nursing is a semi-profession. Secondly, the analysis examines some of the means by which nurses and nursing organisations intend to actively maintain their professional status in the face of contemporary threats and challenges.

Chapter seven concludes the thesis by summarising the key arguments that have been addressed though the research, and evaluating this work in terms of its contribution to the sociological study of the professionalization of nursing. Specific limitations of the current study are highlighted, and recommendations are provided for areas in which future inquiry could add breath what to have been discovered in the current endeavour.

Chapter Two

Literature Review: The Professionalization of Nursing

Nurses are the largest group of health care providers, and are employed in almost every aspect of the health care system. In practice, nursing is a combination of many elements: knowledge, styles and models of care, professional codes, clinical skills and attitudes (The Ministry of Health, 1998). According to Wall (2010), there area range of concepts that are of interest in the sociological study of nursing, including gender relations and patriarchy, organisations and management, labour, knowledge and skills, and professionalism.

Colleen (1988) and Webber (2003) both maintain that nursing has changed dramatically over the course of the nineteenth century. Davina (2000)points to the occurrence of an important ideological shift within nursing at the end of the nineteenth century, when "Nightingale's[1] vocational vision of nursing as a 'moral métier' vied with the professional model advocated by Mrs Bedford Fenwick[2] founded on scientific skills" (p. 2). The Nurses Registration Act of 1901 is evidence of the proud history of nursing in New Zealand in terms of its early recognition as a profession. According to Maclean[3] (1932), "New Zealand was the first country to adopt the system of inspection by qualified nurses, with a nurse at the head of registration of nurses under a special Act of Parliament" (p. 40).

Bearing the above points in mind, the purpose of this review is to survey selected publications that apply a sociological lens pertaining to the position of nursing as profession. It is the intention of the review to identify the ways in which nursing

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[1]Florence Nightingale (1820-1910): Nightingale laid the foundation of professional nursing with the establishment, in 1860, of her nursing school at St Thomas' Hospital in London - the first secular nursing school in the world.
[2]Mrs Bedford Fenwick (1856-1947): Scottish born, Mrs Fenwick was the first name registered on the world's first list of nurses. She was especially condescending toward German nurses in the tradition of Florence Nightingale.
[3]Hester Maclean: Nurse, hospital matron, nursing administrator, editor and writer. Her (1932) book *Nursing in New Zealand: History and Reminiscences* presented a summary of early nursing history and legislation in New Zealand.

and sociological literature is concerned with the characteristic attributes of the profession in general, and with attempts to locate nursing along a continuum of professionalization.

Historical Overview of Nursing

Historically, there were no trained nurses in Britain before 1840, and nursing was seen as little more than a 'specialised form of charring' (Kuhse, 1997). According to Belgrave, (1991), Finlayson, (1996), and Kuhse (1997), if nurses were not religiously motivated nuns, they were largely illiterate women of the so-called 'lower classes' -widows, unmarried or married women. Florence Nightingale's work *Notes on Nursing* (1898), observes that nursing was generally done by those "who were too old, too weak, too dirty, too stolid, or too bad to do anything else" (Kuhse, 1997, p. 18).

By the mid-nineteenth century, things were, however, beginning to change. Medical treatments were becoming more sophisticated and it was frequently difficult to administer them within patient's own homes (Kuhse, 1997). Because of this, the care of the sick moved from the community based environment to the institutional setting of the hospital. Kuhse (ibid.) notes that as a result of this shift, nurses were confronted by new conditions in which they had to carry out novel and increasingly complex tasks and were faced with new responsibilities. It became obvious that it was important for patients to be cared for by skilled nurses (Belgrave, 1991; Kuhse, 1997). The nineteenth century is regarded by many authors as a time of great intellectual ferment and excitement, and the beginning of nursing as people know it today came from Florence Nightingale's entrance into the nursing scene during the Crimean War in the 1850's (Kuhse, 1997; Brown, Master, & Smith, 1994; Colleen, 1988). Kuhse (1997) points out that the changes Florence Nightingale made to nursing were truly revolutionary, particularly given the comparatively low status of women at this point in history.

During the period of settlement of New Zealand as a colony from around 1840, the sick and women settlers who needed assistance during childbirth were cared for at home (Papps & Kilpatrick, 2002; Finlayson, 1996). Accordingly, nurses were mainly married women who provided an informal but essential service to people in their own homes (Finlayson, 1996). Papps and Kilpatrick (2002) report that the title 'nurse' was given to many women with 'medical' knowledge or skills. Papps and Kilpatrick (2002) also recount that in colonial New Zealand only the severely ill, poor, or destitute resorted to hospitals, "as these were not particularly pleasant places, and officials within the Department of Health recognised that many individuals would have been better treated in their own homes than in a hospital" (p. 1). In the late nineteenth century, following the British pattern, nursing in New Zealand began to provide a 'profession' for middle class women, and a route to middle class status for working class women (Webber, 2003).

Nursing and the Medical Professions

Nurses work in collaboration with medical doctors and other health professions as part of health-care teams, and they also offer services and skills that complement these other professions (The Ministry of Health, 1998; Burgess, 1984). The health care system in New Zealand has evolved into a complex matrix of services provided by public, private and voluntary sectors (Burgess, 1984). Therefore, according to Burgess (1984), the number of nurses directly employed in health services totals more than all other health professions and technical groups combined. For medical doctors, the achievement of professionalization has followed a very different route to that experienced by nurses. Doctors have seen themselves as having the authority to control other health professions-including nursing. Hence, it is appropriate to briefly examine the professional development of a range of health occupations, including medicine.

In the mid 1800s, there was no professional organisation for doctors and no formal control over the practice of medicine. According to Belgrave (1991), the

most socially successful doctors in New Zealand, such as John Logan Campbell[4] and David Monro[5], did not have professional medicine licences at all, and "medical qualification had to be obtained in countries overseas" (Hay, 1989, p. 35). Finlayson (1996) reports that in the early years of colonisation there was no national system of licensing chemists, doctors, or nurses. Chemists were the first to provide an established form of apprenticeship in New Zealand (Hay, 1989), but very few dentists had any training and nurses and midwives had none. Finlayson (1996) notes that in 1875 New Zealand's first medical school was established at the University of Otago, and in 1887 the Otago Medical Association merged with similar organisations in other parts of New Zealand to form the New Zealand branch of the British Medical Association. According to Hay (1989) and Finlayson (1996), the Association assumed responsibility for the standardisation of medical practice and for the control of economic activity within medicine. Finlayson (1996) concludes that with the development of the medical school and their own professional association, the status and power of the medical profession became institutionalised, and that "Doctors were able to exercise control over the numbers and quality of the candidates entering the medical school and the curriculum that they were taught" (Finlayson, 1996, p.74). Accordingly, the key indicators of professionalization for doctors are able to be observed in New Zealand from this point forward. With the development of professionalization, doctors were able successfully to eliminate competition and create a medical monopoly (Finlayson, 1996). Medicine became an exclusive and clearly demarcated profession.

While the process of professionalization in medicine is relatively clear cut, the same cannot necessarily be said about the achievement of a similar status for nursing. Thompson, Newell, and Morrall (2000) point out that ideally, if doctors were considered to be professionals, then nurses could likewise follow suit. As noted previously, the history of nursing has been dominated, overshadowed and at times swamped by the iconic figure of Florence Nightingale (Mortimer, 2005),

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[4]Dr John Logan Campbell in Auckland
[5]Dr David Monro in Nelson

whose influence on the nursing profession has been indelible. Davina (2000) observes that after the end of the nineteenth century, "nursing was tightly linked to particular hospitals and the knowledge nurses gained was not readily transferable to other types of patient or institutional context" (p. 2). Finlayson (1996) reports that in the 1880s trained nurses from British hospitals began arriving in New Zealand. Keen to improve the standard of hospital services in New Zealand, and knowing about Nightingale's work, Dr Grabham[6] had sent for these British-trained nurses, believing that they could be effective in bringing about an improvement (Brown, Masters, & Smith, 1994; Papps & Kilpatrick, 2002; O'Connor, 2010). Consequently, as Webber (2003) observes, "the British Nightingale system of 'lady nurses' was introduced into New Zealand and nurse training commenced in the main centres" (p. 41).

Nursing has historically been seen as a dependent occupation, where nurses are expected to be the ears and eyes of doctors. Katz (1969) notes that the traditional picture is one in which nurses do as they are bid by doctor's without question, and their knowledge and interpretations are regarded as less 'educated' than those of the medical professions. Although nurses actively promoted standardisation of training, as a female dominated profession its education remained to a large degree determined by male doctors (O'Connor, 2010). As Abbott and Wallace (1990) point out: "as male doctors acquire the status of a profession they not only exclude female healers from practising but gain control over female workers, who take on a subordinate role in the medical division of labour" (p. 18).

Nursing and Gender

Nursing has historically been, and remains, a female dominated occupation. Sociological studies of nursing have often focused on the reproduction of the

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[6]Dr W. Grabham: "The Inspector in 1884 commended the new nursing system at Auckland and Wellington and suggested that "the example so well set might with advantage be followed by others of the larger hospitals, whose present nursing arrangements are not in accordance, by any means, with modern ideas" (Smillie, 2003, p. 12)

traditional gender relations that have dictated the division of labour (Wall, 2010). Some writers, such as Sullivan (2002) and Thornley (1996), argue that there is both a historical and a contemporary perception of nursing as 'women's work'. Thornley (1996) has noted that nursing as a whole underwent an early distinction as a gender-segregated occupation. Bramwell-Cadman (1997) notes that nursing's low place in the professional hierarchy is linked to the gender relations within society which are reproduced in the health care environment. Sullivan (2002) and Wall (2010) find that in its early history, nursing had frequently been touted as a family-friendly occupation. A woman who became a nurse was told that she could work in any city where her husband might find a job, and that she could also schedule her days and hours of work around her family's needs (Sullivan, 2002).

Nursing has long had an ambivalent relationship with the women's movement (Sullivan, 2002; Mortimer, 2005) and many of the dominant themes in the history of this movement have proved to have direct relevance for the evolution of nursing as a profession (Mortimer, 2005). Historically, gender has been both a resource and a liability for nurses, both justifying the occupation's claims to jurisdiction over caring work, but consigning the work of the profession of nursing to a subordinate position vis-à-vis medicine (Mortimer, 2005). Davina and David (2002) also point out that "...many of the tasks undertaken by female [nursing] employees are defined as 'natural' work for women" (p. 9). Although nursing has changed dramatically over the nineteenth century, Parkin (1995) finds that nursing has maintained an 'essentially female character' which consequently subordinates its status as a profession on the basis of perceptions that the nature of the work of nurses requires little training, can be done by anyone, and consequently lacks any marketable scarcity value. Further, Porter (1992) observes that: "The status of nursing within the social organisation of health care is the result of assumptions founded on a socio-biological model of gender differentiation, in which women are seen as more emotional and caring, while men are more rational and decisive" (cited in Wall, 2010, p. 151). As Tully and Mortlock (2005) note, nurses shared a concern with improving their

precarious social and economic status in the hierarchically organized health care system through formalized training and licensing.

During the post World War II boom in the West, an expansion of hospital provided medical treatments provided greater public awareness of nurses and what nurses do. Wilson (1997) identifies the six year period, 1939-1945, which encompassed World War II, as a dynamic era in New Zealand nursing history. Nursing and teaching no longer shared the monopoly as the most attractive and appropriate occupations for well-educated young women. Wilson (1997) recounts that after the First World War new opportunities emerged for women in many sectors of the workforce.

Registration and Regulation of Nursing

Nurses in New Zealand are currently professionally regulated by the Health Practitioners Competence Assurance Act 2003[7] (the HPCA 2003). In essence, the Act provides the legal framework for registrations of, and practicing certifications for, health practitioners. The Act underpins standards of competence, assessment of fitness to practice, and quality assurance for health care in New Zealand.

The Act brought all registered health professions in New Zealand, which had previously been regulated under their own separate statutes, under one consistent regulatory framework (Ministry of Health, 2009). It also provides the legal framework that authorises the Nursing Council of New Zealand to provide registration for nurses (Ministry of Health, 2009; 2010). In order to review in more detail the development of registration and regulation of nursing in New Zealand, it is appropriate to examine the legislative developments that have occurred since 1901.

The first Act of parliament to provide for the registration of nurses was the Nurses Registration Act 1901 (Maclean 1932; Lambie, 1951; Burgess, 1984;

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[7]The Health Practitioners Competence Assurance Act 2003 came into force in September 2004.

Brown, Masters, Smith, 1994; French, 2001; O'Connor, 2010). French (2001) and O'Connor (2010) note that the passage of the 1901 Act meant that New Zealand was the first country in the world to achieve formal nursing registration. According to Lambie (1951), the inception of the regulated training of nurses came at a time during which there was the development of a consciousness that the State must safeguard the social welfare of the community. The creation of a register for nurses was a natural extension of that consciousness. Burgess (1984) finds that the Registration Act 1901[8] came about as a result of the concern expressed by the Inspector General of Hospitals, Dr Grabham, and his assistant Mrs Grace Neill, about nursing standards and the need to safeguard the public from nurses with little or no training. Once the Act became law, registration demanded certain requirements of persons before they were entitled to have their names recorded. Nurses had to be a minimum of 23 years old and have had three years' training as a nurse in a hospital, including instruction in theory and practice. Thus, in New Zealand the Act formalised the hospital-based nature of nursing training and its continuation in the manner of an apprenticeship (Brown, Master, Smith, 1994; Burgess, 1984).

According to Burgess (1984), the next major development in registration was the combining of two earlier Acts (including the Nurses Registration Act 1901 and the Midwives Act 1904) into the Nurses and Midwives Registration Act 1925. This Act also created the forerunner of the Nursing Council, the Nurses and Midwives Board, which became responsible for registration (Burgess, 1984). The new Act made provision for registration, following a prescribed course of training and examination, of maternity nurses. An amendment to the Act in 1939 provided for the registration and training of nursing aids. This amendment also made provision for public psychiatric hospitals to be approved as training schools for nurses. The Act was completely revised in 1945, all the amendments passed in the preceding twenty years were incorporated into a new Nurses and Midwives Act (Burgess, 1984). According to Burgess (1984) and French (2001), in 1971

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[8] The Nurses' Registration Act was passed in 1901, and came into operation on 1 January 1902 (Ministry of Health, 2009).

when the Nurses and Midwives Act 1925 once more came in for major revision, the number of registration categories had again increased. Moreover, under the Nurses Act 1971, a new autonomous organisation was established in the form of the Nursing Council of New Zealand (Burgess, 1984). The Council was to elect its own chairperson, and furthermore, it was to be financially independent.

Prior to 2003, health professions were mostly self-licensing, and only those health practitioners who met prescribed requirements were certified to use certain titles and to publically represent themselves as practitioners of a particular kind (Ministry of Health, 2009). The Health Practitioners Competence Assurance Act (2003) aimed to balance the demands of public safety with allowing practitioners sufficient involvement in the regulation of their respective professions. The Act's approach is largely based on certification of title, rather than on the licensing of an activity (ibid.). Under the Act, each responsible authority must describe its professions in terms of one or more scopes of practice, and prescribe qualifications for every scope of practice. Further, health practitioners must work within their scope of practice when performing a health service that is part of their profession. Accordingly, under the Act, the Nursing Council of New Zealand can accredit and monitor nursing education providers and set the state nursing examination.

Establishing Organisations in New Zealand

Nursing organisations have been a feature of the nursing world in New Zealand since the 1900s (Burgess, 1984). O'Connor (2010) maintains that Grace Neill[9] was determined to push the registration of nurses through the parliamentary process. "That was achieved in 1901 and placed under the auspices of the hospital boards, making New Zealand the first country with the specific legislation" (O'Connor, 2010, p. 20). Leaders in nursing at that time had recognised the need for a united

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[9]Grace Neill: a Scottish nurse with experience in Australia, was an assistant inspector of hospitals and asylums in New Zealand, and the only woman official in Wellington's government buildings at the time (O'Connor, 2010, p. 19).

voice in nursing. According to Burgess (1984), the early groups were quickly brought into an umbrella national organisation, which within a few years became a member of the International Council of Nurses.

There are a number of organisations vested with varying degrees of control over nurses and nursing. As noted in the previous section, the Nursing Council of New Zealand is a statutory body established by an Act of Parliament. According to Adams (2003), "the Nurses Act 1971 established the Nursing Council of New Zealand as the statutory body for nurses and midwives, and as the authority for all aspects of nursing and midwifery education" (p. 234). Burgess (1984) states that in broad terms the Council is responsible to Parliament through the Minister of Health, and thereby responsible to the public of New Zealand for the registration of nurses and for maintaining standards in the interests of the public and the nursing profession.

