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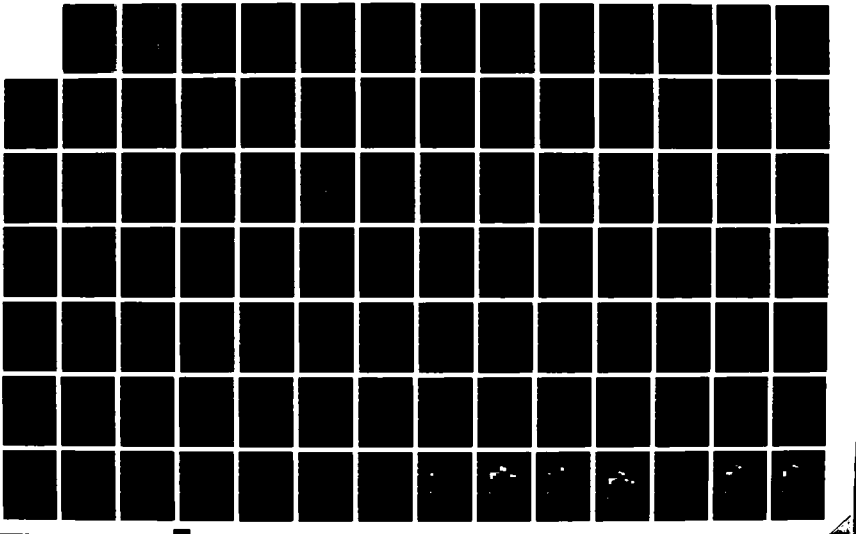

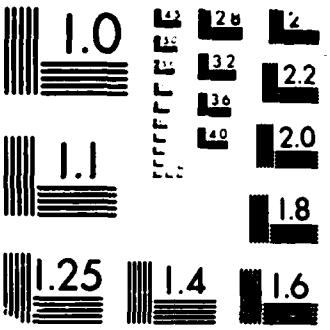

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A SURVEY OF PHYSICIANS ASSIGNED TO MADIGAN ARMY MEDICAL CENTER TO DETERMINE PERCEPTIONS OF THE ROLE OF THE PROFESSIONAL NURSE: DO THE PERCEPTIONS SUBSTANTIATE DOCUMENTED ELEMENTS CONTRIBUTING TO THE NURSING SHORTAGE?

A Problem Solving Project

Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Hospital Administration

By

Major Mary H. Lambert, ANC

April 1981

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The study examined the physician's perception of the professional nurse role and what possible causes could lead to a nursing shortage. Through a literature review and a physician questionnaire, critical relationships between the physician and the nurse indicate that nurses perceive an underutilizationn and a lack of job prestige or respect. The study concludes that physicians recognize inherent differences in licensure programs for a registered nurse and that the perceptions of a nurse is as a "handmaiden" and not as part of the clinical decision-making process. The study suggests a better definition of nursing capabilities and an orientation for the physician and the nurse in how the nurse's contributions can assist the physician. Keywords:

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If Nursing is to discharge its responsibility to society, the nature of nursing and its proper goals must be clearly understood. Sound education for nursing practice depends on clear definition of nursing practice, as does good licensing legislation. The status of nursing directly influences the quality and quantity of nursing care that is available to society.

Author, Unknown

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I would like to dedicate the efforts expended during this research endeavor to Carshal A. Burris, Jr., Colonel, MSC. His pervading influence throughout my Health Care Administration Residency was enlightening, thought provoking and continually instilled in me the desire to strive for the optimal educational experience and product.

In producing this paper I am grateful to Brigadier General Guthrie L. Turner, Jr., Commanding General of Madigan Army Medical Center, for support and endorsement of the project; to all the military physicians who participated in the survey for their comments and contributions to my educational process, which made this research effort possible; and to SFC D. Espinoza, NCOIC of the Learning Resource Laboratory at the Academy of Health Sciences, Fort Sam Houston, Texas, who selflessly devoted his time and expertise to provide the computer capability utilized in the analysis of this research study. Special recognition is given to Mrs. Elizabeth Pugsley for outstanding typing and editorial assistance, without which this paper would have proven to be significantly more arduous.

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CHAPTER I

INTRODUCTION

The Exodus From Nursing

Amidst the myriad of extrinsic and intrinsic factors which have contributed to the increasing complexities of adequate health care delivery is the emergence of yet another critical issue. If recruitment activities and newspaper advertisements are believable indicators, the health care industry finds itself today in the midst of an acute shortage of nurses. This is perhaps the most alarming scarcity situation since the 1940's.[1] Health care literature and other periodicals currently are replete with discussions of the nursing shortage. Published articles and studies address the issue from a multitude of diverse perspectives: Why do nurses leave the profession?; the importance of nurses' salaries; what measures may stem the turnover rates?; nurses' changing needs; fact sheets about nurses; educational trends in nursing; and research on the profile of the "all-American nurse," ad infinitum. Indeed, statistical surveys of health care facilities nationwide have validated the gravity of the shortage, spawning a proliferation of proposals, research and opinions which have flooded not only health care journals but also newspapers, "talk" shows, television news specials and virtually every other aspect of the news media.

While the issue is discussed and debates rage on, health care facilities have responded to the crisis engendered by the nursing shortage in a variety of ways. Their answers have been dependent upon, among other things, the availability of funds, administrative attitudes and perceptions, as well as the institution's particular urgency to fill vacant registered nurse positions. However, primary attempts at resolution of the problem would appear to be a visceral response, directed at short term alleviance of the staffing shortages. Personnel pools and recruitment agencies have availed themselves to this avenue of resolution and have emerged as flourishing enterprises in virtually every city in the country.[2] Although these supplemental staffing agencies answer certain needs of both the hospital and the nurse, many claim that continued reliance on agency personnel could be detrimental to the players as well as to patient care and staff morale.[3] Subsequently, the industry has been inundated by yet another frenzy of controversy surrounding this popular antitode to the shortage crisis.

For perhaps the first time in its history, the profession of nursing has garnered/demanded the interest and concern of other health care professionals on a national level. The practice of nursing has experienced profound expansion of its scope and methodology. The forces of technological advancement and impact have not only created, but also have demanded new dimensions in nursing practice. In a

fine effort to meet this challenge the nursing profession has sought higher educational standards, programs of quality assurance and proper utilization of the practitioners of nursing. Training has become much more rigorous and costly to the individual pursuing a nursing career. Higher educational standards are evidenced by more stringent admission requirements and grueling academic criterion. Professional nurses today have endured monetary, physical and emotional hardships to gain entrance into the profession. However, it is apparent that considerable confusion reigns with regard to academic preparation and subsequent utilization of nurses graduated from baccalaureate levels and higher. Ironically, despite efforts by factions of the profession to elevate the status of nursing and to enhance academic preparation, other members of the profession advise nurses to place minimal emphasis on their educational backgrounds and personal innovativeness when seeking job positions. Employers have indicated that they are not at all interested in, or place little priority on, these attributes.[4] In essence, the era of the nursing shortage would appear to coincide with a period in nursing's history that is witness to a tremendous evolutionary process within the nursing arena. It may be quite reasonable to question the potential of a causal relationship between the nursing shortage and the socialization process of today's nurse during his/her academic training. Past research would indicate that a

massive gap exists between the expectations of the student nurse and the stark reality encountered in the actual work environs.[5]

The controversy, discussion and research surrounding the issue continues to generate formidable amounts of data and, at the same time, health care institutions proceed to address the problem with topical solutions. There is an apparent reticence, on the part of physicians and administrators, to grapple with the sources of disillusionment which numerous research studies have brought to light. This hesitancy may, to some extent, be a function of the vague assertions of the research or indeed may be a denial of the reasons nurses claim for leaving the profession. In the final analysis, the gravity of the situation cannot be overstated. The facts are: a patient population which continues to rise, 5% in 1978; a 16% decrease in nursing school applications between 1977 and 1978; and a projected shortage of 100,000 nurses nationwide by 1982.[6]

Addressing the "Why" of the Nursing Shortage

Voluminous reports consistently cite several key factors as the primary grounds for registered nurse turnover rates in hospitals and withdrawal rates from nursing practice. Charges of responsibility for the 70% turnover and 50% withdrawal have been levelled primarily at Nurse Administrators, who are accused of ignoring management principles in their efforts to stem the flood of nurses resigning their practice.[7] At the same time, a majority of articles elect to

concentrate emphasis on inadequate salaries as a principal reason for the exodus. The dichotomy in these two assertions rests in the fact that, if indeed both are valid, the Nurse Administrator, in most cases, may only provide the input to the decision making process which rests primarily with a hospital administrator or physician director. The issue of salary compensation as the most significant reason for nurse attrition is, at best, debatable. Public school teachers are a notoriously underpaid group and yet their turnover rate is only 20% as compared to the 70% turnover rate for nurses.[8] Consistently, studies show that job performance and quality of patient care are higher priorities for nurses than the size of their paychecks. Nurses report that they are frustrated, shown little respect and, among other things, that they are underutilized and overworked.[9] Nurses are educated to make life and death decisions, yet are paid only half as well as supermarket checking clerks. American Hospital Association figures showed that the average salary of staff nurses in December 1978 was six dollars an hour as compared to grocery clerks, who averaged over eleven dollars an hour.[10] It is proposed that salaries are most certainly an issue but, based upon nurses' responses to multiple surveys, salary is not the number one cause for the current shortage. In actuality, low salaries may merely be a reflection of the real problem source: the professional status

and prestige which the registered nurse holds among other health care professionals.