The New Zealand Nurses Organisation is a trade union, and is the largest and oldest of the nursing organisations. Its roots are in the New Zealand Nurses Association which was formed in 1908 as the New Zealand Trained Nurses' Association, covering both private and public sector nurses. Between 1973 and 1993 the New Zealand Nurses Union existed as an 'off shoot' of New Zealand Nurses Association, representing private sector nurses (Burgess, 1984). In 1993 the two organisations amalgamated to form the New Zealand Nurses Organisation[10] (NZNO). The 1990 election brought a National-led Government to power and this decade is recognised as one in which political belief in the market reached a high point in New Zealand. During the 1990s the National Government created legislation designed to deregulate the labour market in New Zealand. The destruction of national industry awards, in conjunction with the other provisions of the newly introduced Employment Contracts Act, impacted heavily on the New Zealand Nursing Union (Easton, n.d.). As O'Connor (2010) notes "The private hospital nurses' award, which covered aged care and was by far the largest NZNU award, fragmented immediately" (p. 227). Health, as a big spending

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[10]In 1993, the New Zealand Nurses' Association (NZNA) re-amalgamated with the New Zealand Nurses Union (NZNU) to become the New Zealand Nurses Organisation (NZNO).

portfolio, was an immediate target (O'Connor, 2010). After the Employment Contracts Act 1991 (ECA) was passed, individual employment contracts were introduced and the conditions under which legal industrial action (including strikes) could take place were tightened. Therefore, according to O'Connor (2010), "once the relationship with one national employer was splintered by regional bargaining and poisoned by the health reforms, the organisation had to develop a strong industrial orientation to service members more effectively on employment issues" (p. 237). Thus, the New Zealand Nurses Organisation (NZNO) had to fully develop its dual role as both a professional association and an industrial union.

Nursing Education

Wall (2010) states that professional status and autonomy in nursing are linked to knowledge, and that it is this which has underpinned the profession's achievement of greater control over standards of education. The International Council of Nursing (1965, cited in Tulloch, Pethig, Barmley & Spanton, 1985) defines the nurse as a person who has completed a programme of basic nursing education and is qualified and authorised in her country to supply the responsible service of a nursing nature for the promotion of health, the prevention of illness and care of the sick. Therefore, knowledge is one important criteria by which nursing can be defined and recognised as a profession. According to Bramwell-Cadman (1997), "Traditionally, pre-and post-registration nursing education in New Zealand were hospital-provided and certificated. However since the 1970s, the registration courses have moved from hospitals to the tertiary level" (p. 46).

The Early Years

Humphreys (2000) states that professional status is based largely on claims by exclusive occupational groups to practice on a foundation of specialised knowledge normally acquired through advanced education and training. The

success of Florence Nightingale's school of nursing in London became known in New Zealand in the later decades of the nineteenth century, and "as hospitals developed in the colony, concerns developed over staffing, the quality of people recruited and the retention of staff" (Burgess, 1984, p. 61). Within the hospital context, the impact of the Nightingale-trained nurses who first came to New Zealand in late 1870's did not go unnoticed (Papps & Kilpatrick, 2002, p. 2) and the presence of these nurses in the young colony was considered somewhat of an achievement. As well as recognising nurses as a professional body (Finlayson, 1996), the enactment of the Nurses Registration Act in 1901 marked the beginning of formal nursing education through training programmes that lead to nursing registration (Papps & Kilpatrick, 2002; Brown, Master, & Smith, 1994), a condition of which was nurses ability to demonstrate the understanding of a body of knowledge and skills.

By 1909 new regulations for standardised training under the Nurses Registration Act were ready. While earlier nursing programmes had varied in both duration and substance (Brown, Masters, & Smith, 1994), it is the view of O'Connor (2010) that "this legislative change and the rationalisation of the hospital system[11] positively influenced the content and design of the courses" (p. 30).

The decades of change since 1970s

Authors such as Burgess (1984), Haas (2005), and O'Connor (2010) agree that since 1973, nursing education in New Zealand has undergone substantial change, particularly with the event of the transfer of nursing education into mainstream education which began in the 1970s (New Zealand Public Service Association, 1974; Burgess, 1984; Department of Health, 1988; Haas, 2005). In particular, this period saw changes to the means by which nursing training was delivered, with the basic preparation of nurses (in which trainees had full student status) becoming established within the general education system (Brown, Master & Smith, 1994). According to the provisions of the Nurses Act 1971 (French, 2001),

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[11] 1909: Amalgamation of Hospital and Charitable Aid Institutions and Extension of New Zealand Hospital System.

"the newly established Nursing Council of New Zealand [was] required to consider the new scheme of such period as may be specified in the resolution" (Papps & Kilpatrick, 2002, p. 8), and courses established under the legislative provision of 1971 had their experimental status lifted with the enactment of the Nurses Act 1977 (French, 2001; Papps & Kilpatrick, 2002). The 1977 Act recognised that while nursing is most frequently practiced as a collaborative activity which operates alongside other health disciplines such as medicine, it is a separate profession which has its own body of knowledge. Furthermore, "under the Nurses Act 1977, nurses are fully responsible and accountable for their actions" (The Ministry of Health, 1998, p. 21).

Trends in higher level education

In 1998, the New Zealand nursing profession resolved that entry to the Register of Nurses would be through degree courses only (Adams, 2003; O'Connor, 2010). A study undertaken by Adams (2003) found that "the graduate professional education model [has] comprehensively integrated nursing education with clinical practice, administration and research for the preparation of career professionals" (p. 274). According to O'Connor (2010), despite the fact that nurses now undergo a comprehensive professional training, the power of the medical profession has ensured that nursing's struggle to achieve professional recognition and status has remained constant over time.

Rafferty (1996) states that education is perceived as a strong social force in influencing the direction an occupational group may take towards professionalization. In advancing Rafferty's line of thought, Gerrish, McManus, and Ashworth (2002) argue that "a strong sociological line of analysis of professionalization is that this is one strategy among others for securing the position of an occupational group within the realm of economic activity" (p. 105). The work of the later authors finds that higher level (such as master's degree level) education appears to be concerned with socialising nurses into accepting different values regarding their contribution to the development of the occupational group.

Adams (2003) believes that the current trend towards higher nursing education demonstrates a deep commitment on behalf of the nursing profession to ensuring that the future caring, healing and health needs the people of New Zealand are met.

Discussion

This review has highlighted a range of important points in relation to the context in which the professional development of nursing in New Zealand has occurred. Based upon an evaluation of the literature selected, it is reasonable to conclude that the majority of sources found that New Zealand nurses have a proud history in terms of developing their professional status. While the literature that addresses nursing's early history in New Zealand highlights the provision of a 'profession' for middle class women and a route to middle class status for working class women, it also indicates that from the mid-nineteenth century the nature and delivery of medical treatments changed so that nurses had to carry out increasingly complex tasks and were faced with new responsibilities. This review has also briefly referenced the historical context in which the professional development of doctors has occurred. As a traditionally male dominated occupation, the process through which professional status for this group has been achieved provides a stark contrast to that experienced by nursing, which remains a female dominated occupation. At times, it appears that nursing has also had an ambivalent relationship with the women's movement. Particularly, one of the central arguments identified within the literature is that gender has been both a resource and a liability for nurses, often consigning the 'feminine' work of the profession of nursing to a subordinate position vis-à-vis 'masculine' medicine.

The review has also concentrated on summarising the development of registration and the regulation of nursing in the New Zealand context, as these mechanisms are considered central to the process of achieving professional status. In the context of the New Zealand health professions, and within the

existing health care system, the majority of the literature on the nursing profession implies that knowledge is also a key criterion for the maintenance of professional status and autonomy in nursing. Furthermore, the sociological study of professionalism has moved beyond taxonomic approaches within which designated occupational groups could be deemed to fall within a profession, to studies of historically grounded professionalization. With a view to maintaining the later approach, two particular deficiencies within the range of sources examined were noted, and these have been used as the basis for developing the research questions that this thesis seeks to answer. Firstly, although there is mixed acknowledgement that nursing has achieved professional status, there appears to be little consideration of the nature of contemporary threats and challenges to this. Secondly, scant attention has been paid to the mechanisms by which both nurses and nursing organisations actively maintain and enhance their professional status. This study will address these issues by focusing on gender, knowledge and skills, and professional power – all of which are related to the processes and maintenance of professionalization within nursing in the New Zealand context.

Chapter Three

Methodology

This chapter provides a detailed outline of the methodology that this study has used to explore perceptions about the professionalization of nursing. Following a review of the literature, the field research took the form of in-depth qualitative interviews with three groups of selected key informants. The methodological perspective underpinning the interviews, sample selection and data collection process are outlined, and the research method and interview process described. The development of the research analysis and ethical considerations of this study are briefly reviewed. The results of the qualitative research have been presented in two subsequent chapters (chapters 4 and 5), and then synthesized in the theoretical analysis chapter (chapter 6).

Methodological perspective

The methodology adopted to inform the applied aspect of this study was qualitative interviews. Qualitative research is an attempt to understand social reality on its own terms by providing a more descriptive account than quantitative research achieves (Bryman, 2004). Studies based on qualitative interviews are likely to rely on a sample of informants that is very much smaller than those used in survey research. Because the in-depth nature of the responses obtained in qualitative data precludes ease of coding, analysis tends to rely less on counting and statistical correlation, and more on interpretation, summary, and integration of quotations and case descriptions (Weiss, 1994).

Most qualitative researchers rely extensively on in-depth interviewing (Richards & Morse, 2007; Marshall & Rossman, 2006). Interviewing gives researchers access to the observations of others so that they can learn about people's interior experiences in terms of what people perceived and how they interpreted these perceptions (Weiss, 1994). According to Weiss (1994), there are two

distinct categories of potential interview respondents: "people who are uniquely able to be informative because they are expert in an area or were privileged witnesses to an event; and people who, taken together, display what happens within a population affected by a situation or event" (p. 17).

In-depth interviews are often described as a form of 'conversation with a purpose' with a view to gathering information about the nature of social life (Legard, Keegan & Ward, 2003). In this study, the researcher is gaining the perspectives of key informants to explore the process of professionalization of nursing within the New Zealand context, as well as how professional status is threatened and maintained.

Methodology – The Qualitative Dimension

For this study a qualitative style was appropriate as the voices of the respondents are important. The research uses qualitative methodology because it can refer to people's lived experiences, behaviours, emotions, and feelings as well as their observations about organisational functioning, social movements, cultural phenomena, and interactions between nations (Strauss & Corbin, 1998). The qualitative researcher focuses on the what, where and when, and the why and how as well (Rubin & Rubin, 2005).

Interviewing considerations

Who qualitative researchers choose to interview should match how researchers have defined the subject of their research (Rubin & Rubin, 2005). A pivotal aspect of this research was to gain and to understand the interviewee's thoughts about, and perspectives on, nursing as a profession. According to the review of the literature, issues in the professionalization of nursing include achieving professional recognition through registration, the need for particular knowledge and skill sets, and the regulation of the healthcare workforce. Furthermore, New

Zealand nursing has over a hundred years of history that has been shaped and influenced by nursing organisations, regulatory bodies such as Nursing Council of New Zealand, the Ministry of Health, and the New Zealand Nurses Organisation, and tertiary nursing educators. Each of these organisations has different perspectives and understandings about the process of professionalization of nursing in the New Zealand context. It was considered particularly valuable to this research to be able to include representations of these organisations' knowledge and insights.

Purposive sample

It was important to select a sample from which the most could be learned, and therefore, participants were recruited to the study on the basis of a 'purposeful sampling' approach (Patton, 1990, p. 169) that emphasises sampling for information rich cases. The criteria for constructing the sample of respondents in this study were knowledge and current employment by one of the selected organisations from the state sector, professional development providers, and the nursing trade union (see below).

a) *State Sector bodies responsible for nursing professional development and standards*

   Three state sector bodies responsible for professional development and the setting of professional standards in nursing were identified as:

   1. The Nursing Council of New Zealand
   2. The Ministry of Health
   3. The Waikato District Health Board

These people were identified as suitable key informants with regard to the professionalization, either on the recommendation of the organisations themselves, or through identification in the course of researching each of these organisations online.

b) *Providers of tertiary education for nurses* were selected on the basis of having had an established history of provision in providing tertiary education for nurses in New Zealand. The organisations selected were:

1. Victoria University of Wellington
2. Massey University
3. Auckland University of Technology
4. Waikato Institute of Technology

c) *The trade union for nurses*: The New Zealand Nurses Organisation (NZNO) Because a face to face interview was not practical in this instance, a special interview was conducted via video conference with a key informant from the NZNO located in Christchurch.

Data Collection

Recruitment of the sample

The researcher initially approached the organisations above via an email requesting assistance in identifying key people with knowledge about the professionalization of nursing in New Zealand. The initial letter was developed (see Appendix I) in order to describe the purpose of the study and the nature of the proposed interview. Initially, the researcher approached potential respondents within each organisation by email, and sent them a copy of the Information Sheet (see Appendix II) so that they could decide whether or not to participate. The initial letter also indicated the period of time the interviewer would stay in Wellington and in Auckland and included the researcher's contact details (cell phone number, email address). Potential respondents were encouraged to contact the researcher by phone, text message or email in order to have any questions answered, or to make an appointment for an interview. When they agreed to be interviewed, the researcher and also confirmed an appropriate location and time for carrying out the interview.

Designing the interview schedule

An interview guide is often employed in semi-structured interviewing to provide a brief list of memory prompts of areas to be covered (Kvale, 2007), or a somewhat more structured list of issues to be addressed or questions can be developed (Bryman, 2004).

The interview questions were ordered in a sequence that assisted in developing an ease of rapport progressively throughout each interview. Data collection tools were designed to facilitate a semi-structured interview context, allowing the participants to answer in their own terms without being restricted by a standardized questionnaire (Crabtree & Miller, 1999; May, 2002), but at the same time enabling the interviewer to keep the participants focused. The interview guides (see Appendix III, IV, and V) used a mix of open and closed questions that allowed a range of information to be collected with regard to the respondents' perspectives and their knowledge of the professionalization of nursing in the New Zealand context.

Content of the interview

The interview guide was developed to obtain data on the thesis' main questions: the process by which nursing has achieved professional status in New Zealand; the mechanisms by which nurses and nursing organisations seek to maintain and enhance their status, (including current threats and challenges for the professionalization of nursing); the role of the state and professional institutions in continuing to demand high levels of qualification/up-skilling; and what role the NZNO and other bodies play in perpetrating an academic culture and within nursing.

Developing question schedule

The interview guide set out five sets of questions to consider in relation to exploring the process of the professionalization of nursing and how professional status is enhanced and maintained. Questions were adjusted slightly according to the nature of the organisation, with a particular emphasis on differential

effects, links and key settings. The interview guide was divided into themes with open-ended questions and prompts, and broadly established:

1. The background of the research participant and/or their organisation: for example, asking them to outline the role their organisation plays in the development or maintenance of professional standards in nursing, and their own function within this;

2. Recognition of nursing as a profession: the means by which interviewees considered that nursing has achieved recognition as a profession;

3. Qualification courses offered: questions around courses offerings and professional development, and constructing qualifications for the nursing profession;

4. Maintaining and enhancing professional status of nursing: how the professional status of nursing in the New Zealand context has been maintained and enhanced over time;

5. Perceptions about current and future threats and challenges to nursing's professional status: and

6. Other comments

In order to establish a rapport, the interviews started with questions concerning the background of the interviewees and their organisations. These were followed by broad questions concerning the professionalization of nursing and in most instances probe questions were used to encourage informants to elaborate more fully on their answers. A full copy of the interview guides can be found in Appendix III, IV, and V. The interview guide functioned as a way of directing the interview, but at the same time allowed the researcher to be flexible and to follow up on themes that respondents initiated.

Pre-testing the interview guide

In keeping with the advice on developing qualitative research instruments provided by Bryman (2004) and Patton (1990), a pilot interview was conducted in order to pre-test the interview guide, the length of the interview and whether

the questions captured the main focuses of the research. All three interview guides (each specific to a particular organisational grouping) were refined by an advisor from Waikato DHB who was known to the researcher's chief supervisor. The interview guide for the New Zealand Nurses Organisation (see Appendix V) was pre-tested on one supervisor who had professional experience of the NZNO. These pilots assisted the researcher in understanding the kinds of prompts that could be used to encourage the interviewees to provide more useful information around the topic, and how to avoid using leading questions in the interview. The data from the pilot activities has not been used in the results of this research.

Conducting the interviews

The majority of the interviews were conducted face-to-face and the researcher generally met the interviewees at their office or in some undisturbed area in their workplace. One interview (New Zealand Nurses Organisation) was conducted via video conference due to resource constraints since the interviewee was based in Christchurch. All interviews were recorded using a digital audio-recorder and notes were also taken throughout. The recordings were transcribed and content was checked with the participants for accuracy and clarification where necessary as per the procedure explained in the Consent Form (see Appendix VI).

Before each interview commenced, the consent form and information sheet were revisited with respondents to ensure that they were aware that no reward was offered for their participation, and to provide them with a further opportunity to ask any questions they may have had about the research. With a view to upholding best ethical practice, the researcher reiterated respondents' rights to terminate the interview at any stage, or to withdraw the use of part or all of their data within three weeks after the interview. When the researcher was satisfied that informed consent had been established, respondents were asked to sign the consent form. In order to encourage a rapport, each interview was introduced with a briefing in which the interviewer briefly outlined the purpose of research. Immediately after completing each interview reflective field notes

were made by the researcher. These described any subjective impressions about the respondent and their organisation, early impressions about emergent themes, and reflections about questions that elicited good responses or needed further refinement for subsequent interviews.

Methodological Challenges

From speech to text: the challenge of transcription

One important challenge in this research has been transcribing oral communication to written text. The researcher is an international student for whom English is a second language and significant time and care was required to transcribe the interviews as closely as possible to spoken English language. The interviews were originally transcribed without marking any long breaks or hesitations.

The second challenge concerned the placement of the quotations that have been used in the chapters. Language is an important part of conceptualisation, incorporating values and beliefs, and if the researcher cannot transcribe them using the correct English words, the original meaning might be different or difficult to present. When working with quotations for the chapters, the presentation of results was based on a theme, and the choice about the use of a quoted extract was determined by sources that best expressed the underlying meaning or intention of expression in relation to each theme. The researcher has been supported by a supervisor in extensive discussions focused on determining the underlying meanings and linguistic nuances of each quotation.

Ethical Considerations

This research has been guided by the University's Ethical Conduct in Human Research and Related Activities Regulations and has received ethical approval by the University Of Waikato Faculty Of Social Sciences Human Research Ethics Committee.

In order to limit any personal conflicts that may arise from the information provided by key informants, interviewees were able to elect to remain anonymous. Ethical consideration has been given to issues of gender and ethnicity within the interviews. Nursing has traditionally been a female dominated occupation, and respect for Maori cultural values and protocols is recognized as a significant ethical issue for any research conducted in the New Zealand context.

Managing and Analyzing the Data

The process of thematic data analysis is exciting because it discovers the themes that are embedded in the qualitative research data (Rubin & Rubin, 2005). The purpose of analysis is to find meaning in the data and this is done by systematically arranging and presenting the information (Burns, 1994). This research uses thematic analysis which is a process for encoding qualitative information on the basis of emergent themes. To begin the data analysis, the researcher categorises. For example, in bringing the diverse views together, in this research the results are divided into two separate parts: one is the *process of professionalization*, and the other examines *the maintenance of professional status* including considerations of threats and challenges. In order to achieve this, the perspectives represented in the data have been divided into three groups (state sector organisations, nursing educator and the nurse's trade union) each of which acts in a slightly different capacity with regard to the professionalization of nursing. Following this, considerable time was spent manually coding the perspectives of each organisational grouping and on the basis of thematic key words[12] from a text segment in order to permit later identification and grouping of thematic statements.

Consistent with the research questions, two broad themes were located in the data: the achievement of professionalization of nursing, and the process by

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[12]Such as: nursing history, tertiary education, women, and 'scopes of practice' of nursing

which nursing has gained professional status. Within each broad theme it was possible to develop sub-themes - for example: the history of nursing, the development of nursing education, and women and professionalization. Other categories came directly from perspectives expressed by participants, such as those relating to the development of professionalization of nursing – for example: working partnerships and effective cooperation within nursing, and defining the roles of nurses.

Presenting the Results

In order to organise the structure of the data in a manner that resulted in distinct themes and sub-themes, the results have been presented in two chapters (see Chapter Four and Chapter Five) that highlight respondents' perspectives on the process of professionalization within nursing, and the maintenance of professional status within nursing (including the identification of current and future threats and challenges). Initially, each of the themes has been summarised in a tabulated form (see Appendix VII, VIII, IX, and X), and these tables have been used as the basis for structuring the presentation of results. In order to include respondents' voices, the themes associated with each of main aspects have been explored using direct quotes from the research interviews (indented in the text body).

Chapter Four

The Process of Professionalization within Nursing

Introduction

The results presented in this chapter draw on data from eight semi-structured interviews with three groups of selected key informants including:

- State sector representatives-the Nursing Council, the Ministry of Health, and the Waikato District Health Board;
- Nursing Educators-from Auckland University of Technology, Massey University, Victoria University of Wellington, and the Waikato Institution of Technology; and
- The trade union that represents the nursing sector in New Zealand-The New Zealand Nurses Organisation.

With a view to gathering data that explored respondents' perspectives about the professionalization of nursing, interview participants were asked to describe their understandings of the process within the New Zealand context. Within these descriptions, two broad themes have been identified from a content analysis of the data. These are: achieving recognition as profession, and gaining professional status.

Theme I: Achieving recognition as profession

Table 1 (See Appendix VII) summarises the results related to the first theme of achieving recognition as a profession and provides an overview of the respondents' comments in terms of content. Of the eight respondents across three sectors, all considered that New Zealand society recognises nursing as a profession.

The Proud History

Respondents considered that the process of achieving professional recognition in New Zealand was historically embedded, and that since the 1900s New Zealand nurses had had a long history of professionalization. Further, New Zealand was the first country to implement a professional registration requirement for nurses.

> *"…I think part of New Zealand recognised nursing as profession very early, i.e. we were the first country in the world to recognise nursing as profession and then regulated nursing to have [a] council oversee them…I guess the time for New Zealand was 1901 when we became a profession…New Zealand was first whole country. In other countries it might be that some states started to recognise and regulate nursing, but we were the first whole country to recognise it. Moreover, New Zealand was the first country that recognised nurses by making them be more registered."*(NCNZ)

> *"Nursing has been a profession in New Zealand for a hundred years, or more. Well, I think New Zealand was the first country that nursing achieved recognition as a profession…It has been well established as a profession in New Zealand for a very long time."*(MOH)

> *"… New Zealand nursing was the first registered in the world. So nursing in New Zealand has got a very proud history, and there are some very strong nurse leaders in our country."*(AUT)

Tertiary education of nurses

The respondents confirmed that since the 1970s nursing education in New Zealand has undergone substantial change. The Waikato DHB and tertiary educators pointed to the importance of the introduction of a tertiary level training in achieving recognition of nursing as a profession, and focused on the role of tertiary education in the historical development of nursing in New Zealand.

> *"[In the] early 1970s nursing education moved into tertiary level, so AUT was the first programme set up in New Zealand in the tertiary sector."*(AUT)

> *"…the move since 1970s has been to increase the education standards of nursing, which by starting a diploma, moved into a bachelor degree."*(WINTEC)

"It was possibly in the late 1970s, there was the beginning of nursing starting to recognise itself and [nurses] looking at how they needed to establish themselves as a profession rather than as a vocation which they used to be regarded as. That meant shifting the nursing education out of the actual practicing into the tertiary sector, so that education occurs somewhere separate to the actual area of practice. The result was that they gained formal education … it started to formalise the standards and conditions."(Waikato, DHB)

A key informant from Massey University also considered that tertiary education had made a significant difference to the profession in relation to the identity of nursing as a 'real' profession. Furthermore, tertiary educators believed that the entry to the profession should be set at the highest possible level.

"I think the only entrance practice is by the undergraduate degree…" (WINTEC)

"… the entry should be as higher level as possible, so it should be a bachelor degree because that could ensure the preparation of nurses and that means that the safety of the public … another really important thing for nursing is that you are always mindful that you are working with the public and we must be safe practitioners …"(Massey University)

"The higher qualification is necessary for the professional status of nursing. I think that through the higher qualifications [and] engaging in research and research projects, better terms can enhance the professional status of nursing."(AUT)

Only one respondent from the educators sampled did not think that the public recognised nursing as a profession solely because of the requirement for a tertiary qualification.

"I'm not sure whether the public recognise that nursing is a profession because of tertiary education qualifications. The public probably look at nursing more from their perspective and their experiences, or many engagements or encounters of nurses, or their families [encounters]. So they would look at the profession from a personal point of view rather than from what kind of qualification they [nurses] have; and how well would they care for people at home and in the hospital and in a community."(AUT)

However, the majority of educators agreed that nursing in New Zealand has achieved recognition as a profession because of the introduction of a tertiary education qualification as the basis for entry. AUT stated that nursing is a scientific occupation, and that higher education teaches nursing students to be critical and comprehensive thinkers.

> *"...nursing is a science and an art. You have to have both science and you have to have academic knowledge, and you have to develop the students' critical thinking ... as a nurse you have to do the whole assessment of a person [in relation to their health]. So the university teaches the students to be critical and comprehensive thinkers. So when people think nurses do not need a degree or an education, I think they need to see nurses are doing skills based [training], and it is really a combination of both for nurses..."* (AUT)

Establishing a Trade Union - The New Zealand Nurses Organisation

The New Zealand Nurses Organisation is about one hundred years old, and started as a nursing association[13]. Its function is providing professional support and registering junior roles, and in doing so, the NZNO provides industrial trade union coverage across the entire scope of the nursing profession.

> *"In our view, being a union and a professional association have played important role in the professionalization of nursing ... In fact, that dual role gives us great standing for the professionalization of nursing..."* (NZNO)

The NZNO had developed a 1993 Social Policy Statement that corresponded with the introduction of Standards of Practice and a Code of Ethics.

> *"In 1993, the Nurses Organisation developed its status through a Social Policy Statement which really outlined our contract with nurses, and we had developed the standards of practice and code of ethics alongside that Social Policy Statement."* (NZNO)

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[13]New Zealand Nurses Association and New Zealand Nurses Organisation have been referred to as 'the Association' for the period until 1993 (O'Connor, 2010).

Women and Professionalization

Nursing is a female dominated occupation. New Zealand statistics show similar trends to the United Kingdom, and only 7.76 percent of New Zealand nurses are male (Neighbour, n.d.). The DHB respondent noted that prior to professionalization, nursing staff simply consisted of a large group of women who had an interest in looking after people who were unwell. With the arrival of the first hospital in Auckland in 1845, nursing became a career.

> *"They were married women, and they learned their skills from each other. They just looked after the sick, accidents, and people who had fevers. That is, nurses had been mothers. They passed their skills from one [role] to the other."* (DHB)

Respondents from the New Zealand Nurses Organisation (NZNO), Massey University, and Waikato DHB all considered that nursing providing a good model of the way in which female dominated occupations can achieve professional status.

> *"I think within the health professions nursing is the most female dominated occupation..."* (NZNO)

> *"I think that it is a really positive thing, socially. Because nursing has always been one [a female dominated occupation]. All the sorts of things for nursing, including professional training, the nursing workforce, and most of the PhDs in New Zealand are female nurses. So that's a very strong role model."* (Massey University)

The NZNO also reported that nursing is not the only female dominated occupational group that has achieved professional status.

> *"The primary school teachers are a female dominant occupation as well, and I believe the primary school teachers are almost an all female profession, so nursing is not the only female dominated occupational group that has achieved professional status. But nursing is a good role model of a female dominated occupational group that has achieved professional status."* (NZNO)

Theme II: Gaining Professional Status

Table 2 (see Appendix VIII) summarises the results related to the second theme of gaining professional status and provides an overview of the respondents' comments in terms of content. The eight respondents confirmed that since 1973, education for the basic preparation of nurses, in which trainees had full students' status, was established in the general education system. New Zealand nurses had their own standards of practice and believed that they were no longer perceived as just assistants for doctors.

Contributing the professional status of nursing

As identified previously, nursing education in New Zealand has undergone substantial change since the 1970s, and interviewees noted that the 1970s was an important time for New Zealand nurses in terms of gaining professional status. The tertiary educators pointed out that the qualifications or courses provided by their institutions were meant to contribute to the professional status of nursing.

Respondents from the tertiary sector considered that as professional education providers, they had to clearly define the purpose of tertiary education for nursing students, and they had to maintain provision of high quality programmes.

> *"Our purpose is about how to learn, and learn more. In the undergraduate degree, they will learn the skills and knowledge in specialist areas. We teach them about how to assess the patient. We teach them about research - how to read the research - [and we] teach them how to do the research. It is important to make them be professional. They need to understand what the discipline is, and what knowledge they can get from our institution, what knowledge they need to apply, and how they can resolve problems."* (VUW)

> *"Well, I think the tertiary education programmes have to focus on how to make nursing students be professionals. They must have a sense of social justice - must believe that they have a duty to care for people. [They] must purposely be prepared for their job. When you study at Master's level, you may have expectations that you can*

*manage the ways of health service and then you can provide health
care."*(Massey University)

Respondents from Massey University and Auckland University of Technology
(AUT) supported and encouraged postgraduate study. They noted that higher
level tertiary education was an active strategy that contributed to the
professional status of nursing.

> *"I guess we try to instil our students with all those principles. The
> expectations of nurses' behaviour are higher than other health
> workers because they will be nurses. Honestly, they have to have a
> good ethical understanding of frameworks, and so that goes through
> all the programmes. And then you get Master's level, where you have
> papers about leadership. Those sorts of things clearly demonstrate
> that nursing is certainly hunting professional status."* (Massey
> University)

> *"At AUT, undertaking a Masters degree, nursing students can take
> advanced practice pathways, which would prepare them to become
> Nursing Practitioners. NPs have prescribing rights, and can work
> either in a hospital or in a community … We are supporting and
> encouraging nurses to do their postgraduate study, to open their eyes
> to the world."* (AUT)

For the purpose of contributing to the professional status of nursing, the New
Zealand Nursing Council (NCNZ) plays an important role in the development of
professional standards. A key respondent from the Nursing Council noted that:

> *"The Nursing Council's role in the development of professional
> standards in nursing is supporting education for nurses. We set
> standards for education programmes, [and] approve programmes
> leading to registration in a scope of practice. We also set standards
> for professional development recognition programmes, and also look
> out for the public, so we are engaging and communicating with nurses
> and the public on the Council's role."* (NCNZ)

As noted previously, the New Zealand Nurses Organisation has both trade union
and professional functions. NZNO covers 20 clinical specialities within nursing and
takes a major role in developing standards of practice and guidelines for tertiary
education within each of these.

"We have been actively involved in education and we have taken the national lead in the development of clinical career pathways, which is part of professional development recognition programmes (PDRP). We are involved in every sector across the health service in practice, research, education and policy development." (NZNO)

Working partnerships and effective cooperation

The ability of the nurses trade union and professional nursing organisations to maintain effective relationships with health related interests in the state sector (government) has been essential to the achievement of professional status. According to a respondent from the Ministry of Health:

"We have to know what those [nursing] organisations are thinking, and work with them on developing projects, so we have to have good relationships with all the professional nursing organisations." (MOH)

The New Zealand Nurses Organisation also reported it exercises some influence on the professional standards of nursing through developing guidelines and education and training programmes in partnership with the Ministry of Health. The NZNO also works in cooperation with health workplaces and other public sector organisations.

"We have quite a large number of representatives on national committees, particularly government policy committees, the working party through the Ministry of Health, ACC - because government policy of course influences how nurses can practice. So we see ourselves not only as a lobby group, but also a professional organisation that works with other professional organisations, and works on some social policy in health." (NZNO)

Standards and the 'scopes of practice'

In New Zealand, there are three[14] different 'scopes of practice': enrolled nurses, registered nurses, and nursing practitioners (NPs). The New Zealand Nursing Council can accredit and monitor education providers and set the state

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[14]Previously, there were four scopes of practice: Nurse Practitioner (NP), registered nurse (RN), enrolled nurse (EN), and nurse assistant (NA). According to New Zealand Nursing Council, the title of nurse assistant was changed to enrolled nurse on 31 May 2010.

examination for registering nurses. In addition to this role, it also sets the scope of practice fields and identifies the core competencies within each field of practice, as well as overseeing the Code of Conduct for nurses in New Zealand.

> *"We have three levels of scopes of practice of nurses. We had enrolled nurses that we call second level nurses. They have to work under the supervision of other registered nurses, and they cannot make all the decisions, so their 'scope of practice' does not list those things they can do, but gives them descriptions about how they can work, and in what settings they can work. So the significant thing about enrolled nurses is that they have 18 months preparation, and they have to work under the delegation and direction of registered nurses. But they are accredited their own practices, so they can do lot of things - for example, basic care, assessment, etcetera."* (NCNZ)

> *"The registered nurses can work in any setting with a whole range of people, which occurs in a range of settings in partnership with individuals, families, and communities. They are accountable for ensuring all the health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial professional knowledge, skills and clinical decision making."* (NCNZ)

The Nurse Practitioner's scope of practice allows autonomous practice by nurses with appropriate master's level expertise which requires the completion of at least five years of academic study. This new role builds on current nursing developments and is complementary to other nursing and health professional roles.

> *"Nurse practitioners may or may not choose to prescribe within their defined 'scope of practice', although most will be prepared and endorsed for prescribing authority...they also actively participate in professional activities to promote the advancement of nursing and health-related social policies."* (NCNZ)

The respondent on behalf of the New Zealand Nursing Council thought that as part of maintaining their professional status, nurses must continually update their

professional knowledge and skills, and have an awareness of the competencies they require.

> *"...I think there is one thing related to being a profession: that you have to update your professional knowledge and skills, have to be responsible to know what skills and knowledge you want to get."* (NCNZ)

The New Zealand Nurses Organisation has also set standards and competencies for speciality areas of practice. These include a 'code of ethics', 'practice guidelines', and 'policy development, influence, and advice'.

> *"We have set standards and competencies for speciality areas of practice. Just looking at our range of publications, you can find that we also have developed our Code of Ethics for nurses, and we set our practice guidelines for all nurses in New Zealand. Our social policy statement talks about the application we have in society."* (NZNO)

In combination, the professional standards for nursing, and professional knowledge and skills, contribute to the status of nursing as a profession.

> *"The scope of practice tells us what we can do, and then we might have standards, and then you have code of ethics, and you have competencies - all those things you have to do. So you might have knowledge - this is your 'scope of practice'. You have to understand that all those things that a nurse gains to maintain their professional status."* (NCNZ)

Defining the roles of nurses

In the past only doctors assessed and diagnosed. Today, however, nurses play a large role in evaluating patients and detecting problems. As noted, Nurse Practitioners can carry out many of the treatments prescribed for patients.