In the process of addressing the causal agents driving the phenomenon of the nursing shortage, authors tend to dwell on those areas in which administration can most efficiently effect changes. Most commonly pursued areas for improvement, in addition to salary, are refresher courses, flexible scheduling and day care centers. In fact, there has been little demonstrated success with the implementation of these measures. That the measures lend themselves to management intervention is of little consolation for the current crisis shows no indication of diminishing in the near future.

It would appear that if the attrition of nurses from the profession is to be at least arrested and, hopefully, an influx nurtured, health care professionals must begin to address the sensitive issues which will not be so easily resolved. Nursing is a troubled profession presently in a state of evolution, marked by turmoil amongst the ranks of its members. One reason is that it has not achieved the status of other professions. There are strong philosophical cross-currents among its members: one group of nurses wants to be relieved from menial nursing tasks while other nurses want to be assigned all aspects of primary nursing care.[11] Of continuing concern is the evolution, status and role of nursing.

National polls of nurses consistently surface two factors which nurses claim feed their disillusionment and nurture tendencies to leave the profession: low prestige and lack of respect for their capabilities and contributions. A review of the literature substantiates that these claims are made; however, with the exception of a few random articles, the arena has received only fleeting attention. The key players impacting on these perceptions are the nurse, the administrator and the physician. The nurse has been surveyed, polled, studied and scrutinized in attempts to discern attitudes, perceptions and ultimate causes for the nursing shortage. Little, if any, attention has been directed to the latter groups, physicians and administrators, to determine if their attitudes and perceptions are accountable for or support the nurses' claims of job frustration and lack of respect. Undeniably, this is a sensitive subject for discussion and may account for the apparent lack of research pursued amongst these particular groups. At the same time, consideration must be given to substantial control and influence physicians and administrators wield over the nurse in the work environment. Their expectations and attitudinal tendencies will necessarily, by virtue of roles and responsibilities, have considerable impact on the nurses' perceived subjugation. As previously stated, random journal articles address doctor-nurse relationships, however, research does not begin to approach the volume of studies directed at nurses as separate entities.

Increased professionalism as a result of better education can cause unrealized expectations and conflicts that lead to turnover. Nurses report that they are developing a new awareness of themselves and of their value to society. This new awareness has affected nurses' thinking with regard to the role of "hand maiden," which traditionally has been required of them. Feelings of being in conflict with physicians or administrators and of being helpless to effect change, to expand roles or to have long-range career opportunities, are some of the factors that force nurses to leave jobs, they say.[12] Nurses are less willing to tolerate, on a full-time basis, having what they feel is a traditionally ineffective voice in making decisions that affect patient care. In particular, baccalaureate nurses provide a source of new ideas and professionalism that hospitals need. However, more baccalaureate nurses mean fewer nurses who are willing to work in hospitals under present conditions.

The question which must now be asked is: What exactly are physicians' attitudes and perceptions of the role of the professional nurse? The role of the professional nurse is the primary target here because it is the baccalaureate program of education which is the recipient of sanctions by national professional nursing organizations as the prerequisite for entrance into the practice of professional nursing. At the same time, baccalaureate nurses change jobs at three times the rate of associate degree nurses.[13] The physician population is the

chosen target group primarily because of their professional intimacy with the nursing profession and, further, by reason of the leverage they wield over the nurses' environs.

Are physician perceptions of the role of the professional nurse factors to be considered in validating nurses' primary reasons for disillusionment and retreat from their profession?

Statement of the Problem

The objective of this research will be to identify patterns in physician perceptions of the role of the professional nurse. Recent studies of nurses' intentions to leave an organization or the nursing profession consistently rank lack of job status/prestige as a primary cause.[14] This lack of status/prestige may or may not be valid in terms of the nurse/physician professional relationship.

The hypothesis is: physician perceptions of the role of the professional nurse reinforce the validity of nurses' claims that they are underutilized and that they lack respect and prestige.

Limitations and Assumptions

The limitations of this research project are:

1. The scope of this research is limited to physicians assigned to Madigan Army Medical Center.
2. This research addresses only the perceptions of military physicians.

3. This research does not address the scope of practice and perceived abilities of clinical nurse practitioners functioning in highly specialized, technical areas.

The assumptions of this research project are:

1. There is a direct relationship between nurses' perceptions of job status/prestige and utilization and professional relationships with physicians, the latter having tremendous impact on the former.
2. Perceptions of the physician population at Madigan Army Medical Center is representative of the perceptions of physician populations at other Army medical treatment facilities.
3. Physicians will respond with candor and on a timely basis to the questionnaire.

Review of the Literature

The nursing shortage has spawned numerous studies by behavioral scientists and nursing researchers to determine the causal factors impacting on staffing shortages. Previous references in this introduction bear witness to this fact. In particular, measurement of job satisfaction in relation to job performance among nurses has been the theme of innumerable studies. However, some researchers have noted that precise definitions and methods of measuring job satisfaction are

lacking in medical settings. Ensuing scales that measured relative importance of various components were then developed. The intent of job satisfaction studies has changed greatly since the early experiments of Frank Taylor, who assumed that job satisfaction was related completely to the amount of money earned.[15] It is, however, interesting to note that it is this presumably evident symptom of the nursing shortage, that of inadequate salaries, to which the hospital industry has applied a topical salve. It would appear, even to the casual observer, that the problem generating the nurse shortage may indeed be more evasive than poor salaries alone. An experiment in 1945, conducted by Elton Mayo, concluded that the most important determination of job satisfaction was group interaction: morale increased with a change in conditions.[16]

Other humanistic psychologists, e.g., Maslow and Herzberg, utilized a hierarchy of human needs in determining elements of job satisfaction attainment. Maslow's need hierarchy has been criticized as representing the exclusive value system of the upwardly mobile society members. Herzberg has been similarly criticized for presenting a division of needs which cannot be applied to all job situations.[17] However, the value of these theories cannot be entirely negated for they have included a comprehensiveness of needs and further, they have suggested that to motivate a worker successfully, rewards must be linked to needs which are most desirable and least attainable.

A significant weakness of job satisfaction studies is that they have failed to pinpoint needs which would predict satisfaction in all jobs, and as a result, a tremendous amount of empirical data has been generated, little of which can be generalized to improve theories. Often job satisfaction studies have focused on those areas which are easiest to change by management and easiest to measure, such as physical conditions, hours, wages and fringe benefits. Have not these surveys missed basic areas of satisfaction in failing to measure all of the needs in Maslow's hierarchy?

Within the health field, nurses have been studied with more frequency than any other group. The job satisfaction studies of this group have considered satisfaction in relation to turnover rate, unionization and the theories of Herzberg and Maslow to determine if they applied to this group of professionals. Personality studies have also been conducted to determine what type of person is attracted to nursing as a profession.[18] Several components of job satisfaction in the nursing profession have surfaced repeatedly in numerous studies. Among these are pay, autonomy, task requirements and job prestige or status.[19] Of these, job status/prestige has been an integral component in virtually every study reviewed in this research effort.

The practical rationale for examining job satisfaction remains based upon the assumption that a satisfied worker will in fact produce more. Although the health field is not devoid of job satisfaction

research, most has concerned hospital employed nurses and has had a productivity related emphasis. Several studies have addressed turnover rates and correlations between personality and composition of jobs.[20] These studies have provided intriguing insights into some of the motivations of this specific group of health care providers. However, with the advent of the ever-expanding shortage of working nurses, these studies provide minimal insight into the root of the problems which are generating an exodus of nurses from the profession.

It is suggested that the evolvement of nursing into a demanding and specialized profession, coupled with the need for nurses to achieve job status/prestige, may indeed be integral to the disillusionment and subsequent departure from the profession, which is now a well documented phenomenon. It is imperative, in order to address the dilemma created by the current shortage of working nurses, that the underlying causes be more clearly delineated, described and researched.

Essentially, this is an apparently new approach to research addressing the critical shortage of employed professional nurses. This problem solving paper is isolating one component of the multiple reasons previous research has indicated as partially responsible for the current crisis in nursing. Accordingly, the bulk of available literature relevant to the subject is research which addresses the problem in generalities rather than specifics. By and large, accomplishment of the proposed project itself will require extensive

application of research techniques and methodologies. It is further anticipated that the analysis and subsequent findings generated by this research will shed new perspectives on the nursing shortage.

Research Objectives and Methodology

The objectives of this research have been alluded to during this introduction but are appropriately delineated at this juncture.

1. Identify patterns in the physicians' perceptions of the role of the professional nurse.
2. Identify variances among physicians with regard to perceptions and values of the educational processes of professional nurses.
3. Identify variances among physicians with regard to roles perceived as appropriate for professional nurses.
4. Identify variances among physicians based upon specialty, status (e.g., staff, resident, intern) and years in service.
5. Identify variances between responses to pre-selected pairs of questions.
6. Construct a valid data collection tool in the form of a questionnaire.

Preparation and Dissemination of the Data Collection Instrument

The data collection tool utilized was a questionnaire which was constructed using information derived from interview data gathered from ten Army Nurse Corps officers. A copy of this survey is provided at Appendix B. In addition, five administrative residents were asked to review the questionnaire and to make suggestions about the clarity of the items and instructions. After revision, based on these answers and suggestions, the questionnaire was prepared in final format. Part One of the survey elicits specific demographic data in order to classify respondents according to age, specialty, sex and educational status. The data requested was limited to generalities in order to protect the anonymity of the respondents. Part Two of the survey consisted of ten statements which addressed physician perceptions of the educational process and potential of the professional nurse. Part Three of the survey consisted of twenty questions which addressed physician perceptions of the role of the professional nurse, to include position and status.

The questionnaire, along with an explanatory cover letter, was individually addressed and sent to each physician assigned to Madigan Army Medical Center. Civilian physicians employed at the Center were not included in this survey. Tedious efforts were undertaken to insure that each physician received the questionnaire. Interns received their questionnaires through their mail boxes. Staff, Fellows and

residents received questionnaires through the Service to which they were assigned at the time the survey was conducted. The Commanding General, Chief of Professional Services and all department chiefs were briefed on the project and their support solicited. Fourteen days were allowed between distribution of the survey and the suspense date for reply. A total of 282 questionnaires were disseminated.

Coding and Analysis of Data

Upon receipt of the completed questionnaire, each variable was assigned a code number to be utilized in the preparation of data cards for the computerized analysis. A synopsis of these codes is provided in Appendix C, to which the reader will frequently be referred. The coded data was forwarded to the Learning Resource Lab at the Academy of Health Sciences, Fort Sam Houston, Texas. The parameters were defined for statistical analysis, utilizing the Statistical Package for the Social Sciences (SPSSH).

Histograms and multi-dimensional cells will be employed to display descriptive statistics of the population survey as well as responses to each survey question. Cross tabulations were performed on responses to pre-selected questions. Responses to key paired questions were compared and responses were further categorized by demographic variables in order to indicate variances in perceptions among different groups. In the analysis, Agree and Strongly Agree responses will consistently indicate positive perceptions and attitudes.

Criteria for Analysis

The criteria of analysis will be:

1. Validity of the measurement process will be confirmed if the number of returned questionnaires represents greater than fifty percent of the population. A desired response rate of greater than fifty percent, or 139 responses, was judged to be an adequate return in recognition of the time constraints of the physicians.
2. Respondents to the questionnaire must have completed the biographical information section in order for the questionnaire to be included in the analysis. Determination of variances will be dependent upon the information derived from this data.
3. The format of the questionnaire allows for respondents to reply to all statements. Thus, questionnaires returned with only demographic data and no responses in part two and part three will not qualify for inclusion in the research analysis.

The data generated by the survey will be presented in a sequential format following the structure of the questionnaire. Subsequent to an individual analysis of each question, cross tabulations and group variances will be addressed, as appropriate.

The following pages comprise the survey analysis. The reader is referred to Appendix D, in which hypothesis tests for selected items of information appear. The statistical test utilized to support dependence or independence of variables was the Chi square test at a level of significance of 0.05. The summary table in Appendix D lists all hypothesis tests which were utilized. The remainder of that Appendix is composed of the actual printouts from the computer used in the statistical testing, and correspond to the hypothesis in the summary table.

The transition from planning to doing
separates the ideologist from the empiricist.

-- *Anonymous*

CHAPTER II

DISCUSSION

A total of 282 questionnaires were distributed, one for each military physician assigned to Madigan Army Medical Center. A total of n = 156 responses were returned by the designated suspense date. These 156 responses comprise the data which was analyzed in this research effort. Further, the returned surveys represented 55 percent of the population, which satisfies the first criterion for analysis as proposed in the research methodology. The raw percentage is improved if the nineteen physicians on temporary duty, leave status, or who are no longer assigned are subtracted from the original N = 282. The questionnaires returned now represent 59 percent of the corrected population available for survey. It should also be noted that twenty-four surveys were received after the suspense date. It was impossible to include these in the analysis due to time and distance constraints encountered in the use of out-of-state computer assistance. However, the import of the fact that 68 percent of all physicians contacted did respond cannot be overstated.

Characteristics of Respondents

A number of background characteristics were included at the beginning of each questionnaire to permit the classification of the

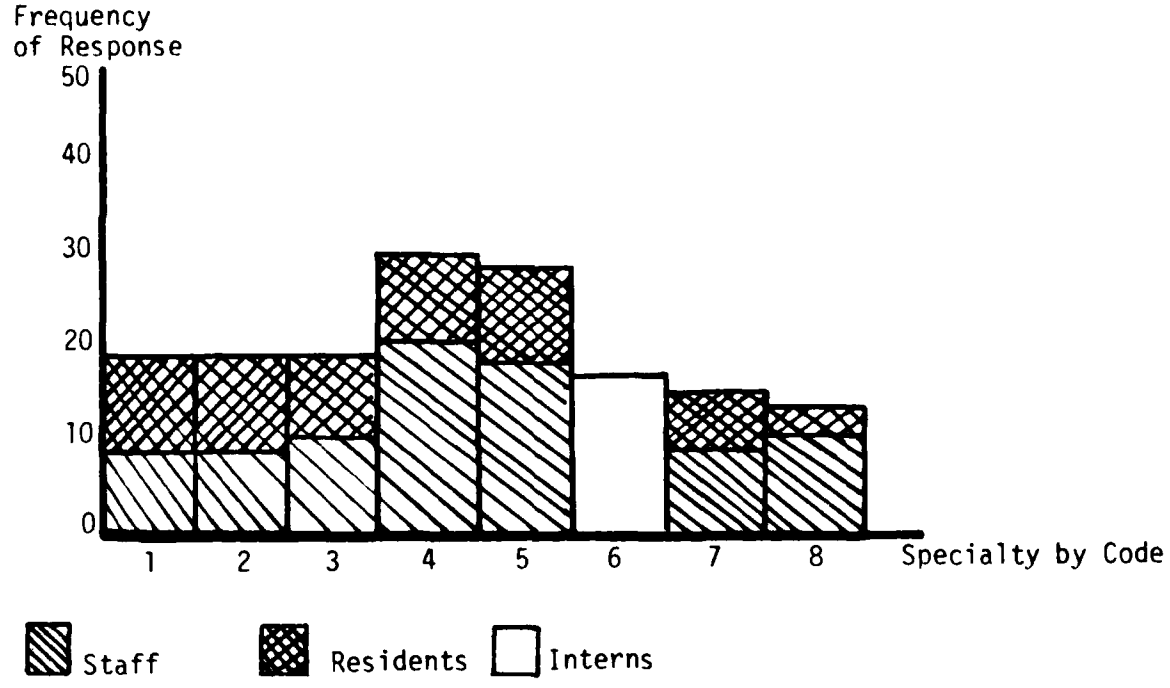
respondents on a number of independent variables. The average respondent is between thirty and thirty-five years of age, is a member of the staff, has less than six years experience in the military service, is male, and has not worked in the civilian community. Physicians in a fellowship status have been included in staff statistics. Table 1 presents the background traits of the physician respondents studied.