> *"I believe that nurses are not just assistants for doctors. That may have related to Florence Nightingale who is another author who talked about nursing. Her book was about what nurses do, and what nurses do not do ... in her book, you will see her perspectives on nursing. She had very clear perspectives about 'nursing is not medicine', and that nurses do things that doctors do not do. Obviously, you can see what the relationships [between nurses and*

doctors] are … it is very important to clearly identify what nurses'
roles are, and what doctors' roles are." (DHB)

Discussion

Drawing on the data from eight semi-structures interviews with key informants, this chapter has presented an overview of perspectives with regard to major developments in the professionalization of nursing within the New Zealand context. The first theme identified is achievements towards the recognition of nursing as a profession. The nursing profession forms the largest single group in New Zealand's health care sector and has a long and great history that extends over the twentieth century and continues to evolve in the contemporary setting. New Zealand was first country in to implement a professional registration requirement for nurses, and at the beginning of the nurse training schemes in the 1880s, all the nursing training programmes and categories of nursing were based in hospitals. However, since the 1970s nursing education in New Zealand has changed to a tertiary level training, and this has assisted in achieving recognition of nursing as a profession. Furthermore, professional nursing organisations have been a feature of the nursing world in New Zealand since the early 1900s. Leaders in the nursing profession had recognised the need for a united voice, although according to O'Connor (2010) "Dominating the history is the tension between the profession and the industrial roles of the Association, which grow as the century progressed" (p. 10). At present, the New Zealand Nurses Organisation (NZNO) adopts a strong industrial orientation to protect and service members on employment issues, while also maintaining its function of providing professional support. Nurses can be found in almost all spheres of the health system, however, only few of New Zealand nurses are male, thus, nursing is a female dominated occupation, and provides a good model of the way in which female dominated occupations can achieve professional status.

The second theme in this chapter has examined the process by which nursing has gained professional status. Nurses believed that they were no longer perceived as

just assistants for doctors. Nursing has its own particular knowledge and skill sets, as well as its own standards of education and training. Thus, the nursing professionals involved in this study believed that nursing education contributes to the process of professionalization. Knowledge and skills provide a fundamental basis for the development of nursing, and nurses must purposely be prepared for their job. Nurses must possess a good ethical understanding of frameworks, and be responsible in recognising what skills and knowledge they need to derive from nursing education. Key informants believed that the requirement of a tertiary qualification was an active strategy that contributed to the professional status of nursing. The emphasis on higher level study - particularly at master's degree level – enabled the development of skills and knowledge that exerted greater influence over the professional status of nursing. Changes to the skills sets of nurses over time have also contributed to changes in the dynamics of the practice relationship between nurses and doctors. Master's level nursing education has lead to nurses occupying new roles that extend the realms of the nursing profession's activities. A specific example of this change is the development of the Nurse Practitioner role, which along with improving the public's access to health services and improved health outcomes, has also provided a new career pathway for nurses. In summary, over time the professional standards for nursing, and the formalisation of the professional knowledge and skills they require have contributed to improvements in the status of nursing as a profession.

Threats, Challenges, and the Maintenance of the Professional Status of Nursing

Introduction

While chapter four has described the data on the *process* of professionalization within nursing, the current chapter presents the data that addresses the thesis questions with regard to the *maintenance* of professional status of nursing, including respondents impressions about current and future threats and challenges to this status within the New Zealand context. Again, these results have been drawn from eight semi-structured interviews across three groups of selected key informants from the state sector, nursing educators and the nursing sector's trade union.

Theme I: Threats and challenges to the professional status of nursing

Table 1 (see Appendix IX) summarises the results related to the first theme of threats to the professional status of nursing, and provides an overview of the respondents' comments in terms of content. Of the eight respondents across three sectors, all considered that the nursing profession still faces some significant challenges in the contemporary context.

The unregulated health care workforce

In the 1980s and 1990s, the health sector in New Zealand underwent widespread deregulation, and the working environment was that of a rapidly evolving and frequently restructured New Zealand health system. All eight respondents regarded the issue of deregulation of health care work as an ongoing challenge for nursing workforce in the current context. The increased presence of unregulated health care workforce is particularly significant for advanced nursing roles.

"The current threat is that unregulated workforce into the health service, which is definitely a threat to nursing. Some people see nursing as mothering type of job rather than a profession which is distinguished by a body of knowledge. They think other health workers who are untrained [and] unregulated can do nurses' work - and they are cheaper than nurses." (NZNO)

The decreased public funding available to the public health system was seen as something that could motivate employers who were conscious of the need to reduce staffing costs to recruit a more unregulated health care workforce.

"There is not enough money to fund the health care system in New Zealand. The unregulated health workforce may take over some of the roles of nursing. For example, previously, nurses would do all the things like washing a person, taking to them to the toilet. But now, other people tend to do that because there are fewer nurses - so that they [nurses] are concentrating on the things that require more knowledge and skills." (NCNZ)

"...the unregulated workers or unskilled workers are working in hospitals. They may be able to do some tasks, but they cannot do - and cannot know - the specialist health care knowledge and skills. That is what is really going on the in health care system, but they are cheaper. Moreover, because those unregulated workers or unskilled workers work in health care system, it may make people think nurses do not need to be trained for long time. " (VOW)

The key informant from the Waikato DHB was also concerned that the unregulated health workforce may be substituted for some nurses' roles.

"The unregulated health care workforce replaces some tasks which had been done by registered nurses, so then the registered nurses are taking on more and more medical tasks - doctors' tasks - so they are dropping off tasks of theirs to the other group [the unregulated health care workforce]. Although this group of workforce cannot decide by themselves what they are going to do and they cannot directly do things - but a lot of work they do is replacing what registered nurses do." (DHB)

"The main threat is the cost element. This is becoming an increasing threat to defining nursing as profession, because health sector would like to employ cheaper health care workers to save their costs." (DHB)

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The Health Budget

Nursing has invariably been a target for administrators concerned with reducing public health expenditure, or may be an area that is targeted for cost saving in the future. Nurses will face the significant changes in the next few years that may impact on both who they are employed by, and their practice models.

> *"We've seen a shift in parts, because the health system and other areas have attempted to improve their efficiency. They would cut costs, so there was decrease in the number of nurses employed throughout the country and internationally. So there are lot of nurses at senior level, but they play more roles rather than [managing] at senior level, so this is a challenge for them."* (DHB)

The perceived need for restructuring to reduce costs often results in nurses' working environment, which nurses cannot have good working conditions.

> *"All the areas will manage their budgets, and nurses are big part of the workforce budget. So many nurses will say that they do not get involved in some places. They work very hard. I think that can put nurses off. For example, [there is a perception that] their work-life and their working conditions are not good... The health budget may affect the nursing workforce, so management of the budget is a big issue for health boards and the nursing labour workforce is the big part of the budget."* (MOH)

> *"One of biggest issues for health sectors around world is 'clinic conditions'. The management cuts all sorts of long term conditions. The management of the long term clinic conditions is very much a nursing focus - something nurses are doing extremely well - so obviously, it is true. We've never seen more opportunities for nurses in the workplace. But we cannot run hospitals without nurses; we cannot run primary care without nurses."* (MOH)

Nursing as a female dominated occupation

Respondents confirmed that the sociological identity of nursing is deeply embedded in the gendered power relations of society, and that this had implications for undermining the status of nursing as a profession due to the female dominated nature of the workforce.

"Some people think that nursing is a semi-profession because they think nursing is women's job…" (VUW)

"I think most literature still thinks nursing is a female occupation. Therefore, some say that nursing is less important than medicine. So nursing still has those challenges to face." (DHB)

Respondents from the Ministry of Health and AUT believed that women have access to as many career options as men in the current era. Although there are many more training options for both men and women, men have not been attracted into nursing because of the perception that it is a female profession.

"…nursing is still a female dominated occupation because we only have 10 percent or less male nurses in New Zealand. Nursing has long been a traditional female dominated occupation, but I think that this view has changed now. Just like other professions in the world today, there are many places people can work - men can train in hundreds of different occupations – the same as women. I don't think that this has increased [the numbers of] men in nursing, so nursing is still a female dominated occupation. I believe women can do anything because they can get many career options now." (MOH)

However, the respondent from AUT commented that nurses currently have their professional power.

"I think that it is always a tension - that the doctor has more professional power. But now, I think doctors have less professional power than previously. Now we [nurses] have strong professional practices. Nurses clearly know how to work, and how to work with other health professions." (AUT)

Rivalry from doctors

The majority of the respondents considered that doctors saw themselves as having the authority to direct and control all others within the health economy, and that nurses became subject to medical supervision and direction by doctors.

"…senior nursing roles at a representative management level or at a policy level no longer exist; therefore the nursing voice nationally or within the organizations is reduced. The doctor's voice is still there, but the nurses' voice is no longer around the same table." (DHB)

"…for example, NZNO and the College of Nurses do represent nurses. Nursing does have a voice of Ministry of Health, but the status of nursing is not that strong, and continues to be seen as less valuable than medicine. So doctor's views are always more powerful, because nursing has a less valuable contribution to make. Doctors have more professional power than nurses." (DHB)

Respondents from Massey University, AUT and Waikato DHB stated that increasingly, nurse practitioners are able to conduct their activities independently of doctors', and that this may potentially weaken doctors' control over their work.

"In New Zealand, the NP is the top nurse. They are allowed to prescribe medication. However, doctors do not like this. They think that allowing NPs to do prescribing is a threat to doctors." (Massey University)

"…when the nurses increase their skills with new diagnostic technologies, the doctors may worry about that. A lot of GPs think that NPs can take over some of their role. If we educate more nurses with ability to take more responsibilities, the doctors may think it is increasing threats to other health professional groups." (AUT)

"The new role of nursing that has emerged through the Council is the nursing practitioner. They [NPs] have specific skills and they would have their own patients. They would have responsibility for those who would normally be a doctor's responsibility...nursing supports that NPs would have cases for themselves, and also that legally they have the right to prescribe medications. [Those nurses who have] this new title and new role have undergone special training to write prescriptions and arrange the medications they can write prescriptions for. However, medical professionals do not think that nurses have significant safety to do the prescribing. They do not believe in increasing the responsibilities of nurses, and then increasing the status." (DHB)

The interviewee from WINTEC shared a contrasting perspective on the role of nurses and doctors.

"Some people may say that the medical profession has more power than nurses, but I think that is very traditional. Actually, nurses and doctors have different professional bases, so there is no 'more powerful'

and 'less powerful' - because they have completely different roles." (WINTEC)

New technology

Technology is considered an important asset in patient assessment and impacts on the quality of service and skill requirements of healthcare facilities. While respondents had different perspectives on the challenges of diagnostic technology in health care, there was general agreement that new technologies cannot replace nurses' roles. However, the majority of respondents also observed that new technologies pose a challenge for nurses because of the constant need to update knowledge and skill sets in order to continue doing their jobs effectively.

> *"Every decade nurses have always faced new advancements. It is very important that new technology has been used for the medical treatment in the contemporary era. Every nurse every day has challenges to face with new technology. This does not mean nursing in 2010 is different to the basis of nursing in 1900, but we live in a different time."* (MOH)

> *"...partly this goes back to what I have said before about whether people really recognize what nurses do ... People think nursing must be an easy job. I will say that it is very complicated. I believe there is very specialist knowledge that nurses have, but the general public are not aware of that. Therefore, some people may think that nurses' jobs can be replaced by the technical machine. They think we just bring the machines in to do the treatment. People may think that nurses' jobs can be taken over by technology."* (VUW)

The challenges in nursing education

From the perspective of tertiary nursing educators', one of the big challenges for nursing is deficiencies in the levels of public funding that are made available funding for nursing education and training.

> *"Now all the universities have the problems with funding for each student. We all have to be very careful about how many students we take and what we can do with them, so that also impacts on courses and the staff we can employ."* (Massey University)

Ageing workforce

The New Zealand workforce is 'greying'. Older workers will have a profound effect on the labour market as ageing will affect the size, characteristics and possibly the productivity of the workforce. Nurses and nursing educators also have challenges associated with the ageing of the workforce.

> *"I think the current challenge for nursing is the ageing workforce, which is going to be a huge challenge for the next ten years in New Zealand. The baby boomer people start retiring, so the educators have to train a younger nursing workforce."* (WINTEC)

> *"The challenge for us is the aged nurses. We need to train more young nurses for health care."* (VOW)

> *"...a number of nurses - probably in the next ten years - will be retired. And it's quite hard to get young [nurses] immediately, because they need to study a nursing course to become nurses."* (Massey University)

Nursing shortage

The shortage of nurses in New Zealand is heading for crisis levels, due to an ageing workforce, and new graduates heading overseas (Massey University, 2007). Nursing educators were aware of the pressing need to educate and train more nursing students to be clinical nurses.

> *"It's a challenge for educators. We have to encourage nursing students to be clinical nurses rather than academic researchers"* (Massey University)

New Zealand's ageing population will also result in more elderly people needing hospital treatment in the future. The respondent from WINTEC stated that due to the nursing shortage, educators face challenges in training more nurses so that the high quality of clinical services in New Zealand is not compromised by this effect.

> *"The major challenge for nursing - particularly in New Zealand - is the cost of health care, and the need to look at the primary health care community [based] options for a lot of people. [We] also have to train*

the workforces who would be able to deal with that higher number of clinical people [patients], which is a huge cost to the country. And attending to keeping on providing good clinical services - that will be a huge issue. We have to train more and more nurses for dealing with this issue." (WINTEC)

Theme II: Maintaining the professional status of nursing

Table 2 (see appendix X) summarises the results with regard to the second theme of maintaining the professional status of nursing, and provides an overview of the respondent's comments in terms of content across each of the three sectors examined.

Identity - knowing who you are

In every hospital, nurses carry out many of the treatments for patients. As a respondent from the New Zealand Nursing Council noted, nurses have to be clear in their knowledge of their roles and their purpose within the health care system.

> *"Nurses must be strong to know who they are and what they do, remain flexible, and keep good relationships with all the other health care professionals - because they are working in medical teams."* (NZNC)

The respondent from AUT stated that educators must train their nursing students to understand their role, as well as those of other health professions.

> *"…in our training programme we have different health professions that work together, and what we learn we develop through sitting around the table. Each profession has an understanding of what the others contribute to a team. We try to give nursing students an appreciation of other health professions and their disciplines."* (AUT)

Regulation of nursing

The Health Practitioners Competence Assurance Act 2003 brought all registered health professions in New Zealand, which had been previously been regulated under their own separate status, under one consistent regulatory framework. It is

particularly important in assuring that the New Zealand nursing profession works at high standard.

> *"…what we do is to keep the profession working at high standard, so we set the scope of practice, set the qualifications, set the competence, and then we set the examination which nurses have to sit in the 'scopes of practice'. All these things are laid out from the HPCA Act 2003."* (NZNC)

> *"The government has already set everything out under the HPCA Act 2003. It clearly defines the professional standards of nursing and legislation, and it defines four 'scopes of practice' for registered nurses, enrolled nurses, nurse assistants, and nurse practitioners."* (WINTEC)

As noted, the unregulated health care workforce poses a specific challenge for the nursing profession. The respondent from NZNO had a particular perspective on the issue of unregulated health care workers.

> *"As a nursing organisation, we have done some work around looking at what the boundary is really like between the regulated nurses, the care assistants, and the unregulated nurse, and how we can work together in a safe way, and a way that is safe for the patients. We have got some decisions around health care assistants. We closely look at the education framework, practices and differences in responsibilities between the regulated health workforce and non-regulated health workforce."* (NZNO)

Enlarging the scope of practice

New Zealand nurses are trying to enlarge the 'scopes of practice' under the Health Practitioners Competence Assurance Act 2003. This would increase nurses' professional status in the health professions, and in the future nurses could take more responsibility to undertake more specialist tasks.

> *"There are quite a lot of activities occurring [that are] trying to enlarge or increase the 'scopes of practice' of what nurses do, or do not do. There are a lot of debates within nursing about what nurses need or not, and what we want to have. And then the Nursing Council does the consultation and makes the decision about whether or not that will happen, and redefines the scopes again to include what a nurse can or cannot do."* (DHB)

Nurse practitioners have skills to manage all levels of within the scope of the profession. Introduction of the role of the nurse practitioner has been a key component in the maintenance of professional status. In New Zealand there are three levels of nurses. Although the nurse practitioners constitute the highest level, the respondents noted that this group currently totals only 80 amongst the 47,000 nurses nationally.

> *"In terms of the professional role of nurses, nurse practitioners' roles are ones of manager and managing other workers. NPs might have two health workers, nurse assistants, or enrolled nurses and registered nurses. So a nursing practitioner has those roles to manage and that has never happened in previous times."* (Massey University)

> *"I think nurses really hold the key to the health of the population, and I think that actually, some of the nurses are unvalued. Certainly, I think the NPs' role is a great way of enhancing the professional status of nursing; they can do lots of things."* (AUT)

Knowledge as a key

The respondent from the Ministry of Health believed that New Zealand nurses have completely achieved professional status, and that this was maintained through the provision of appropriate education. Respondents all considered that while tertiary education plays an important part in the maintenance of professional status, this on its own is not enough. Educators must continue to help and encourage practicing nurses to update their knowledge and skills.