TABLE 1

CHARACTERISTICS OF RESPONDENTS:
STAFF VERSUS RESIDENTS AND INTERNS

Characteristics	Staff	Residents	Interns
No. of Respondents	84	55	17
No. of Potential Respondents	122	117	43
Percent of Usable Responses	68.8	47.0	39.5
Percent of Respondents by Position	53.8	35.3	10.9
Median Yrs of Birth	1941-45	1951-after	1951-after
Years in Service	10-12	0-3	0-3
Percent of Respondents With Civilian Experience	47.6	20.0	0
Percent of Respondents Who are Male	94.0	96.4	100

A frequency distribution is utilized to portray the number of respondents by specialty. The majority of respondents (36%) belong to the Departments of Medicine and Surgery. Major specialties are indicated as separate entities. Specialties comprised of less than eight physicians were grouped under the category of "other." Specialties which evidenced a response rate less than 35% were also included in the "other" category. Figure 1 provides a display of this data. (See Appendix C for interpretation of Data Codes.)



Kertosis = - 0.955

Skewness = 0.066

A normal distribution is evidenced for this variable.

Fig. 1--Frequency Distribution of Respondents by Specialty

The survey distribution was careful to include all physicians in order that various target groups would be embraced. The afore-referenced characteristics indicate that the survey results should not be significantly influenced by one one professional orientation or position. In this regard, the actual analysis of certain items within the survey demonstrates the inflections of responses to various questions that differing socialization processes exert upon individual perceptions.

Perceptions of Academic Training & Potential

To establish a basic frame of reference as to the actual knowledge and perceived value/potential of the nurses' educational process, physicians were asked to agree or disagree with ten statements in Part Two of the survey. The following discussion presents a summary of the findings for each statement, to include a composite analysis.

Table 2 provides a display of the responses to Statement One in Part Two of the survey.

TABLE 2

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: THE COURSE OF STUDIES VARIES WITH DIFFERENT LEVELS OF EDUCATIONAL PROGRAMS FOR NURSING

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	4.7	1.8	0
Agree	91.4	90.9	94.1
Disagree	3.9	7.3	5.9

As is clearly shown, a majority of the respondents indicate a distinct perception that educational training does vary between the different types of nursing programs (e.g., BSN, Diploma and ADN). A Chi square of 4.32 and a significance of 0.63 indicates that there is not a relationship between the response to this statement and the position of the physicians responding, e.g., staff, resident, intern. The aggregate of respondents, 94%, agreed with the statement.

Table 3 provides a display of the responses to Statement Two in Part Two of the survey.

TABLE 3

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: NURSES GRADUATED FROM BACCALAUREATE PROGRAMS IN NURSING ARE BETTER PREPARED TO MAKE CLINICAL ASSESSMENTS OF A PATIENT'S STATUS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	3.6	3.6	11.8
Agree	41.6	34.6	58.8
Disagree	54.8	61.8	29.4

In the aggregate, 54% of the physicians disagreed with the statement, 41% agreed and 5% expressed no response. This data is in contrast to the overwhelming majority (94%) who agreed with Statement One, that there is a difference in educational preparation. Despite this

response, the physicians now indicate that regardless of these differences, Baccalaureate nurses are not necessarily better prepared for the functional setting. A Chi square of 8.90 and a significance of 0.17 again indicates no relationship between the responses and the physicians' position.

Table 4 provides a display of the responses to Statement Three in Part Two of the survey.

TABLE 4

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: THE DEGREE OF RESPONSIBILITY A NURSE ASSUMES SHOULD BE DIRECTLY PROPORTIONATE TO HIS/HER ACADEMIC PREPARATION

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	0	0	0
Agree	42.8	49.1	41.2
Disagree	57.2	50.9	58.8

As previously stated, physicians indicated a recognition that there are variances in nurses' educational programs. The majority of responses to this statement imply that there is no perceived need for a relationship between educational preparation and roles which nurses assume. A total of 55% of the surveyed population disagreed with the statement. It is important to note that no distinct conclusions

may be drawn, only the perceptions of the simple majority stated. A chi square of 2.00 and significance of 0.517 indicates there is no relationship between the responses and the physicians' position.

Table 5 provides a display of the responses to Statement Four in Part Two.

TABLE 5

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: AN INDIVIDUAL WITH A BACCALAUREATE DEGREE IN NURSING IS TRAINED TO FUNCTION AS PROFICIENTLY IN THE CLINICAL AREA AS IN MANAGEMENT POSITIONS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	2.4	5.4	11.8
Agree	42.9	36.4	52.9
Disagree	54.7	58.2	35.3

Again, the population surveyed is nearly equally divided on this point, with 55% disagreeing with the statement. Once again the Chi square analysis shows no relationship between the response and the position held by the physician. Chi square = 7.95 and significance - 0.24.

Table 6 affords a display of the responses to Statement Five in Part Two of the survey.

TABLE 6

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: RECOMMENDATIONS FROM NURSES, WITH RESPECT TO A PATIENT'S TREATMENT REGIME, SHOULD BE SOLICITED AND CONSIDERED BY THE PHYSICIAN

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	0	1.8	0
Agree	86.9	83.6	82.4
Disagree	13.1	14.5	17.6

A total of 85% of all respondents indicated that recommendations should be solicited from nurses with respect to the patients' treatment regime. A Chi square of 2.11 and significance of 0.90 once again indicates that no relationship exists between the physicians' position and his response.

Table 7 provides a display of the responses to Statement Six in Part Two of the survey.

TABLE 7

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: DURING THEIR EDUCATIONAL PROCESS NURSES ARE TAUGHT TO INTEGRATE KNOWLEDGE OF PATHOPHYSIOLOGY WITH ACTUAL ASSESSMENTS AND COURSES OF ACTION IN THE PATIENT CARE SETTING

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	2.4	5.5	17.6
Agree	84.5	74.5	76.5
Disagree	13.1	20.0	5.9

A total of 85% of all respondents indicated they agreed that nurses' educational processes were grounded in theory and reinforced with clinical application. A Chi square of 13.18 and significance of 0.04 indicate a strong relationship exists between the position of the respondent and his/her response. Staff members, with more experience, exhibit a more positive response which would indicate a greater degree of familiarity with nurses' educational preparation. This response is supportive of the responses to Question 5 in Part Two, which was previously addressed. It is interesting to note that a larger percentage of staff physicians express agreement than do residents and interns. This may be a function of the "student" status of the residents and interns and how they perceive the utilization or function of the nurse relative to their own position. This may also be utilized as an indicator of the degree of reliance a physician may vest in a nurse. It may be appropriate to assume a staff physician has learned to rely upon nurses in more arenas than have the younger, less experienced interns and residents.

Table 8 provides a display of the responses to Statement Seven in Part Two of the survey.

TABLE 8

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION,
TO THE STATEMENT: NURSES ARE NOT MERELY TECHNICIANS
BUT RATHER THEY MUST EFFECTIVELY COMBINE TECHNICAL CAPABILITIES
WITH THEORETICAL KNOWLEDGE IN ORDER TO PERFORM EFFICIENTLY

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	0	0	0
Agree	97.6	92.7	94.1
Disagree	2.4	7.3	5.9

The majority of respondents, 95%, indicated agreement with the premise that nurses are not merely technicians. This is 10% more than those physicians who believe pathophysiology is a substantial component of the educational process. It would be logical to assume a correlation between the response to Statement 6 and Statement 7. In actuality, however, more respondents agreed with Statement 7 than with Statement 6. A Chi square of 2.05 and significance of 0.56 indicates no strength of relationship between position and response.

Table 9 provides a display of the responses to Statement Eight in Part Two of the survey.

TABLE 9

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: IT IS APPROPRIATE FOR A NURSE TO QUESTION A PHYSICIAN'S CHOICE OF TREATMENT MODALITIES IN CASES WHERE THE NURSE BELIEVES THE TREATMENT MAY BE DETRIMENTAL TO THE PATIENT

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	2.4	0	0
Agree	95.2	92.7	100
Disagree	2.4	7.3	0

In the aggregate, 95% of all physicians surveyed expressed agreement, indicating they feel it is appropriate for nurses to question treatment modalities. This is 10% more than the number who felt comments and recommendations should be solicited from nurses. Chi square analysis shows no relationship between response and position.

Table 10 gives a display of the responses to Statement Nine in Part Two of the survey.

TABLE 10

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: THE EDUCATIONAL PROCESS FOR NURSES HAS INCREASED WITH RESPECT TO DEPTH, SCOPE AND COMPLEXITY OF ACADEMIC PREPARATION. THE NEW NURSE IS MORE APPROPRIATELY CONSIDERED AS A COLLEAGUE RATHER THAN HANDMAIDEN TO THE PHYSICIAN.

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	4.8	7.3	5.9
Agree	71.4	76.4	70.6
Disagree	23.8	16.3	23.5

Only 73% of the aggregate survey population agreed with this statement. Numerous physicians expressed reservations about the use of the term 'colleague' while others denied that nurses had ever been handmaidens to the physicians. It is the perception of this researcher that a significant number of physicians agreed to the statement with evidential reservations. A Chi square of 9.86 and significance of 0.13 do not evidence strength of relationship between position and response.

Table 11 provides a display of the responses to Statement Ten in Part Two of the survey.

TABLE 11

PERCENTAGE OF RESPONSES, BY PHYSICIAN POSITION, TO THE STATEMENT: NURSES, BY VIRTUE OF THEIR EDUCATION, ARE COMPETENT TO MAKE CLINICAL ASSESSMENTS AND PURSUE APPROPRIATE COURSES OF ACTION IN PATIENT CARE

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	7.1	5.5	11.8
Agree	50.0	61.8	64.7
Disagree	42.9	32.7	23.5

In the aggregate, 56% agreed and 7% chose not to answer. The ambiguity of the question is acquiesced, and no conclusions are drawn on this point. Physicians' comments on the survey forms confirm the decision to invalidate this statement.

Analysis and Summary

Failure to recognize inherent differences in the Diploma, Associate Degree and Baccalaureate Nursing Programs has precipitated difficulty in establishing appropriate expectations of the registered nurse.[21] Hence, there is a proposed correlation in failure to acknowledge differences and nurses' claims of misutilization, underutilization and dissatisfaction, as referenced earlier. In this research study, physicians overwhelmingly (94%) agreed that differences in the programs of educational preparation do exist. However, this recognition is strongly tempered by responses to more specific statements regarding nurses' education at the

Baccalaureate level. Despite agreement that differences exist between the two, three and four year programs, 54% felt that 4-year programs did not better prepare nurses for functional expertise in the clinical arena. Further, 55% did not feel that the educational background of the nurse should be correlated with the responsibility he/she assumes. In addition, 55% did not feel that four year nursing programs trained nurses to function in management positions. In fact, four year programs address leadership and management principles, to include the skills necessary to coordinate patient care services, and community health nursing, which requires independent actions and responsibilities.[22]

Another facet of this component of the survey sought to establish physicians' perceptions with respect to the nurses' educational background in pathophysiology, theoretic knowledge and supportive clinical skills. A total of 85% of the respondents indicated they believed the nurses' educational process included integration of pathophysiology with clinical assessment. Also, 95% agreed that this theoretical knowledge elevated the nurse above the level of a technician. In contrast, only 56% felt the nurse was competent to make clinical assessments. There was strong agreement, (85%) among physicians surveyed that comments and recommendations should be solicited. Further, 95% of the physicians felt that it was appropriate for nurses to question a physician's order for patient treatment. It is particularly interesting to note that nearly two-thirds of all respondents qualified their agreement on these latter two points.

Comments such as: "if the nurse is discreet, it's okay;" "if she is polite I'll be receptive;" "as long as the patient doesn't hear;" were frequent annotations to the survey forms.

Finally, physicians were queried with regard to the role of the nurse as a colleague versus that of handmaiden. Fully 27% felt that the term 'handmaiden' was more appropriate. The 73% who elected the term 'colleague' as more characteristic often qualified their choice by questioning the meaning of the word colleague, for "certainly nurses should not be elevated to the same position of import as the physician," a quote from one survey. Webster defines colleague as "an associate in a profession..." and further, associate is defined as "...a fellow worker." The astute observer may be drawn to the strong possibility of a correlation between the physician's perceptions of the professional relationship between nurses and physicians and nurses' claims of lack of status/prestige.

Perceptions of The Nurses' Role

In 1978 Louis F. Nelson conducted a study on the perception of competencies by baccalaureate, diploma and associate degree graduates in technical, communicative and administrative skills.[23] Nelson's findings suggest that each group perceived their degree of competency differently. Furthermore, Nelson expressed concern that employees of beginning practitioners need to have a realistic concept of the abilities of graduates of each type of program.

A search of the literature reveals no studies of physicians which address perceptions of nurses' roles, competency and administrative skills. Part Three of this research is designed to assess/determine these perceptions. The physician works more intimately with nurses in the clinical arena than do any other health care professionals. Thus, it would follow that their perception of the nurse and nursing roles would have direct influence on the status/prestige which nurses are accorded.

This portion of the discussion will address the responses of physicians to the twenty statements presented in Part Three of the survey. Table 12 provides a display of responses to Statement One in Part Three.

TABLE 12

PERCENTAGE OF RESPONDENTS INDICATING
THE PROFESSIONAL NURSE IS PREPARED TO MAKE INDEPENDENT
CLINICAL ASSESSMENTS OF A PATIENT'S STATUS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	3.6	0	5.9
Strongly Disagree	6.0	10.9	0
Disagree	20.2	12.7	0
Neutral	14.3	23.6	23.5
Agree	40.4	45.5	70.6
Strongly Agree	15.4	7.3	0

The responses to this statement are particularly interesting when compared to Statement Two in Part Two. The single difference in the statements is the use of the term 'baccalaureate' in the former, and 'professional' in the latter. Staff physicians' responses indicated that 55% disagreed that Baccalaureate Nurses were better prepared to make clinical patient assessments, while only 26% disagreed that professional nurses are prepared to make the same assessments. Inclusion of those who did not answer and those who are neutral still reflects that only 44% disagreed with this statement, 14% less than the number that disagreed to the statement in Part Two. Of the residents, 62% disagreed in Part Two of the survey, while only 23.6% disagreed with the same statement in Part Three; inclusion of the neutral responses raises the percentage to 47%, still considerably less than previously indicated. Interns' responses display the same phenomenon, with 70% agreeing to the statement in Part Three, while only 59% agreed with the same statement in Part Two. There would appear to be a resistance to acknowledge that the Baccalaureate Nurse is better prepared. The term 'professional' may not be perceived as equating with 'baccalaureate'.

A Chi square of 25 and a significance of .04 indicate a strong relationship between physician response and position. The greatest shift in perception occurred among interns, followed by residents and then staff.

In Statement Two of Part Three, statistical analysis revealed no strength of relationship between the physicians' response and his or her position. Table 13 presents the responses to this statement.

TABLE 13

PERCENTAGE OF RESPONSES INDICATING
PHYSICIANS' PERCEPTIONS OF BACCALAUREATE NURSES'
PREPARATION TO TAKE INDEPENDENT ACTIONS IN EMERGENCIES

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	3.5	0	0
Strongly Disagree	7.1	9.1	5.9
Disagree	22.6	18.2	17.6
Neutral	28.6	27.3	41.2
Agree	33.3	36.3	29.4
Strongly Agree	4.9	9.1	5.9

No conclusions are drawn with regard to responses to this statement, based upon the fact that 30% of the respondents chose to remain neutral in their answers. This large neutral response lends little credibility as to the validity of the statement.

Statement Three in Part Three of the survey seeks to ascertain physicians' perceptions of the value of the nurses' input to the treatment regimes of patients under their care. Table 14 provides a display of the responses to this statement.

TABLE 14

PERCENTAGE OF RESPONSES INDICATING
WHETHER PHYSICIANS AGREE/DISAGREE THAT THE OBSERVATIONS
AND SUGGESTIONS OF PROFESSIONAL NURSES ARE VALUABLE
IN THE TREATMENT OF PATIENTS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	3.6	0	0
Strongly Disagree	2.4	3.6	0
Disagree	10.7	5.5	0
Neutral	9.5	10.9	23.5
Agree	41.7	38.2	23.5
Strongly Agree	32.1	41.8	52.9

A Chi square of 38.36 and a significance of 0.008 indicates a strong relationship between responses and physicians' positions. Responses indicate that interns place more value on a nurses observations and suggestions than do residents and staff. Residents tend to value nurses' input more than staff. This trend may represent the increasing independence the physician experiences as he/she gains experience and knowledge.