> *"…you cannot say "I am a nurse, I can do everything I like". We always need to keep reading, updating, and understanding. You have a professional organisation that you belong to which can help you to keep updating. So you have to keep all these things going to stay being professional."* (NCNZ)

> *"The technology changes all the time. Nurses have to learn new technology and new ways to do their job. They have to retain their competencies and they have to keep changing their ways of working."* (NCNZ)

Respondents also considered that relevant government ministries needed to focus on encouraging postgraduate nursing education as a strategy that could assist in maintaining nursing's professional status.

"The undergraduate education in New Zealand is funded by the Ministry of Education, but postgraduate education is funded by the Ministry of Health. We are very interested in working on projects that encourage or stimulate the workforce, looking at new roles or examining the boundary between health professions, looking at things that stand in the way of nurses' work. We look for more opportunities for nurses to grow and develop." (MOH)

In order to increase the scopes of practice within nursing, the Waikato DHB provides a professional development programme that adapts to contribute to the maintenance of nursing's professional status.

"When increasing the nurses' scope, we put the training or education programme in to support those nurses work around those practices. Furthermore, the technologies change all the time. Educators have to think about how to improve the training and education programmes to deal with those changes." (DHB)

The DHB respondent also thought that the workplace itself provided ongoing education for nurses.

"The workplace you [nurses] work in has lots of ongoing education. Those programmes have guidelines around how nurses do their job well, and how to have good working relationships with other medical professionals." (DHB)

Maintaining professional status requires regular updating of programmes to make sure that nursing students can renew the skills that they apply in their work. Respondents involved in nursing education focused on the professional discipline of nursing in university programmes.

"The technology is always changing and developing, so we have to make sure to update professional knowledge and skills all the time, and that nurses can clearly ensure that they can manage any new challenges. For example, PhD students know how to use literature

[knowledge] in the same way as doctors do. So when the challenges come, they know how to deal with them." (Massey University)

The key informant from WINTEC considered that in order for nursing to be regarded as a profession it was necessary to have a higher qualification because one definition of professionalism is that the profession itself is associated with a specialist body of knowledge. While it is considered that professional nursing education maintains the professional status of nursing, it was also noted that enlarging the 'scopes of practice' was another method by which professional status had been maintained. In fact, expanding the scope of practice necessitated higher qualifications.

"If you need higher scope, you need higher qualifications. For example, the nursing practitioner has to have higher qualifications, such as masters' level and PhD, which is compulsory." (WINTEC)

The state and maintaining nursing professional status

All interviewees considered that the state had an important role to play in maintaining the professional status of nursing in New Zealand.

"…the government does quite well in that they have policy analysts in the Ministry of Health, and those policy analysts help the government inform the health policies. For example, how to solve some health problems in the New Zealand context…and nursing organisations do get involved in developing health related policies. The government always asks their advice." (NZNC)

"…the government could promote nursing's professional status by changing some of the legislation…to make nurses' work more effectively. And nursing needs a related legislation framework to let them do more things. The Ministry of Health can change the setting of legislation; it often changes or provides opportunities for nurses to work differently or to do new things, or to become involved in different patient treatments. It opens more opportunities up to nurses." (MOH)

"I think the government and the Ministry of Health recognise the professional status of nursing. So now they understand that nursing is a profession and it is separate to medicine, and that nurses are self-regulated that and that if they [the ministry] want to do something in

health then they have to include nursing as a profession - because we are the biggest group in the health sector." (Massey University)

Cultivating Public Perceptions

Respondents confirmed that public recognition and perceptions are key elements that contribute to maintaining the professional status of nursing in New Zealand society.

> *"…nurses promote their professional status by acting professionally. I think nursing organisations are getting information off the public about what nurses can do, how they are professional - so they raise the public image of nursing. For example, we try to promote nursing as profession through all media. It is important for nursing to display nursing as profession."* (NCNZ)

> *"…I think nurses have been seen as a most popular profession. Because the public trust nurses, they have been seen as professional people."* (WINTEC)

Another important way in which nurses are able to maintain external perceptions about their status is through participation in professional debate, both domestically and internationally. Two of the eight respondents thought that nurses could be involved in more medical professional debates or conferences to promote their professional status.

> *"Nurses can promote themselves through a lot of professional debate, through research, publications, [and] particularly through the standards of practices. The Nursing Council reviews and promotes lots of issues about the quality of nursing care in New Zealand, and professionals promote themselves through speaking overseas. It [nursing] has a lot of opportunities to showcase what it does - what it does well. We very much have an international community of nurses. We have global networks around the nursing profession. We tend to play big role internationally."* (MOH)

> *"…there are two ways we are promoting professional status. One is that it is good to be a professional group, and good to have debate about how we promote ourselves as a profession." (*VOW)

The nursing organisations and the nurse's trade union have to have effective cooperation in order to provide more strategic opportunities for nursing to increase its professional status.

> *"All the nursing organisations and all the educators have to get together and develop the statements about nursing. I think that the nursing sector is promoted through the organisations and by involving itself in changing the health system and in the Ministry..."* (Massey University)

> *"I think as many nurses as possible should be engaged professional organisations – for example, NZNO or the Collage of Nurses - to take every opportunity to promote ourselves [nurses] in a number of ways."* (AUT)

The respondent from the NZNO stated that the trade union plays an important role in providing opportunities that promote nurses' professional status.

> *"We produce a publication of guidelines of practice. We have a professional journal which is called Kai Tiaki Nursing New Zealand. We provide up to twenty conferences to our membership. We run seminars. We work with other organisations on the practice guidelines, and prepare submissions on health policy to the Ministry of Health."* (NZNO)

> *"We work with all organisations on the professional programmes and recognition programmes. We work with employers, education providers, the Ministry of Health, and other organisations to actually push nursing's professional standards of practice. So we have good partnerships with government and regulators and educators to advance health services positively."* (NZNO)

Discussion

Drawing on the data from eight semi-structures interviews with key informants, this chapter has presented an overview of perspectives with regard to major threats, challenges, and the maintenance of professional status of nursing in the New Zealand context. The first theme identified is the current threats and challenges within nursing. The issue of the unregulated health care workforce provides a significant contemporary challenge. Some employers may prefer to use unregulated health care workers because they are cheaper and can carry out

certain aspects of nurses' work. There is some concern that the unregulated health care workforce could replace some nursing roles in health care. In a market-oriented, highly rationalised, and cost-conscious health care environment, hospitals are increasingly subjected to managerialism (Wall, 2010). As noted, the nursing workforce consumes a significant proportion of the health budget, and consequently, the nursing workforce is often targeted by administrators concerned with reducing expenditures. Furthermore, reductions in the health budget often result in rapid organisational change that provides limited opportunities for nursing involvement.

In a number of analyses of nursing as a profession the issue of gender is either not mentioned, or is not viewed as a central issue. Men have not been attracted into nursing because of the perception that it is a female profession. Organisational gendering occurs through the structural division of labour, and organisational process that have traditionally perpetuated male control over knowledge and technology. Historically, nursing has sought recognition as profession within a highly structured, male dominated environment.

Healthcare marketing is strongly influenced by trends and patterns that influence current health practitioners and consumers. As a technology-rich field, nurses are increasingly concerned with diagnostic and treatment technologies in health care. Thus, nurses and nursing educators both face challenges related to the need to constantly update skills through access to training around the use of new technologies. These activities play an important role in maintaining the body of knowledge that underpins the status of nursing as a profession.

New Zealand nurses clearly intend to actively continue to maintain and defend their professional status. The Health Practitioners Competence Assurance Act 2003 provides a legislative framework that empowers nursing organisations with rights to administrate nursing registration. The Act provides the legal framework for registration and practicing certification for health practitioners, and for assessment of their competence, fitness to practice, and quality assurance. Furthermore, under the Act, nursing has tried to enlarge the 'scopes of practice'

in order to increase nurses' professional status in health professions. For example, nurses can take more responsibility and undertake increasingly specialised tasks, some of which have previously been the exclusive domain of doctors.

Nurse practitioners play an important role in maintaining the professional status of nursing in New Zealand. The skills and responsibilities of nurses have expanded considerably, and an increasing number of nurses are now university educated. As a consequence, nurses have developed a new appreciation of their own knowledge and skills. Nurses with masters' and doctorate degrees are involved in research and teaching, as well as in the coordination and delivery of health care. Tertiary education plays an important role in the maintenance of professional status, and continues to enhance and promote professionalism amongst trainee nursing students. The respondents emphasised that the professional organisations intend to enlarge and increase the quality of professional development programmes, including the provision of postgraduate level education for nursing students. Furthermore, nursing educators have to ensure that nursing students can renew the skills that they may apply to their work. The government has also had an important role to play in maintaining the professional status of nursing in New Zealand through changes to legislation frameworks.

There was general agreement amongst the sample of respondents that nursing had achieved professional status. However, as Dent (2005) points out, it is more useful to view professions as dynamic, rather than as a set of timeless categories. Professional dominance, where it exists, undergoes continual renegotiation and settlement and is always susceptible to new threats and challenges. Nurses in New Zealand continue to face some problems and difficulties in achieving recognition as a profession, although the ways in which this is negotiated in the contemporary context clearly reflect the dynamism to which Dent refers.

Chapter Six

A theoretical Analysis of the Professionalization of Nursing

in New Zealand

Introduction

While the ministry, law, and medicine have been considered to be the traditional and original professions in Western society, the development of the study of professions and professionalization by sociologists has been matched by the growth of professional consciousness amongst sociologists themselves (Vollmer and Mills, 1996). According to Vollmer and Mills (1966) and Cheetham and Chivers (2005), Professor A. M. Carr-Saunders[15] was the first social scientist to systematically analyze the transition of diverse occupations in terms of the process of professionalization. Carr-Saunders (1928, cited in Vollmer & Mills, 1966) states that members of professional groups tend to become very attached to their professional associations and codes of conduct, and "these characteristics of professionalization, in turn, may be expected to have important consequences for many aspects of modern business and industry" (p. 3). Jackson (1970) also notes that the profession of sociology, and in particular the professional bodies of national groups of sociologists, have increasingly developed from simple associations of those interested in the subject and "including many social workers and school teachers, to a tight body developing at least vestigial standards of authentication and defining a code of practice and an ethical sub-committee responsible for the practice of the discipline" (p. 3).

In light of the various theoretical perspectives on professionalization presented in what follows, the results of the current research on the processes by which nursing in New Zealand has undergone professionalization are analysed. Further, drawing on the sociological literature of professionalization, this chapter also

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[15]Professor A. M. Carr-Saunders: in the Herbert Spencer Lecture delivered at Oxford in 1928, Carr-Saunders discussed the development of what he called 'professionalism' in its historical perspective. "This was five years in advance of the publication of the famous treatise by Carr-Saunders and P. A. Wilson, 'The Professions'" (Vollmer & Mills, 1966, p. 2).

considers the ways in which the professional status of nursing is maintained and threatened.

Theoretical Perspectives: Professions and Professionalization

The nature of the professions and the process of professionalization have been dealt with extensively in recent sociological writings, however various descriptions differ in terms of the number of attributes by which professions are defined and in regard to the relative importance given to each (Macdonald, 1995; Johnson, 1972). However, as Macdonald (1995) and Rhéaume (1998) note, most writers agree that the core characteristics that distinguish the professions from other occupations are that: they are based on a body of theoretical knowledge; their members command special skills and competence in the application of this knowledge; and their professional conduct is guided by a code of ethics, the focus of which is service to the client.

Bolton and Muzio (n.d.) find that recent sociological studies of professionalism have moved beyond an earlier taxonomic concern with which occupational groups fall within the professions and which fall outside them according to historically grounded studies. This approach examines the processes and circumstances through which occupations propose, negotiate and maintain professionalism (Bolton & Muzio, n.d.). Thus, the professional project can be defined "as the systematic attempt by occupations to translate a scarce set of cultural and technical resources into a secure and institutionalised system of occupational and financial rewards so to pave the way for collective mobility and social advancement" (Bolton & Muzio, n.d., p. 1). As Witz (1992) observes: "using the professional project as a conceptual tool usefully establishes the concrete historically bounded character of professions as empirical entities" (p. 64). The following section examines the overarching concepts of professionalization and explicates a framework that can be used to better understand the process of professionalization for nurses as an occupational group in the New Zealand context.

The Professions

The professions as people know them today largely evolved in the nineteenth century. At the beginning of the nineteenth century in England and the United States, the "recognised gentlemanly professions" were divinity, law and medicine (Larson, 1977). Rhéaume (1998) notes that professions are worthy of recognition because they are special occupations that require a high level of expertise from their members. Professionalization is a process within which an occupation proposes that it qualifies, and then negotiates to achieve and maintain a professional status. According to Camano-Puig's (2005) summary of several authors' work: "professionalization is a dynamic and changing process, and as such, occupations which were not considered professions in the past, have now reached a more professional status as a result of group effort and social changes" (p. 8).

In common usage, the word 'profession' is usually understood as describing a group of people who have obtained a degree in a professional field. In western nations, such as the United States and the United Kingdom, the term commonly refers to highly educated, mostly salaried workers, who enjoy considerable work autonomy. Evetts (2003) indicates that the "professions are essentially the knowledge-based category of occupations which usually follow a period of tertiary education and vocational training experience" (p. 397). However, sociologically, the development of a profession involves more than just developing a distinct body of knowledge. Most writings on professions and professionalization imply that public recognition is a critical aspect (Turner & Hodge, 1970). Katz (1969) asserts that professionalization involves both internal and external 'realisation'. He notes that "professionals are part of a moral community; that they have social links not only to their clients and colleagues in their profession, but also to other groups with whose activities their skills must dovetail; and that legitimacy of their professional contribution must be acknowledged by these other groups" (p. 72). These include: co-workers outside the professional group, who may necessarily be implicated because of their role in the division of labour; other occupational associations and employers'

associations; government bodies taking a direct legislative part in the regulation of occupational activities; and educational and training institutions (Turner & Hodge, 1970). Evett (2003) suggests that professions as a category are a non-generic occupational type. Further, he perceives their nature as being subject to threats from organisational, economic and political changes. Hence, in the case of the nurse, Katz (1969) indicates that the outside acceptance of nursing as profession would initially have come from physicians and hospital administrators, and would probably have required a drastic rearrangement of nurses' social role.

Criteria for professional recognition

The determination of whether or not an occupational group could be thought of as a profession relied for many years on sets of criteria. In view of the proliferation of professions in modern society, it is difficult and misleading to talk about 'the professions' as a whole. In attempting to answer the question 'what is a profession?', Witz (1992) observes that there are two commonly used definitional approaches: a 'trait approach' and 'functionalist approach'. According to Johnson (1972), many writers have followed the 'trait approach', particularly in early sociological conceptualisations (Thompson, Newell & Morrall, 2000). The trait approach involves listing a number of qualities to distinguish the professions from other occupational groups. Macdonald (1995) also notes some writers believe the sociological task to consist of listing the characteristics of an ideal-type profession, then measuring these against actual examples of occupational groups, and assessing the level of professionalism. Toren (1969) and Tulloch, Pethig, Bramley and Spanton (1985) suggest that the extent of 'professionalization' of an occupation can be measured by applying a general criteria that is used to define 'the professions'. For instance, according to Toren (1969), it is possible to distinguish the type of knowledge on which a profession is based, or the degree of public recognition enjoyed by its members.

Furthermore, different attributes of professionalization may have developed to varying degrees, so that a profession may rank higher in respect to one

characteristic and lower in respect to another. However, "the main issues which have been debated in the study of professions and professionalization centre on the problems of distinguishing a profession from a non-profession, and of discerning processes of professionalization" (Turner & Hodge, 1970, p. 23). Etzioni (1969, cited in Macdonald, 1995) and Vollmer and Mills (1966) take the step of classifying occupations into 'professions', 'semi-professions' and 'non-professions'. Under such a system of classification, some occupations may struggle to achieve professional status and recognition. Tulloch, Pethig, Bramley and Spanton (1985) note that both social work and nursing devote a great deal of time to arguing that they posses attributes that are deserving of professional recognition. While some writers might consider that a number of occupational groups may claim to be members of various 'caring professions', according to Abbott and Wallace (1990), it is only nursing and social work that can truly lay claim to this achievement.

However, because of the historical differences in the prestige attached to law, teaching, medical, and social work, there is a continuum of professionalism along which the status of a profession or semi-profession might be evaluated (Johnson, 1972). Katz (1969) has indicated that nursing is often deemed to be a 'semi-profession' on the basis that it is not represented by independent 'collegiate' organisations in the same way as law or medicine, and that such a lack of representation relegates any claims by nurses to professional status to a somewhat fragile position (Abbott & Wallace, 1990).

According to Freidson (2008), the current criteria for professional recognition appear to have two core characteristics: one is prolonged specialised training that centres on a body of abstract knowledge, and the other is a collectivity or service orientation. Within these criteria, Freidson also notes that: "the profession determines its own standards of education and training; professional practice is often legally recognised by some form or licensure; licensing and admission boards are manned by members of the profession; most legislation concerned with the profession is shaped by that profession; and the practitioner is relatively free of lay evaluation and control" (Freidson, 2008, p. 251).