Statement Four in Part Three addresses the nurse's ability to assume progressively more responsible roles in administration and in clinical areas. Table 15 presents a display of responses to this statement.

TABLE 15

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE
THAT PROFESSIONAL NURSES ARE ACADEMICALLY PREPARED
TO ASSUME PROGRESSIVELY MORE RESPONSIBLE POSITIONS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	3.6	0	0
Strongly Disagree	2.4	1.8	0
Disagree	14.2	16.4	5.9
Neutral	27.4	40.0	29.4
Agree	38.1	32.7	41.2
Strongly Agree	14.3	9.1	23.5

A significant number of neutral responses (32%) indicate that the validity of this statement may be questionable. Thus, the determination is made that no conclusions will be drawn with regard to this statement. Chi square analysis does support a strong relationship between responses and physicians' positions. Chi square = 30.929; significance = 0.009.

Statement Five in Part Three speaks to the membership of the Chief Nurse on the Hospital Executive Committee, based on his/her key role in the medical treatment facility. This question is theoretical in nature. Health Services Command regulations require that the Director of Nursing be a member of the Executive Committee.[24] It is perceived by the researcher that this is a valid area to explore

despite Department of the Army policies which alleviate discussion of the issue. Table 16 provides a display of responses to this statement.

TABLE 16

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE
THAT THE CHIEF NURSE SHOULD BE A MEMBER OF THE EXECUTIVE COMMITTEE

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	1.2	1.8	0
Strongly Disagree	6.0	3.6	0
Disagree	6.0	10.9	0
Neutral	15.4	23.6	29.4
Agree	27.4	32.7	29.4
Strongly Agree	44.0	27.3	41.2

A Chi square of 15.6 and significance of .41 do not indicate a strong relationship between responses to this statement and the physicians' positions. In the aggregate, 68% of all respondents expressed that they agreed or strongly agreed with the statement. Of concern are the 20% who were neutral and the 13% who disagreed to some extent. One would expect a decidedly positive reaction to this statement, given that the respondent possessed a functional knowledge of the role and responsibilities of the Chief Nurse. Residents tended to express less agreement with the statement than did staff or interns.

Statement Six in Part Three attempted to discern whether physicians perceived working relationships with nurses as critical to the delivery of patient care. Table 17 reflects the responses of physicians to this statement.

TABLE 17

PERCENTAGE OF RESPONDENTS WHO AGREE
THAT THE PHYSICIANS' WORKING RELATIONSHIP WITH NURSES
IS A CRITICAL FACTOR IN PATIENT CARE

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	0	1.8	0
Strongly Disagree	0	0	0
Disagree	2.4	7.3	5.9
Neutral	10.7	9.1	11.8
Agree	39.3	25.5	29.4
Strongly Agree	46.4	56.4	52.9

A Chi square of 12.82 and significance of 0.616 show no strength of relationship between response and position. In the aggregate 84% of all respondents indicate that they agree working relationships with nurses are critical to the delivery of patient care.

Statement Seven in Part Three queries physicians as to the status of nurses as equal 'partners' on the patient care team. Table 18 reflects the responses to this statement.

TABLE 18

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE NURSES SHOULD BE CONSIDERED EQUAL PARTNERS ON THE PATIENT CARE TEAM

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	2.4	0	0
Strongly Disagree	13.1	12.7	11.8
Disagree	25.0	25.5	23.5
Neutral	4.7	10.9	17.6
Agree	26.2	30.9	17.6
Strongly Agree	28.6	20.0	29.4

Physicians exhibit a slight tendency to favor nurses as equal partners with 52% responding positively and 38% electing negative responses. Only 8% of the respondents were neutral on the issue, these primarily being interns. A Chi square of 18.2 and significance of 0.25 indicates no strength of relationship between position and response.

Statement Eight in Part Three makes inquiry into the professional recognition nurses have achieved and whether physicians feel the recognition is adequate and deserved. Table 19 presents the responses to this statement.

TABLE 19

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE
THAT NURSES HAVE NOT ACHIEVED THE
PROFESSIONAL RECOGNITION THEY DESERVE

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	1.2	0	0
Strongly Disagree	8.3	10.9	0
Disagree	15.4	21.8	17.6
Neutral	22.6	18.2	11.8
Agree	31.0	38.2	41.2
Strongly Agree	21.4	10.9	29.4

A simple majority of the physicians responding, 53%, agree that nurses have not achieved the professional recognition they deserve. However, 20% indicated they were not sure if nurses had achieved satisfactory acknowledgement for professional abilities. A Chi square of 15.10 and significance of 0.44 shows no significant relationship between response and position. It becomes intuitively obvious that the overwhelming majority of the respondents are not completely sympathetic to the plight of nurses, as previously referenced research presents the problem. Based on the wide publicity given the nursing shortage, inadequate salaries, etc., it may have been appropriate to expect stronger tendencies, pro or con, with respect to this statement.

Statement Nine in Part Three queries physicians with respect to the amount of professional independence permitted of the professional nurse. Table 20 provides a display of the responses to this statement.

TABLE 20

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE THAT A GREAT DEAL OF PROFESSIONAL DEPENDENCE IS PERMITTED OF THE NURSES WITH WHOM THEY WORK

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	3.6	1.8	0
Strongly Disagree	2.4	9.1	5.9
Disagree	14.2	14.5	17.6
Neutral	19.0	16.4	29.4
Agree	39.3	43.6	41.2
Strongly Agree	21.4	14.5	5.9

Again, a Chi square analysis shows no relationship between the physicians' responses and the positions they hold. The majority (58%) agree that a great deal of professional independence is permitted/ required of the professional nurses with whom they work. Fully 20% are undecided with regard to this statement. Chi square = 13.40; significance = 0.56.

Statement Ten takes the previous topic one step further and asks physicians if the professional independence permitted is appropriate. Table 21 indicates the responses to this statement.

TABLE 21

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE
THAT THE PROFESSIONAL INDEPENDENCE PERMITTED IS APPROPRIATE

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	3.6	1.8	0
Strongly Disagree	2.4	12.5	0
Disagree	13.1	16.4	23.5
Neutral	21.4	16.4	17.6
Agree	40.5	47.3	35.3
Strongly Agree	19.0	12.7	23.5

In accordance with the now established trend, a Chi square analysis does not support a relationship between the chosen responses and the physicians' positions. In the aggregate, 60% agree that the independence permitted of professional nurses is appropriate. 20% of the respondents remain undecided. Responses to this statement tend to mirror responses to the previous statement fairly closely, indicating a consistency in this perception.

Statement Eleven in Part Three requests physicians to indicate whether they perceive different professions mingling with each other. Table 22 presents the responses to this statement.

TABLE 22

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE
THAT PERSONNEL FREQUENTLY MINGLE WITH OTHERS
OF DIFFERENT PROFESSIONS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	0	0	0
Strongly Disagree	9.5	0	0
Disagree	9.5	0	0
Neutral	28.6	0	17.6
Agree	35.7	87.5	64.7
Strongly Agree	16.7	12.5	17.6

In the aggregate 60% of all respondents agree that personnel of differing professions mingle with one another. 25% indicated neutral responses, primarily amongst staff members. The positive perception appears to be significantly stronger amongst residents and interns. A Chi square of 20.35 and significance of 0.06 would tend to support this observation, indicating a relationship between response and position.

Statement Twelve in Part Three asks physicians to indicate whether the expertise of the professional nurse enables them to deliver better patient care. Table 23 provides a display of the responses.

TABLE 23

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE THAT THE EXPERTISE OF NURSES ALLOWS DELIVERY OF BETTER PATIENT CARE

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	1.2	3.6	0
Strongly Disagree	0	9.1	0
Disagree	14.3	9.1	5.9
Neutral	20.2	14.5	29.4
Agree	36.9	40.0	47.1
Strongly Agree	27.4	23.6	17.6

20% of the respondents provided neutral responses to this statement, while 65% indicated agreement. There was a slight tendency for residents to respond negatively more frequently than staff or interns. A Chi square of 22.66 and significance of 0.09 indicate some strength of relationship between position and response.