The status of professions

The professions have progressively became defined as occupations which are accorded high social status, and which possess a specialised body of knowledge obtained through lengthy education and training. Further, the professions are regarded as being both intellectually and practice-based, enjoying relative autonomy in controlling both the education and the performance of their work, and motivated by altruism and service to society (Larson, 1977). Writers critical of the trait approach argue that the essential reality of the profession is that of privilege and power. Freidson (1970, cited in Tulloch, Pethig, Bramley & Spanton, 1985) has defined the profession as "an occupation which assumed a dominant position in the division of labour, so that it gains control over the substance of its own work" (p. 5).

Johnson (1972) states that the professions are best understood as a method of controlling entry into a particular occupation. For example, doctors' professional status can be seen as being derived from their control over medical knowledge and their ability to maintain a closed market situation which guarantees continuity of access to appropriate clients (Tull & Mortlock, 2005). With the development of medical schools and professional associations, the status and power of the medical profession became institutionalised. Doctors were able to exercise control over the numbers and quality of the candidates entering the medical school and the curriculum that there were taught (Finlayson, 1996). With professionalization, doctors were able to successfully to eliminate competition and create a medical monopoly (Finlayson, 1996). Thus: "Medicine became an exclusive and protected profession" (Finlayson, 1996, p. 75).

In more recent sociological literature referring to the status of nursing as a profession, there is a notable tendency to characterise it as a 'semi-profession' (Camano-Puig, 2005; Wynd, 2003; Adams, 2003). According to Wall (2010), within the sociological literature, "nursing is usually typified as a semi-profession and it is generally held that, while nursing aspires to full professional status, it has not achieved it in the way that medicine has" (p. 152).

The professions and knowledge

Professional status and autonomy in a profession are linked to knowledge. Professions are knowledge-based occupations and therefore the nature of their knowledge, the socio-cultural evaluation of their knowledge and the occupation's strategies for handling their knowledge base are of central importance. As Macdonald (1995) notes:"sociologists generally take a model of rational, formalised scientific knowledge as their starting point in the study of the epistemological base of the profession, and then elaborate in relation to a number of other features of professions and their social context" (p. 157). Hence, people in exclusive occupations have specialised knowledge and tertiary qualifications, through which the status as a professional group is established (Humphreys, 2000). According to Macdonald (1995), professionals are certainly not eulogized in work of this kind, but in addition to taking a critical approach, it gives a new importance to the question of knowledge in relation to professional occupations. Adams, Lugsdan, Chase, Arber and Bond (2000) also indicate that professional status is a dynamic, shifting phenomenon, constantly redefined through conflict between occupational groups, and this notion of dynamism is supported by theoretical work highlighting changing professional paradigms over time.

Magali Larson's (1977) book, *'The Rise of Professionalism'* is particularly important to the contemporary understandings of the professions and professionalization. Haas (2005) finds that Larson's work emphasises that the attributes of higher education and a discreet body of knowledge. She argues that professionalization is thus an attempt to translate one form of scarce resources (in the form of special knowledge and skills) into another (in the form of social and economic rewards) (Larson, 1977). Haas surmises that while the practice opportunities accorded to a profession depend on the broad societal context that shapes the need for a given service, the state has a central role in terms of its sponsorship of monopolistic educational systems for professions and through its implementation of sanctions for scopes or markets of practice. Larson (1977) considers that "while professions originally emerge by the grace of the elite and

powerful, they ultimately depend upon the power of the state" (p. xii). Therefore, recognition by the state on behalf of society offers protection to those individuals that have passed a period of socialisation in a particular kind of training and skill in an institution of higher education (Camano-Puig, 2005).

Harris (2010) asserts that the more qualifications, or the higher the level of qualifications required in order to gain professional status, the easier it is for a profession to maintain its status. Sciulli (2008) indicates that by including the requirement of formal higher education in the very definition of profession, definitions are now essentially being developed to cater exclusively to societies which have some modern concept of a university. Sciulli (2008) also reiterates a number of points made in Larson's (1984) work: that autonomy has long occupied a special analytical place in the sociology of professions, and that the key is the organisation of compulsory and hierarchical systems of public education.

Gender and the professions

Marshall (1950) points out that prior to the industrial revolution, the professions were occupations considered suitable for a gentleman. Further to this, Wynd (2003) observes that nursing initially evolved as a predominantly female occupation within the context of Victorian society at a time when male-oriented definitions of professionalism prevailed and male attributes were more highly valued by the labour market than feminine ones. According to Wall (2010), as with many of the concerns associated with nursing work, gender issues emerge in connection with the nature and status of nursing. For example, in New Zealand, Haas (2005) finds that although women gained suffrage in 1893, the barriers imposed by gender roles, and consequent social and economic positions, continued to impede women's political power over a long period. According to Wynd (2003), the status of women over time has had significant implications for the professionalization of nursing as a female dominated occupation, particularly in comparison to its male dominated counterpart-medicine.

Discussion

Any consideration of professions and professionalization needs to start by first asking the question: what exactly is a profession? The nature of the professions and the process of professionalization have been dealt with extensively in sociological writings, however, the various descriptions offered differ both in terms of the number of attributes by which professions are defined and in regard to the relative importance given to each (Macdonald, 1995; Johnson, 1972).

Prior to the mid-eighteenth century, the number of occupations generally regarded as professions was extremely limited[16]. Today, most people would probably agree that there are large numbers of jobs that are 'professional in nature', but ask them to explain what 'profession' means and it is likely that many different answers would be generated. Cheetham and Chivers (2005) note that even among specialist writers on the subject there is little meeting of minds about which occupations should be regarded as professions, or on how terms such as 'profession' and 'professional' should be defined. One of the earliest writers on the professions, Carr-Saunders (1928), observed that "...a profession may perhaps be defined as an occupation based upon specialised intellectual study and training, the purpose of which is to apply skilled service or advice to others for a definite salary" (cited in Cheetham & Chivers, 2005, p. 4). However, it should also be acknowledged that this definition was developed at a time when the labour market was considerably less complex than it is today in terms of occupational specialisation. More recently, Freidson (1970; 1986, cited in Chettam & Chivers, 2005) has explored the idea of 'the professions' as encompassing a form of autonomy that can often run counter to the interests of society. Freidson proposes that a profession is an occupation that "... regulates itself through systematic, required training and collegial discipline that has a base in technological, specialised knowledge and that has a service, rather than profit orientation enshrined in its code of conduct" (cited in Cheetham & Chivers, 2005, p. 5).

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[16]For example, the Law, Medicine, the Church, Architecture, commissioned, service in the Armed Forces, and Teaching (Cheetham & Chivers, 2005).

Having acknowledged the many tensions that exist in the sociological literature on professionalization, what follows is a synthesis of the various themes of this thesis, and a reflection on the historical development of nursing alongside key findings from the qualitative research [17] . Sociological theories of professionalization have been utilised as a framework for answering the research questions: has nursing in New Zealand achieved professional status, and, if so, how is this status maintained?

The Professionalization of Nursing in New Zealand: a theoretical analysis

Nursing as a profession

Medicine is usually considered the prototype of a profession. By contrast, nursing is almost wholly a woman's province, and has typically been portrayed as playing only an assistant or support role to the professional practice of doctors. Most perspectives on the status of nursing are influenced by international sociological literature that explores nursing as a semi-profession.

Under Etzioni's (1969, cited in Macdonald, 1996) system of classification, some occupations may struggle to achieve their professional status. In more recent sociological literature such as Tulloch, Pethig, Bramley, and Spanton (1985) note that both social work and nursing have devoted a great deal of time to arguing that they posses attributes that deserve professional recognition. As demonstrated by this research, nurse' perceptions about their own status indicate that they regard themselves as far more than just assistants for doctors in the contemporary health care setting. The current sociological criteria for professional recognition appear to have two core characteristics: one is prolonged specialised training that centres on a body of abstract knowledge, and the other is a collectivity or service orientation. In the following sections the criteria of knowledge, self-regulation, autonomy, and external recognition will be

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[17]See Chapter Four and Chapter Five

explained in relation to the recognition of nursing as an occupation that has achieved full professional status in the New Zealand context.

Knowledge

The status of professions is based largely on claims by exclusive occupational groups to practice on a foundation of specialized knowledge (Humphreys, 2000). Furthermore, the professions have progressively become defined as occupations which are accorded their high social status, and which posses a specialised body of knowledge obtained through tertiary education and professional training.

While many sociologists have asserted that nursing is a 'semi-profession' due to historically shorter periods of training and a less developed body of knowledge that has been viewed as generic rather than specialised, nursing in New Zealand in its contemporary form challenges this perspective. The requirement of a tertiary qualification was viewed by the respondents in this research as an active strategy that had contributed to the professional status of nursing. The results confirm that professional education providers had clearly defined the purpose of tertiary education for nursing students, and were determined to maintain professionalization through the provision of high quality programmes. The professional standards for nursing, and the formalization of knowledge and skills that these standards require, have arguably contributed to the status of nursing as a profession.

Self-regulation

Johnson (1972) notes that because of the historical differences in the prestige attached to law, teaching, medical, and social work there is a continuum of professionalism along which the status of a profession or semi-profession might be evaluated. Similar to Katz (1969), who indicated that nursing is often deemed to be a 'semi-profession'. Abbott and Wallace (1990) state: "nursing is often termed the 'semi-profession', being situated within state bureaucracies rather

than being represented by independent 'collegiate' organizations in the same way as law or medicine" (p. 2). Thus, within the sociological literature, nursing is usually typified as a semi-profession and has not been seen to have achieved professional status in the same way as medicine has on the basis of the absence of autonomy and delegated power to self-regulate.

Wall (2011) notes that sociologists have acknowledged that nursing possesses some of the characteristics of the medical profession. Despite the close association between nursing and medicine, in terms of professional status, nursing has remained subordinate. One of the reasons for this is that while doctors have been perceived by sociologists as having achieved professional autonomy, nurses historically, have not. Keogh (1997) defines professional autonomy as: "...the freedom to make prudent and binding decisions consistent with the scope of practice and freedom to implement these decisions" (p. 304).

Freidson (2008) proposes that a true profession has the autonomy to determine its own standards of education and training. In the New Zealand context, health services are highly structured. The Health Practitioners Competence Assurance Act 2003 provides the legal framework for registration of the practicing certifications for health practitioners, competence, fitness to practice, and quality assurance. Under the Act, The New Zealand Nursing Council has the delegated authority to accredit and monitor education providers, to set the 'scopes of practice' fields and identify the core competencies within each of these, as well as to oversee the code of conduct for nurses.

While in the past only doctors assessed and diagnosed, changes to the skills sets of nurses have altered the dynamics of the practice relationship between nurses and doctors. Research interviewees stated that today, nurses play a large role in evaluating patients and detecting problems. A specific example of this change is the development of the nurse practitioners' role, which along with improving the public's access to health services and improved health outcomes, has also provided a new career pathway for nurses. Nurses in the New Zealand appear to have achieved self regulation and governance of the standards for entry into the

profession, as well as more control over the everyday decision making with regard to the discharge of their duties in applied contexts.

Autonomy

The professions are regarded as being both intellectually and practice-based, enjoying relative autonomous control over both education standards and the performance of their work. In addition to this, Freidson (1970, cited in Tulloch, Pethig, Bramley & Spanton, 1985) has defined the profession as "an occupation which assumed a dominant position in the division of labour, so that it gains control over the substance of its own work" (p. 5). Taking a perspective that is perhaps more comfortably located in market economics than sociology, Johnson (1972) states that the professions are best understood as a method of occupational control, whereby an occupational group is able to exercise autonomy by limiting entry for the purpose of extracting monopolistic 'rents'.

Autonomy can be defined as the freedom to make binding decisions consistent with the scopes of practice and freedom to implement these decisions (Keogh, 1997). While occupational autonomy is often difficult to achieve and evaluate, a set of professional associations' functions for nurses are described which might assist in deciding the extent to which autonomy is achieved in the New Zealand context. The current research has found that with the development of tertiary level nursing education and professional associations (for example, the establishment of the NZNO) the status accorded to nursing as a profession has become institutionalised. Professional associations can have a number of functions, including promoting the status of members, establishing and maintaining professional codes of conduct, licensing of practitioners, and promoting or regulating professional development[18]. Cheetham and Chivers (2005) also note that professional associations have the capacity to act in instances where there is a requirement to discipline members who step out of

[18]See Chapter Two

line, and that their associations have a further function in the dissemination of information which is of common interest to members. As such, professional bodies have played an important role in securing autonomy as a central dimension of the professional project.

The New Zealand Nurses Organisation (NZNO) has been in operation for about one hundred years, initially as a nursing association, and more recently as both a professional association and a trade union. The NZNO's function is providing professional support and registration of junior roles, and in doing so, the NZNO provides union coverage across the entire scope of the nursing profession. Furthermore, NZNO noted that it had developed its status out of a 1993 Social Policy Statement that corresponded with the introduction of a prescription for Standards of Practice and a Code of Ethics. Another nursing organisation is the Nursing Council of New Zealand which is the statutory body for nurses, and is the authority for all aspects of nursing education. In broad terms it is responsible to Parliament through the Ministry of Health, and thereby responsible to the public of New Zealand (via the state) for registration of nurses, setting the exams and 'scopes of practice' of nursing, and for maintaining standards in the interests of the public and the nursing profession.

External recognition

Public recognition is a multi-faceted phenomenon. As Turner and Hodge (1970) point out "there are several possible publics to whom members of an occupational group may address themselves" (p. 30). The large-scale organizations or some combination of these, constitute perhaps the most significant of these publics, but there may be several others (Turner & Hodge, 1970).

The findings of the current research indicate that the nurse's trade union and all of the professional nursing organisations receive professional acknowledgement in their relationships with the various health associated organisations within the

State Sector (government). Further, the findings confirm Katz's (1969) work that professionals are part of a moral community, they have social links not only to their clients and their colleagues, but also to other groups with whose activities their skills must dovetail, and their legitimacy of the professional contribution must be acknowledged by these other groups. The Nursing Organisation has status through its social policy statement, and the standards of practice and code of ethics that operate alongside that statement. The organisation reported that it has a strong working partnership with the Ministry of Health, and works in cooperation with health workplaces and other public sector organisations. It also exercises influence on the professional standards of nursing through developing the guidelines, and education and training programmes in cooperation with the Ministry of Health.

Threats, challenges, and the maintenance of the professional status of nursing
Professions are non-generic occupational types that perceive their nature as being subject to threats from organizational, economic and political changes. Therefore, although there is mixed acknowledgement within the literature that nursing has achieved professional status, there appears to be little consideration of the nature of contemporary threats and challenges to this. Scant attention has been paid to the mechanisms by which both nurses and nursing organizations actively maintain and enhance their professional status.

This thesis addresses these issues by focusing on gender, knowledge and skills, and professional power-all of which are related to the processes and maintenance of professionalization within nursing in the New Zealand context. This section will theoretically analyse two themes: threats and challenges to the professionalization of nursing; and maintenance of the professional status of nursing.

Threats and Challenges

The development of a profession must look both to the past and to the future. This is particularly true for nursing, which as the largest of the health professions, must address emerging health sector challenges by building on its own rich and complex history.

Gender and professionalization

Traditionally, a good nurse has been regarded as one who is not noticed, but quietly and in a self-effecting way goes about her allotted tasks. Carpenter (1993) notes that this ethos appears to have shaped the attitudes of sociologists who have often replicated the gender oppression of nurses in health care within 'medical sociology'. In a number of analyses of nursing as a profession the issue of gender is either not mentioned, or is not viewed as a central issue.

As noted, prior to the industrial revolution, the professions were occupations considered suitable for a 'gentleman'[19], and most sociological studies of nursing have focused on the reproduction of the traditional gender relations that have dictated the division of labour. Although nursing changed dramatically over the nineteenth century, many of the care based tasks undertaken by nurses are defined as 'natural' work for women. Some sociologists, such as Marshall (1950), Wynd (2003), and Haas (2005), have stated that nursing has maintained an 'essentially female character' which consequently subordinates its status as a profession on the basis of perceptions that the nature of work of nurses requires little training, can be done by anyone, and consequently lacks any marketable value.

Both the historical and theoretical literature reviews that inform this thesis have shown that nursing initially evolved as a predominantly female occupation within the context of Victorian society at a time when male-oriented definitions of professionalism prevailed and male attributes were more highly valued by the

[19]See Chapter Two

labour market than feminine ones (Wynd, 2003). Haas's (2005) asserts that the barriers imposed by gender roles, and consequent social and economic positions, continued to impede women's political power over a long period. The sociological identity of nursing is deeply embedded in the gendered power relations of society, and the female dominated nature of the work force has had ongoing implications for undermining the development and status of nursing as profession. Furthermore, according to Wynd (2003), "societal values maintained the subservience of nursing to the predominantly male medical profession, thus delaying development of nursing autonomy, a major characteristic of professionalism" (p. 251).

The research findings indicate that while nursing is not the only female dominated occupational group that has achieved professional status, (others include social work and primary school teaching) it has provided a good model of the way in which female dominated occupations can achieve professional status. New Zealand statistics show similar trends to the United Kingdom in terms of the occupational dominance women, and less than eight percent of New Zealand nurses are male[20]. The view of nursing as feminine occupation has proved problematic in attracting men to enter nursing as a career, as stereotypes of masculine and feminine qualities can lead to the motivations of men in nursing being questioned. Overall, although there are now many more training options for both men and women than there have been in the past, respondents considered that men have not been attracted into nursing because of the persistence of the perception that it is 'female profession'.

Unregulated health care workforce and the health budget

Some professions have experienced the takeover of certain elements of their domain by unqualified or more narrowly qualified people in a process that is sometimes referred to as 'deskilling'. According to Cheetham & Chivers (2005),

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[20]See Chapter Four

"this can lead to competition and price undercutting from outside the professions" (Cheetham & Chivers, 2005, p. 40). The unregulated health care workforce is generally characterised by the absence of both tertiary education and vocational training experience. With regard to Freidson's (2008) views on the criteria of the professions, the unregulated health care workforce does not have its own standards of education and training, nor do they have legal recognition by licensure.

The results of the current research highlight the 1980s and 1990s as a significant period of socio-economic change in New Zealand. The health sector underwent widespread deregulation, and the working environment throughout this period was one that was characterised by frequent re-structuring in order to bring the health care system into line with neo-liberal ideals of efficiency via privatisation and market competition. Without exception, respondents regarded the issue of deregulation of health care work as an ongoing challenge for the nursing workforce in the current context. The increased presence of the unregulated health care workforce is particularly significant for advanced nursing roles, and provides a significant contemporary challenge to nurses' traditional patterns of work as employers have focused on cost cutting.

A number of authors, such as Tuner and Hodge (1970), have viewed the tendency of elements of professional roles to be taken over by lay workers as part of a broader process of 'de-professionalization'[21]. In a market-oriented health care environment, nursing expenditure consumes a significant proportion of the health budget, and consequently, nursing is often targeted by administrators concerned with reducing expenditures or may be identified as an area that is targeted for cost saving in the future. The results confirm that the decreased public funding available to the health system was seen as something that could motivate employers who were conscious of the need to reduce staffing costs to recruit a more unregulated health care workforce.

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[21]De-professionalization: "De-professionalization as a decline in power which results in a decline in the degree to which professions possess, or are perceived to posses, a constellation of characteristics denoting a profession" (Ritzer & Walczak, 1988, p. 6).

Respondents were also concerned that the perceived need for restructuring to reduce costs often results in organisational change with little opportunity for nursing involvement. They anticipated that nursing will face the significant changes in the next few years in New Zealand that may impact on both who nurses are employed by, and their practice models. Particularly, in acute inpatient wards, enrolled nurses are being replaced by unregulated health assistants. In response to this contemporary threat, the NZNO (2009) have recently argued that registered nurses need to be supported by regulated nurses of level five and who have the flexibility to be employed across a wide spectrum of health care settings in both acute and non-acute situations.

Challenges for nursing education

The results identify two key challenges for nursing education; changing technologies, and the relationship between an ageing nursing workforce and nursing shortages. The professions have been forced to adapt to technical and commercial innovations, as well as to the changing demands and attitudes of society.

Changing technologies

New technologies have been rapidly colonising many areas of professional work. In particular, digital technologies, such as computers have impacted on almost all professions, with the internet, video-conferencing, and mobile communications leading to significant changes in the ways in which work is carried out. Cheetham and Chivers (2005) note that in the coming years, the continuing development of telecommunications and information technologies, and no doubt other as yet unknown technologies, are certain to progressively impact further on the work of the professions. The nursing profession has experienced a rapid and accelerating expansion in its knowledge base, and respondents in the current research noted that technology is considered an important asset in patient assessment and impacts on the quality of service and skill requirements

of healthcare facilities. While respondents had different perspectives on the challenges of diagnostic technology in health care, there was clear agreement that new technologies serve to augment rather than replace nurses' roles. However, the majority of respondents also emphasised that such technologies pose a challenge for nurses because of the constant need to update knowledge and skill sets in order to continue to perform in their roles effectively.

Ageing workforce and Nursing shortages

The average age of New Zealand nurses is now markedly older than in the past. The Equal Employment Opportunities Trust[22] (EEO) (2009) states that nurses share the issue of an ageing workforce with a number of other health occupations. Nurses and nursing educators have current and future challenges associated with this trend, particularly as the large cohort of nurses recruited in the 1960s and 1970s are now reaching retirement age (Cook, 2009). Furthermore, the managed reduction in the number of nurses during the 1990s through reducing enrolments in nursing education has left a significant void in the size of the age cohort that is under 35 years, and some return to earlier lower levels of nurse numbers aged between 35 and 45 years (Cook, 2009). Thus, nursing educators face even greater problems of ensuring the replacement of these workers over the next decade.

Internationally, the United States, the United Kingdom, and Australia face similar issues, and these destinations remain attractive places for New Zealand trained nurses to work - often quite soon after receiving registration in New Zealand. In the other words, high-income countries are facing nursing shortages[23], and Cook (2009) notes that "nursing shortages are an important policy concern in part

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[22]The EEO Trust assists employers in introducing and managing proven EEO practices. It encourages diversity by promoting the recruitment and development of people on the basis of merit and generates awareness of the business benefits and rewards of an inclusive workplace (The EEO Web).

[23]OECD country assessments of nursing shortages include Canada, where the shortfall of nurses was quantified at around 78,000 nurses by 2011, and Australia, which projects a shortage of 40,000 nurses by 2010.

because numerous studies have found an association between higher nurse staffing ratios and reduced patient mortality, lower rates of medical complications and other desired outcomes" (p. 21). Thus, nursing shortages are expected to worsen as the current workforce ages. Nursing educators were well aware of the pressing need to educate and train more nursing students to fill clinical roles. The situation for New Zealand is compounded by an aging population in which more people will need hospital treatment. Nursing educators were concerned with ensuring that the quality of healthcare is maintained and regard an ageing nursing workforce and an older population as dual threats that must be managed so that the high quality of clinical services in New Zealand is not compromised.

Maintaining the professional status of nursing

The latter part of the twentieth century and the early part of the twenty-first has seen profound changes both within the labour market and in society as a whole. These changes are impacting on professions in a variety of ways (Cheetham & Chivers, 2005). For example, the impact of some of the changes reaches beyond the working environment of professionals to their status and influence in society. New Zealand nurses clearly intend to actively continue to maintain and defend their professional status into the future by a number of means, including strengthening their claims to a specialised body of knowledge, enlarging the current range of 'scopes of practice', and the cultivation of an institutionally entrenched relationship with the state.

<u>Knowledge as a key</u>

Although in the past definitions of the professions have concentrated on knowledge-based criteria, they have progressively become defined as occupations that are accorded high social status, often due to the perception that high levels of training are required. According to Cheetham and Chivers

(2005), education, especially higher education, "has undoubtedly made an important contribution towards the codification of underlying knowledge base and the general theoretical underpinning of professions through research and other forms of scholarship" (p. 47)

The results indicate that maintaining professional status requires that nursing education programmes are continually updated to ensure that nurses practice skills remain relevant. Respondents involved in nursing education focused on developing the professional discipline of nursing within university programmes, and at least one district health board reported the expectation that nurses would participate in ongoing professional development as part of their employment. Respondents supported the idea that workplaces themselves should provide ongoing education for nurses as a means of both enhancing and maintaining professional status. They also expressed a firm conviction that government ministries need to focus on encouraging postgraduate nursing education as a strategy that could assist in the maintaining nursing's professional status.

As formal qualifications for professionals became established - first within Law and Medicine, and later within other professions - facilities for providing aspiring professionals with relevant specialist and technical education gradually developed. Tertiary educators play an important role in the maintenance of professional status, and continue to enhance and promote professionalism amongst trainee nursing students. Respondents emphasised that professional nursing organisations intend to enlarge and increase the quality of professional development programmes, including further provision of postgraduate level education for nursing students. Furthermore, nursing educators have to ensure that nursing students can renew and update the skills they apply to their work. While the results support the idea that tertiary education plays an important part in the maintenance of professional status, respondents also highlighted that this on its own is not enough, and that educators must continue to help and encourage practising nurses to adapt and maintain their knowledge and skills in the face of new research, new technologies, and new expectations.

Enlarging the 'scopes of practice'

While it is considered that professional nursing education maintains the professional status of nursing, it was also noted that enlarging the 'scopes of practice' was another method by which professional status had been maintained. This would increase nurses' professional status in health professions, and nurses could take more responsibility to do more specialist tasks.

A recent example of this expansion can be seen in the introduction of the Nurse Practitioner role, which has not only necessitated higher qualifications, but also made an important contribution to advancing and maintaining the professional status of nursing in New Zealand. Nurse practitioners have skills to manage all levels of nurses within the scope of the profession.

The knowledge base, skills and responsibilities of nurses have expanded considerably over time, and an increasing number of nurses are now university educated. Nurses with master's and doctorate degrees are involved in research and teaching, as well as in the coordination and delivery of health care. And as consequence, nurses have developed a new appreciation of their own identity as professionals.

The effort by the State and the nursing profession

The state has had an important role to play in maintaining the professional status of nursing through improvements to legislation frameworks. Over a sustained period of time, nursing organisations have worked cooperatively in partnership with various New Zealand governments and their ministries in order to negotiate the delegation of authority over the regulation of nursing.

Practice opportunities are recognised as professional depending on the broad societal context that shapes the need for a given service, the state plays an important role in terms of its implementation of sanctions for scopes or markets

of practice. Respondents stated that the government could promote nursing's professional status through legislative change. The Ministry of Health has the ability to influence the setting of legislation, resulting in changes that can provide opportunities for nurses to work differently, expand their scopes, or become involved in different patient treatments. This process opens more opportunities up to nurses that act to enhance their professional status.

In addition, the State not only attempts to control and regulate the activities of professional groups in the public interest, but professionalized groups and individuals also attempt to influence the activities of governments (Vollmer & Mills, 1996). Professionals may do this, in part, by becoming employees of government agencies, and in part, by participation in political movements and parties. In fact, certain leading professional groups sometimes form the most powerful organised pressure groups influencing government decisions and policy in modern societies. Respondents in the current study provide a clear example of these processes in their reports that the government often seeks the advice of nursing organizations to inform policy targeting health related problems. However, Larson (1977) also cautions that: "while professions originally emerge by the grace of the elite and powerful, they ultimately depend upon the power of the state" (p. xii)

Discussion

The current chapter of this thesis has proposed that the experience of nurses in New Zealand stands in contrast with the impression in the international sociological literature that nursing is a semi-profession by virtue of a shorter period of training, lower occupational and social status, a less developed body of specialised knowledge, and fewer opportunities for autonomy. There is certainly a strong case to be made that nursing in the New Zealand context has achieved full professional status.

One aspect which seems particularly pertinent is that nurses are no longer perceived as just assistants for doctors. Rather, they are recognised as having their own particular knowledge and skill sets, as well as autonomy in prescribing standards of education and training for entry into the profession. Particularly, the setting of professional standards for nursing, and the formalisation of the professional knowledge and skills that nurses require have contributed to the status of nursing as a profession. Essentially, this thesis holds that knowledge and skills provide a fundamental basis for the development of nursing profession, and that nurses must purposely be prepared to enter the realm of professionalism. Another theme addressed in this theoretical analysis is the maintenance of the professional status of nursing. Via the process of professionalization, knowledge becomes a key element and strategy for nursing to maintain its professional status. The analysis presented here illustrates the importance of maintaining higher qualification levels within nursing into the future in order to increase the scopes of practice so that professional status is increasingly insulated from challenges over the longer term.

Although the issue of gender may have slowed the process of professionalization, nurses in the New Zealand context have achieved professional status regardless, and nursing has provided a good model of the way in which female dominated occupations can achieve professional status. However, not many men have been attracted into nursing because of the on-going perception that it is a female profession.

New Zealand nurses have experienced the takeover of certain elements of their domain by deregulated of unregulated health care workforce. The issue of the unregulated health care workforce provides a significant contemporary challenge, and has also resulted in a preference amongst cost conscious employers to use the unregulated health care workforce to replace some nurses' roles (particularly enrolled nurses), because unregulated workers are cheaper and can carry out certain aspects of nurses' work. It is likely that nursing in New Zealand will face the significant changes in the next few years that may impact on both who nurses are employed by, and their practice models.

There was broad agreement amongst the sample of respondents who participated in this research that nursing had achieved professional status. However, although nursing in New Zealand continues to face some difficulties in achieving recognition as a profession, it is both strategic and well-co-ordinated in the way that it addresses these.

Conclusion

The previous chapter has utilised sociological theories of professionalization in order to explore nursing within the New Zealand context and, on the basis of the research findings, has addressed the thesis questions with regard to the recognition of professionalism for nursing in New Zealand, as well as the maintenance of professional status in light of current and anticipated threats and challenges. The purpose of the current chapter is to conclude the thesis by presenting a summary of the key arguments that have been posited through the research, and to evaluate this work in terms of its contribution to the sociological study of the professionalization of nursing. It is also appropriate at this point to outline some of the limitations of this study, and to recommend areas in which future inquiry could add breath to what has been discovered.

This thesis has drawn upon existing nursing literature, as well as highlighting various theoretical perspectives on professionalization, in order to argue that scant attention has been paid to the mechanisms by which both nurses and nursing organisations actively maintain and enhance their professional status. The professional status of nursing in New Zealand appears to undergo continual renegotiation and settlement and is always susceptible to new threats and challenges.

Based on a selection of publications from within the literature which apply a sociological lens to understanding the position of nursing as profession, it is observed that previous studies have largely concerned themselves with the characteristic attributes of the nursing profession in general, and often attempt to locate nursing along a continuum or spectrum of professionalization where the occupation is classified as a 'semi-profession'. The main critique of the existing international literature that this thesis makes is, firstly, that it does not adequately fit the experiences of nursing in the New Zealand context. Secondly, in viewing nursing as a semi-profession, the literature also neglects the ways and means by which the process of professionalization has occurred for New Zealand

nurses, and how such a status may be maintained. The local literature and the qualitative findings that have informed the results of this study indicate that nursing in New Zealand has a long and proud history, and that New Zealand was first country in the world to implement a professional registration requirement. The early development of registration and the contemporary autonomy involved in the regulation of nursing appear to have been central mechanisms to the process of achieving professional status. However, there also observable contrasts in the challenges faced by nursing as a female dominated occupation in achieving professional status when compared with the historical development of the male dominated medical profession. Gender has been both a resource and a liability for nurses, because although it elevates women into the professions, nursing remains 'feminine' work and, as such, is subjugated to a subordinate position vis-à-vis 'masculine' medicine.

In responding to the second significant criticism of the existing literature, the qualitative findings of this study have been presented thematically and report on both the *process of professionalization* within nursing, and the *maintenance of professional status.* In terms of the *process* of professionalization that New Zealand nursing has experienced, a content analysis suggested two broad themes: the *achievement of recognition as a profession*, and *gaining professional status*. The reform of nursing education since the 1970s has played a critical role in the achievement of recognition of nursing as a profession. One of the key arguments of this thesis is that autonomous control over knowledge and skills have provided a fundamental basis for the professional development of nursing, and changes to the skills sets of nurses over time have significantly altered the dynamics of the practice relationship between nurses and doctors. Key informants from state health, nursing education and trade union sectors believed that nurses are no longer perceived as just assistants for doctors. The sociological identity of nursing is related to the gendered power relations of society, and although societal perspectives have delayed the development of nursing autonomy, they have not entirely stalled it.

With regard to major threats and challenges, there are several identifiable difficulties in *maintaining* the professional status of nursing. The nursing workforce is often targeted by administrators concerned with reducing expenditures and the issue of the unregulated health care workforce provides a significant contemporary challenge. Nurses have experienced a 'de-professionalization' of certain elements of their domain by unregulated health care workers. Employers may prefer to use this workforce to replace some nurses' roles because of cost efficiencies and the reality that they can carry out *certain aspects* - but certainly not all - of nurses' work. One of the factors that underpins the maintenance of professionalization in twenty first century is rapid adaptation to advanced technological changes. Nurses are faced with the need to constantly update their skills in the acquisition of new technologies through ongoing professional development. Further erosion of the health budget may provide future challenges in terms of limiting the resources that are made available to nurses in this pursuit, thus undermining the maintenance of their professional status.

This research has also observed that New Zealand nurses intend to actively defend their claims to professional status. In terms of strategies for maintaining professional status, tertiary education has played an important role. It is both desirable and necessary that nurses adopt higher qualification levels and continue to be associated with a specialist body of knowledge that denotes professionalism amongst nursing students, allied health occupations and the general public. The introduction of the Health Practitioners Competence Assurance Act 2003 has provided the legal framework for registration and practicing certification for health practitioners, and for assessment of competence, fitness to practice, and quality assurance. Most notably, under the Act, nursing can enlarge its 'scopes of practice', meaning that nurses can take more responsibility and undertake increasingly specialised tasks, some of which have previously been the exclusive domain of doctors. The event of the introduction of Nurse Practitioner role has also played an important part in maintaining and promoting the professional status of nursing in New Zealand

and provides one example of the way in which the skills and responsibilities of nurses have expanded considerably over time. Higher levels of qualification also create future possibilities for increasing the 'scopes of practice' which nurses are able to fulfil over the longer term.