Statement Thirteen in Part Three addresses physicians' perceptions of nursing support in critical/rused situations. Table 24 presents a display of the responses to this statement.

TABLE 24

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE
THAT NURSES DON'T HESITATE TO HELP
IN CRITICAL/RUSHED SITUATIONS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	0	0	0
Strongly Disagree	1.2	9.1	0
Disagree	3.6	7.3	11.8
Neutral	17.9	12.7	11.8
Agree	45.2	40.0	47.1
Strongly Agree	32.1	30.9	29.3

A Chi square of 12.97 and significance of 0.37 indicates no strength of relationship between the responses and the physicians' position. In the aggregate, 75% of all respondents agreed that nurses didn't hesitate to help in critical situations. Although perhaps not statistically significant, 25% perceived nurses as non-contributory in crisis situations. A provider in the patient care area must necessarily be concerned that one quarter of the respondents have provided negative feedback on this particular point. As members of the patient care team, nurses would be expected to exhibit a considerable degree of dismay at the negative perception. An evaluation of the validity of the perception may be most appropriate.

Statement Fourteen asks physicians if the pay and status of professional nurses is reasonable. Responses to this statement are presented in Table 25.

TABLE 25

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE
THAT THE PAY AND STATUS OF PROFESSIONAL NURSES IS REASONABLE

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	1.2	0	0
Strongly Disagree	4.8	12.7	0
Disagree	14.3	18.2	17.6
Neutral	22.6	34.5	23.5
Agree	39.3	20.0	41.2
Strongly Agree	17.8	14.5	17.6

In the aggregate, 49% of the respondents agree that the pay and status of professional nurses is not reasonable, considering the expectations demanded of them. However, 27% are neutral in their response! As compared to Statement Eight in Part Three, only 49% feel pay and status is not reasonable, while 53% agreed that nurses have not achieved the recognition they deserve. Despite the tremendous amount of literature addressing the subject, 27% of the respondents remain neutral on the issue! A Chi square of 13.53 and significance of 0.56 does not support a relationship between response and position.

Statement Fifteen queries respondents as to the teamwork and cooperation they perceive between physicians and nurses. Table 26 displays the responses to this statement.

TABLE 26

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE THAT THERE IS A GOOD DEAL OF TEAMWORK AND COOPERATION BETWEEN PHYSICIANS AND NURSES

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	1.2	3.6	0
Strongly Disagree	0	3.6	5.9
Disagree	6.0	16.4	5.9
Neutral	22.6	12.7	5.9
Agree	50.0	43.6	52.9
Strongly Agree	20.2	20.0	29.4

In the aggregate, 70% of all respondents agree that a significant amount of teamwork does exist between physicians and nurses. A Chi square of 22.99 and significance of 0.08 do not indicate a strong relationship between physician response and position. It is interesting to note that this statement elicited a more positive response than did Statement Twelve in Part Three. Although physicians agree there is a good deal of teamwork between themselves and nurses, fewer (60%) agreed that the contributions of the nurses allowed/enhanced delivery of better patient care.

Statement Sixteen in Part Three asks physicians if nurses should have the opportunity to participate in the administrative decision-making process. Table 27 presents a display of the responses to this statement.

TABLE 27

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE THAT NURSES SHOULD PARTICIPATE IN THE ADMINISTRATIVE DECISION-MAKING PROCESS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	2.4	3.6	0
Strongly Disagree	3.6	3.6	0
Disagree	4.6	3.6	5.9
Neutral	16.7	29.1	5.9
Agree	48.7	38.2	47.0
Strongly Agree	24.0	21.8	41.2

A Chi square of 11.14 and significance of 0.74 indicates that no relationship exists between the chosen responses and the physicians' positions. Of all respondents, 20% were neutral on this point, eliciting some doubt as to whether these physicians comprehend the large percentage of resources under the control of nursing personnel; 70% responded positively to the statement. Residents were more neutral on the issue than any other group, followed by staff physicians and interns.

Statement Seventeen proceeds to ask physicians if nurses should be involved in the clinical decision-making process. Responses to this statement are provided in Table 28.

TABLE 28

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE THAT NURSES SHOULD PARTICIPATE IN THE CLINICAL DECISION-MAKING PROCESS

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	1.2	1.8	0
Strongly Disagree	5.6	9.1	5.8
Disagree	12.0	9.1	0
Neutral	13.1	20.0	11.8
Agree	47.8	43.6	47.1
Strongly Agree	20.2	16.4	35.3

As compared to the previous statement, slightly fewer (67%) agree that nurses should be included in the clinical decision-making process. At the same time, only 15% elected a neutral stance as compared to 20% for the previous statement. Again, no relationship is established between response and position based upon a Chi square of 10.00 and significance of 0.81.

Statement Eighteen in Part Three requests physicians to indicate if they believe physicians understand and appreciate what the professional nursing staff does. Responses to this statement are displayed in Table 29.

TABLE 29

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE THAT PHYSICIANS UNDERSTAND AND APPRECIATE WHAT THE NURSING STAFF DOES

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	1.2	1.8	0
Strongly Disagree	4.7	5.5	5.9
Disagree	16.7	21.8	11.8
Neutral	31.0	27.3	23.5
Agree	35.8	40.0	41.2
Strongly Agree	10.7	3.6	17.6

A Chi square of 6.67 and significance of 0.96 indicates no relationship between position and response. In the aggregate, 23% of the respondents indicated they did not believe physicians understood and appreciated what the professional nursing staff does. In addition, 29% were not sure if they understood. These responses account for the simple majority or 52% of all respondents. This statement alone may cast doubt on the validity of physicians' perceptions if the

preponderance of physicians claim they don't know or are unsure of the professional nurse's role. It would appear that at least some perceptions are based on "feeling" rather than factual knowledge.

Statement Nineteen in Part Three asks physicians if nurses should be able to rely on physicians to "back them up" when they make decisions in the clinical arena. Table 30 provides a display of the responses to this statement.

TABLE 30

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE THAT NURSES SHOULD HAVE THE FREEDOM TO MAKE DECISIONS AND BE ABLE TO COUNT ON THE PHYSICIAN TO BACK THEM UP

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	4.7	3.6	11.8
Strongly Disagree	9.5	12.7	5.9
Disagree	15.5	21.8	17.6
Neutral	26.2	23.6	5.9
Agree	38.0	27.3	41.2
Strongly Agree	6.0	10.9	17.6

Based upon the fact that 23% of the respondents gave neutral responses to the statement, the validity of this statement is challenged. Further, 33% disagreed while 44% agreed with the issue. In the final analysis, any conclusions would not be well grounded.

The ambiguity of this statement is acquiesced. Chi square analysis indicates no strength of relationship between response and position.

Statement Twenty in Part Three queries physicians as to whether or not they agree with organizational structures which have elevated the position of Chief, Department of Nursing to an Associate Administrator position. Numerous civilian institutions have initiated this structural change due to the scope of responsibility this individual assumes. Control over a majority of the manpower resources, to include salary and budgets, represents a portion of the factors which have precipitated this change. Responses to Statement Twenty are displayed in Table 31.

TABLE 31

PERCENTAGE OF RESPONDENTS WHO AGREE/DISAGREE
THAT IT IS APPROPRIATE TO ELEVATE THE POSITION OF
CHIEF, DEPARTMENT OF NURSING TO AN ASSOCIATE ADMINISTRATOR LEVEL

RESPONSE	STAFF	RESIDENTS	INTERNS
No Response	3.5	3.6	0
Strongly Disagree	9.5	9.1	0
Disagree	10.7	9.1	5.9
Neutral	34.5	38.2	35.3
Agree	28.5	27.3	29.4
Strongly Agree	13.2	12.7	29.4

In the aggregate, 36% of all physicians responded that they were neutral or undecided with regard to the issue; 43% agreed that the escalation of the Chief Nurse in the organizational structure was appropriate. These responses are in contrast to Statement Five in Part Three, where 68% of the respondents agreed that the Chief Nurse should be a member of the Executive Committee, consequent to his/her expertise and unique input. It should be noted that in military settings the Chief Nurse is the only department chief mandated by regulation to sit on the Executive Committee.[24] Only 20% of the respondents were neutral to Statement Five as versus 36% who were neutral to this statement. The conclusion may be that the Chief Nurse should be utilized for support, input and expertise but not necessarily elevated in the hierarchy of the organization, despite the broad parameters of the position. A Chi square of 12.16 and significance of 0.66 indicate there is no relationship between response and position.