The theoretical contexts that support the central arguments made in this thesis have highlighted Macdonald's (1995) and Rhéaume's (1998) assertions that the core characteristics that distinguish the professions from other occupations are that they are based on a body of theoretical knowledge, that their members command special skills and competence in the application of this knowledge, and their professional conduct is guided by a code of ethics - the focus of which is service to the client. By drawing on five important characteristics of professions and professionalization, the process by which nursing in New Zealand has been professionalised was able to be analysed, and the mechanisms which maintain and threaten its professional status considered. Although there are observable tensions between those who want nursing to become a fully autonomous profession and are concerned with developing its theoretical base, and those who are more occupied with practice who generally regard nursing as a semi-profession, the theoretical analysis presented supports this thesis main hypothesis: that New Zealand nurses have achieved full professional status and that nursing cannot be regarded as a semi-profession in the New Zealand context.

Although this research has achieved its core aims in terms of confirming the professional status of nursing in the New Zealand context and examining how this is maintained in light of threats and challenges, there were some unavoidable limitations and short comings. The research concentrates on a small sample of individuals who are recognised as leaders in their respective spheres of the nursing sector. However, it did not include the views of frontline practicing nurses themselves, or other practitioners who work alongside nurses such as doctors, or employers. All respondents were keen advocates in terms of representing nursing as a profession, and this creates a potential for bias in the data. The use of a small and purposive sample is justified, however, on the basis

that there are constraints in both the time and the resources that are able to be dedicated graduate research, which by implication, places limitations on the scope that this research has been able to achieve. Secondly, as disciplinary orientations and specialised areas of knowledge, nursing and sociology are not mutually exclusive, but nor are they interchangeable. The eight key informants' ideas about what it is to be a profession from a nursing perspective may be quite different to the typologies described in sociological studies of professionalization. It is the hope of the researcher that this study provides a basis that brings both nurses and sociologist's understandings of professionalization and the identity of being 'a profession' closer together. Finally, there are personal limitations on behalf of the researcher which should be acknowledged. The researcher is an international student for whom English is a second language, and this posed some challenges in terms of transcribing, interpreting and presenting the data. This was compounded by the fact that the researcher is also not from a nursing background and there were a considerable number of nursing specific 'jargon' terms (such as 'scopes of practice') that required further research and discussion in order to fully understand what it was that respondents were referencing.

Having acknowledged the limitations of the research, it is also appropriate to assess its merits. The research findings make a significant contribution to supporting the assertion that the experience of nurses in New Zealand stands in contrast with the impression in the international sociological literature that nursing is a semi-profession. There is a strong case to be made that nursing in the New Zealand context has achieved full professional status. Further, the research responds to one of the noted deficiencies in the literature with regard to advancing understandings about how professional status can be maintained. Finally, what has been learned here might provide a useful basis for informing nursing sectors in other countries that are embarking on their own professional projects. It is also hoped that the findings may act as inspiration for other female dominated occupations when considering the ways in which their own progress along the continuum of professionalism might be advanced.

Given the assessment of this study's limitations and merits, as well as it aspirations, there are a number of future areas of research which could support a more universal acceptance of the status nursing as a profession. A broader range of perspectives on the professional status of nursing in New Zealand than those which have been presented here would prove useful in illuminating some of the occupational, gendered and socio-political tensions which have been touched upon in this work. Based on what has been learned about the New Zealand context, there is also scope for comparative work, particularly across nations in which nursing is not attributed a particularly high status, either socially or professionally.

For the time being though, it is appropriate to conclude that this thesis concurs with the opinion of Dent (2005) and Adams, Lugsden, Chase, Arber and Bond (2003), who maintain that it is more useful to view professional status as dynamic and shifting phenomenon, rather than as a static set of timeless categories. The dominance of a profession is continually susceptible to new threats and challenges requiring ongoing renegotiation in response to occupational and social changes. It is a shared interest in the nature and value of this dynamism that has bought both sociologists and nurses together here.

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Appendix I:

Initial Letter for Potential Participants

Yue "Amy" Liu
Department of Societies and Cultures
University of Waikato
yl400@students.waikato.ac.nz
021 0481 786

Dear ......

I am undertaking research on the professionalization of nursing in New Zealand for my Master's degree at the University of Waikato. I am an international student from China and completed a Bachelor of Social Sciences in Industrial Relations and Human Resource Management. In my graduate studies, I have become interested in nursing as a profession in different countries. For my Master's thesis, I am seeking to find out about the nursing profession in New Zealand and I have been recommended to contact you about the possibility of interviewing you because of your knowledge about this subject.

The topic of my thesis is how nursing has gained and seeks to maintain professional status in New Zealand. I am seeking to interview representatives of organisations which are involved in this subject. I anticipate that an interview will take about 40-60 minutes. Attached is a detailed Information Sheet about the interviews I wish to conduct.

If you have any questions you want to ask me, or are happy to be interviewed by me, please contact me by email (yl400@students.waikato.ac.nz) or cell phone (021 0481 786). I appreciate that your time will be constrained by your workload, and that you may wish to select another employee of your organisation for me to interview. I intend to fly to ………. from ……. July to ……. July for the purpose of conducting interviews. If you or an organisational representative would be available to be interviewed, please indicate your preferred date (and time if possible) for the interview to take place. We can then discuss a convenient time and place for an interview.

As the Information Sheet sets out, this research project has been approved by the Human Research Ethics Committee of the University's Faculty of Arts and Social Sciences.

I look forward to hearing from you.

Regards
Yue "Amy" Liu
MSocSc candidate

University of Waikato

Faculty of Arts and Social Sciences

Department of Societies and Cultures

Sociology

SOCY594-10C "Sociology Thesis"

Research Topic:

"The professionalization of nursing: New Zealand as a case study"

Researcher: **Yue "Amy" Liu**(yl400@students.waikato.ac.nz)

Supervisor:

Kellie McNeill, Lecturer (kelliem@waikato.ac.nz)

INFORMATION SHEET

I wish to interview you as someone with expert knowledge in the field of nurse professionalization. My particular interests are in the process by which nursing became a profession and by what means nurses and nurse organisations seek to maintain or enhance its professional status, e.g. by operating professional organisations, by enforcing professional standards and by continually updating nursing skills and practices. My aim will be to understand your thoughts about and perspectives on nursing as a profession.

The information from the interview will be used only for the thesis and any academic conference papers and journal articles that may arise from it. The completed thesis will be placed in the University Library and an electronic copy will be placed on the internet so that it is easily accessible to everyone. Your interview transcript will not be seen by anyone other than my supervisor. Unless you explicitly agree otherwise, your identity will be kept anonymous-your name will not be used in my thesis or any papers or articles. The audio-recording of your interview and the transcript will be kept by me in a secure place for ten years after which I will destroy them. The University requires me to keep them

for at least five years to allow for peer review and challenge, but I wish to keep them for ten years as I intend to undertake more research on this topic, maybe in another country for comparative study. No one else will have access to the recordings and transcripts. If you wish, at the end of my thesis research, I will provide you with the web address for my thesis which means you can then read it.

If you agree to take part in this interview, you have the following rights:

a) To refuse to answer any particular questions, and to terminate the interview at any time.

b) To ask any further questions about the interview or research project that occurs to you, either during the interview or at any other time.

c) To remain anonymous, if you wish.

d) To withdraw your consent within three weeks after the interview taking place by contacting me.

e) This research project has been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Sciences. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email fass-ethics@waikato.ac.nz, postal address, Faculty of Arts and Social Sciences, Te Kura Kete Aronui, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3015, Hamilton 3240.

Researcher's contact details: **Supervisor:**

Yue "Amy" Liu   Kellie McNeill
yl400@students.waikato.ac.nz   Lecturer
0210481786   kelliem@waikato.ac.nz

Interview Guide for State Sector bodies responsible for nurse professional development and standards

"The Nursing Council"

Ministry of Health

The Waikato District Health Board

<u>**Interviewee's Background**</u>

1. Please outline the role your organization plays in the development or maintenance of professional standards in nursing?
2. Could you briefly describe your own role in the organization?

<u>**The main questions**</u>

1. At what point in the past does your organization consider nursing to have achieved recognition as a profession? Or
At what point in the past do you consider nursing to have achieved recognition as a profession?

2. How was that recognition granted? Did, for example, the then government recognize a professional organization for nurses, much as the Medical Council is recognized for GPs?

3. How does your organization work to promote the continuing professionalization of nursing? (E.g. by offering new courses, constructing new qualifications.)

4. In the late 1980s and 1990s there was academic discussion of a possible 'deprofessionalization' of nursing, partly through the introduction of new diagnostic technologies and partly because nursing is a female dominant occupation.

   Question: does your organization, or do you, identify any current threats to the professional status of nursing? And if so, what steps to you think should be taking by nurses and nursing organization s to counter them?

5. Could you identify any steps/policies by which the government could promote nursing's professional status? And in your perspectives, how

does nursing sector promote own professional status?

Interview Guide for providers of tertiary education for nurses

"Auckland University of Technology (AUT)"

Auckland University of Technology

Waikato Institute of Technology

Massey University

<u>**Interviewee's Background**</u>

1. Please outline the role your organization plays in the development or maintenance of professional standards in nursing?
2. Could you briefly describe your own role in the organization?

<u>**The main questions**</u>

1. Would you, or would you not, agree that by making a tertiary education qualification a basis for nursing in this country, our society is recognizing that nursing is a profession?

2. Please explain briefly how the qualifications/courses provided by your institution are menat to contribute to and enhance the professional status of nursing.

3. In the late 1980s and 1990s there was academic discussion of a possible 'deprofessionalization' of nursing, partly through the introduction of new diagnostic technologies and partly because nursing is a female dominant occupation.

   Question: does your organisation, or do you, identify any current threats to the professional status of nursing? And if so, what steps to you think should be taking by nurses and nursing organization s to counter them?

4. Could you identify any steps/policies by which the government could promote nursing's professional status? And in your perspectives, how does nursing sector promote own professional status?

Appendix V:

Interview Guide for the New Zealand Nurses Organisation (Union: NZNO)

<u>**Interviewee's Background**</u>

1. Please outline the role your organization plays in the development or maintenance of professional standards in nursing?
2. Could you briefly describe your own role in the organization?

<u>**The main questions**</u>

1. I am aware that some academics have argued that a union cannot be a professional body at the same time. But the NZNO has both a union and a professional side…so you can reconcile them? Could you explain that be more detailed?
   (NZNO is the official union representing nurses; and they are the leading professional body of nurses in Aotearoa New Zealand)

2. In my thesis research, I intend to argue that nursing is one of the few, perhaps the only, example of a female dominant occupational group that has achieved professional status.

   Question: Does the NZNO have an official view on this? What are your views?

3. Could you please summarize the work done by the NZNO to promote and to maintain the professional status of nursing?

4. Does the NZNO have position on any steps the State might take to enhance the professional status of nursing?

5. Does your organization, or do you, identify any current threats to the professional status of nursing? And if so, what steps to you think should be taking by nurses, nursing organizations, and the providers of nurse professional education, to counter them?

University of Waikato

Faculty of Arts and Social Sciences

Department of Societies and Cultures

Sociology

Interview for SOCY594-10C "Sociology Thesis"

Research Topic:

"The professionalization of nursing: New Zealand as a case study"

Researcher: **Yue "Amy" Liu**

Supervisor: **Kellie McNeill**

CONSENT FORM

	Please circle your choice	
➢ I agree to participate in an interview as specified in the Information Sheet.	Yes	No
➢ I have read and understood the Information Sheet, which explains the topic of the interview and the conditions under which it will be conducted.	Yes	No
➢ I have been given the opportunity to ask any questions relating to my participation in the interview.	Yes	No
➢ I agree to this interview being audio-recorded.	Yes	No
➢ I understand that I can withdraw from this research project within three weeks of the interview taking place by contacting Amy.	Yes	No
➢ I agree that the interview may be used in the thesis.	Yes	No

- I wish to remain anonymous.   Yes   No
  I am happy to be identified.   Yes   No

- I wish to receive the web address of the completed thesis.   Yes   No

  (email address: _____)

"I consent to be interviewed for this research on the above conditions"

Signed: *Interviewee* _____Date: _____

"I agree to abide by the above conditions"

Signed: *Interviewer* _____Date: _____

Amy inquiries about the ethical conduct of this research may be made to the University's Faculty of Arts and Social Sciences' Human Research Ethics Committee (fass-ethics@waikato.ac.nz, University of Waikato, Private Bag 3105, Hamilton 3240). This research project has been approved by this Ethics Committee.

Researcher's contact details: **Supervisor**
Yue "Amy" Liu   Kellie McNeill
yl400@students.waikato.ac.nz   Lecturer
021 0481 786   kelliem@waikato.ac.nz
                                           Ph: 07 838 4908

Appendix VII: Chapter Four Table one: Achieving recognition as profession

State Sector Organisations	NZNC: Standards of education Body of knowledge, set of values, and self-regulating 1st country recognizing and regulating The MOH: Long history of recognition nursing by the state 1st country that nurses have achieved recognition as a profession Always considered being an important part of health system The status of nursing has approved regarding by the government recognising Waikato DHB: In late 1970s nursing starting to recognise itself Nursing education move into the tertiary sector Nursing became a career
Educators	Massey University: Profession deciding that the entry should be at a higher level Tertiary education has made a big difference to the profession Nursing is self-regulating and has own council Victoria University: Continue to experience difficulties convincing people that nursing is profession Tertiary education is important to achieve professionalization and recognition AUT: NZ nursing was the 1st registered in the world and needed a tertiary level education qualification Having higher level perspectives of nursing, public perspectives of nursing Early 1970s nursing education move into tertiary level Higher qualification is necessary Nursing is science and art WINTEC: Society recognise nursing as a profession Increased education standards required within nursing since the 1970s The tertiary level education qualification is necessary
The trade union	NZNO: 1993, union developed its status, standards of practices, and code of ethics Union provides equal opportunity for nurses and health workers in the workforce Union have dual roles for the professionalization of nursing: as a union and professional side

Appendix VIII: Chapter Four Table Two: Gaining Professional Status

State Sector Organisations	NZNC: Setting scope of practice of nursing Having 'Code of Ethic' Having the nursing professional standard The MOH: The Nursing Organisation The MOH as the Govt. Department works with NZNO Having effective cooperation with the major nursing groups (incl. NZNC & NZNO) Waikato DHB: Nurses not just assistants to doctors Distinguish from Florence Nightingale It was important to distinguish between 'nurses' roles and 'doctors' roles
Educators	Massey University: Nursing education focus on professional ethics, social justice, and responsibility Providing accredited qualified qualifications/courses Victoria University: Teaching nurses about specialist-special skills in particular nursing area Teaching nurses to understand the wider health system Nurses have specialist knowledge, and this contributes to their professional status AUT: Providing tertiary level education: undergraduate and postgraduate Encouraging higher level degree training in order to open nurses' eyes, to whole new way of thinking and to whole new world Providing applied programmes in tertiary level qualification WINTEC: NZNC sets the standards for nursing education programmes to meet the required competencies Education has a focus on professionalization and meets the requirements for nurses as professionals
The trade union	NZNO: Actively involved in education and professional development Impacts on professional standards of nursing, working partnership with the MOH, health workplaces and other public sector organisations

Appendix IX: Chapter Five Table One: Threats and Challenges

State Sector Organisations	NZNC:
	Unregulated health workforce
	The MOH:
	Little opportunity for nursing involvement
	The management cuts all sorts of long term conditions
	Men have not been attracted into nursing because of the
	perception that it is a female profession
	Always facing new technology
	Waikato DHB:
	Unregulated health workforce
	Nursing as a target for administrators concerned with
	reducing public health expenditure
	Nursing is a female occupation
	Rivalry from doctors
Educators	Massey University:
	Rivalry from doctors
	Funding for nursing education and training
	Ageing workforce
	Nursing shortage
	Victoria University:
	Unregulated health workforce
	Female dominated occupation
	Nurses' jobs can be replaced by the technical machine
	Ageing workforce
	AUT:
	Female dominated occupation
	Rivalry from doctors
	WINTEC:
	Ageing workforce
	Nursing shortage
The trade union	NZNO:
	Unregulated health workforce

Appendix X: Chapter Five Table Two: Maintaining the professional status

State Sector Organisations	NZNC: Identity-knowing who you are Keep the profession working at high standard Knowledge as a key The state plays important role in maintaining the professional status of nursing Raising the public image of nursing The MOH: Knowledge as a key The government could promote nursing's professional status by changing some of the legislation Nurses can promote themselves through a lot of academic activities Waikato DHB: Enlarging the 'scopes of practice' Knowledge as a key
Educators	Massey University: Enlarging the 'scopes of practice' Requiring regular updating of programmes to make sure nursing students can renew the skills that apply in work Understanding nursing is a profession The nursing organisations and nurses' trade union have effective cooperation Victoria University: Good to be a profession group, and good to have debate about how nurses promote themselves as a profession AUT: Identity-knowing who you are Enlarging the 'scopes of practice' As many nurses as possible should be engaged professional organisations WINTEC: Regulation of nursing Needing high qualification
The trade union	NZNO: Looking at what the boundary is really like between the regulated nurses and the unregulated nurses Union plays an important role in providing opportunities that promote nurses' professional status