Summary and Analysis

This final segment of the survey sought to query physicians on their perceptions of nurses' roles, utilization of professional nurses, salaries, status and position. These are the primary issues which were addressed in the introductory remarks. National surveys as well as research and journal articles have consistently referenced these issues as precipitous factors in the nursing shortage. Analysis

of the responses from Part Three of the survey will be addressed in relation to these established factors.

In Statement Four of this section, 50% of all respondents indicated that they agreed that professional nurses are academically prepared to assume progressively more responsible positions in clinical and administrative areas. However, a significant number of respondents (32%) were unsure or neutral. In contrast, physicians responded more positively to Statements Sixteen and Seventeen, indicating nurses should have the opportunity to participate in both clinical and administrative decision-making processes. Fully 70% agreed with Statement Sixteen regarding involvement in administrative decisions, while 67% agreed with nurses' participation in clinical decisions. These responses would tend to support survey comments which clearly indicated physicians were hesitant to base judgements, perceptions or evaluations on a nurse's educational background. An often repeated comment on the survey which apparently echoes the thoughts of many physicians is that "The value of a nurse depends on experience, personality and ability to communicate -- not necessarily a four year degree." This perception would have tremendous impact on utilization and status of not only professional nurses but technical nurses as well, perhaps yielding the disillusionment and under/over utilization nurses disparage.

Physicians who feel they understand and appreciate what the professional nursing staff does represent only 47% of the survey population, and 29% claim they are not sure if they understand. In comparison, 27% are unsure if the pay and status of the professional nurse is reasonable, while 49% agree that it is. In contrast, 53% of the respondents believe nurses have not achieved the professional recognition they deserve. The data presented above would indicate that although the majority of physicians claim they either don't understand/appreciate what nurses do, fewer express hesitancy or indecision with regard to status, salary and recognition. In essence, opinions may be grounded less in factual knowledge and more in visceral perceptions.

Fully 85% of the respondent population agree that although the Chief Nurse is one of many department heads, this individual should be a member of the Executive Committee, which consists of the organization's hierarchy but does not necessarily include other department or service chiefs. However, only 43% of the respondents agreed that it was appropriate for the Chief Nurse's position to be elevated to the position of Associate Administrator. Traditionally, the Executive Committee exists to make command decisions in the arena of policy, planning and guidance. Physicians have acquiesced that the Chief Nurse brings a unique input to this arena, however, this does not equate to a positional alteration within the organization's hierarchy. The inference is made that this

may be correlated to nurses' complaints of low status and prestige, especially if the perception pervades all levels of the organization. There appears to be a trend among physicians to balk at nurses in administrative roles. Beyond the analysis provided thus far, numerous comments were added to the survey forms. Physicians observed: "if nurses want to be managers, let them get an M.B.A.;" "nurses should concentrate on being nurses;" and "nurses should only manage nurses." The difficulty here rests in the fact that at virtually every functional level nurses are responsible for managing resources: people, time and money. This begins at the level of team leader to the Head Nurse and upward through the organizational structure. The different educational programs prepare nurses at different levels to assume these responsibilities which are inherent to the "job" of being a nurse. Perhaps the negation or avoidance of the fact that nurses bear these responsibilities serves to reinforce the disillusionment nurses have expressed.

The differentiation and recognition of clinical abilities based upon educational background is surfaced again in responses to two statements in Part Three of the survey. A total of 56% of the physicians surveyed agreed that professional nurses are prepared to make independent clinical assessments of a patient's medical status. However, only 46% agreed that Baccalaureate programs prepare nurses to take independent actions. This phenomenon was addressed earlier in this discussion and apparently reflects a hesitancy for physicians to equate educational

background with clinical ability/expertise. Further pursuing the nurse's independence, 58% of the physicians surveyed agreed that a great deal of professional independence is permitted, if not required. Sixty percent of the respondents felt that the independence permitted was appropriate. These responses are in contrast to the 46% of respondents who previously indicated they did not understand or were uncertain of what professional nurses do. The subtle theme which threads its way through this analysis is the question of role identity.

The most positive assertions were found in the arena of the nurses' value to the health care team. Physicians (65%) agreed that the nurses' expertise enhances the delivery of patient care; 76% agreed that nursing observations and suffestions were important factors in determination of treatment regimes; 84% felt that the working relationship between physicians and nurses was critical to "good" patient care; and 75% agreed that nurses don't hesitate to assist in critical or rushed situations.

Physicians generally project a consensus of perception which indicates they value the nurse and the input provided by this individual to the patient care process. However, the perception may be described in terms of viewing the nurse as a support system. Fully 40% disagreed that a nurse should be considered as an equal partner on the patient care team. These perceptions are not in conflict with the traditional practice of nursing. The discord surfaces with the

evolution of a nursing practice in the throes of struggling to achieve a professional stature.

Cross-tabulations of Responses to Selected Statements

Several statements in Parts Two and Three of the survey were pre-selected for cross-tabulation of responses based upon the similarities inherent in the statements. Previous discussion has compared and contrasted responses in an attempt to enhance analysis. The process here will attempt to do the same. A Chi square test of independence/dependence has been performed on each cross-tabulation in order to determine if a relationship exists between the responses to the compared statements.

Table 32 compares the frequency of responses to Statements Two and Three in Part Two.

TABLE 32

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS ONE AND THREE IN PART TWO

		(Statement #3)	
		Agree	Disagree
(Statement #1)	No Response	3	2
	Agree	65	78
	Disagree	2	6

Chi square = 1.75 Significance = 0.414

No strength of relationship exists between the choice of response to Statement One and the choice of response to Statement Three. Physicians answered Statement Three independently of their response to Statement One. There is no relationship between their recognition of different levels of educational preparation and their perception of the need to delegate responsibility to nurses based on academic preparation.

Table 33 compares the frequency of responses to Statements Six and Seven in Part Two.

TABLE 33

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS SIX AND SEVEN IN PART TWO

		(Statement #7) Agree	Disagree
(Statement #6)	No Response	8	0
	Agree	122	3
	Disagree	19	14

Chi square = 10.58 Significance = 0.005

Statistical analysis confirms a relationship exists between the choice of response to Statement Six and choice of response to Statement Seven. Physicians who tended to agree that nurses are taught the theoretical aspects of pathophysiology also agreed that nurses are not merely technicians.

Table 34 compares the frequency of responses to Statements Five and Eight in Part Two.

TABLE 34

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS FIVE AND EIGHT IN PART TWO

		(Statement #8)		
		No Response	Agree	Disagree
(Statement #5)	No Response	0	1	0
	Agree	1	128	4
	Disagree	1	19	2

Chi square = 4.18 Significance = 0.3817

There is no established relationship between the choice responses to Statement Five and the response selected for Statement Eight. Whether or not a physician felt recommendations should be solicited from nurses had no bearing on whether he/she felt it was appropriate for nurses to question a physician's choice of treatment.

Table 35 compares the frequency of responses to Statements Three and Six in Part Three.

TABLE 35

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS THREE AND SIX IN PART THREE

	(Statement #6)					
(Statement #3)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	0	0	0	0	2	1
STRONGLY DISAGREE	0	0	1	0	1	2
DISAGREE	0	0	3	1	5	3
NEUTRAL	0	0	1	7	4	6
AGREE	0	0	1	7	29	23
STRONGLY AGREE	1	1	1	1	11	44

Chi square = 61.18 Significance = 0.0001

Statistical analysis indicates a strong relationship between physicians' agreement that their working relationship with nurses is a critical factor in patient care and their agreement that the observations and suggestions of professional nurses play an important role in the treatment interventions initiated by physicians.

Table 36 compares the frequency of responses to Statement Five in Part Two and Statement Three in Part Three.

TABLE 36

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENT FIVE IN PART TWO AND STATEMENT THREE IN PART THREE

	(Statement #3)					
(Statement #5)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	0	0	0	0	1	0
AGREE	1	2	9	12	54	55
DISAGREE	2	2	3	6	5	4

Chi square = 23.52 Significance = 0.009

Statistical analysis confirms a relationship between responses to Statement Five in Part Two and Statement Three in Part Three. Physicians who agree or disagree that the observations and suggestions of professional nurses play an important tole in patient care, would respond similarly when queried as to the value of recommendations from nurses with regard to a patient's treatment regime.

Table 37 compares the frequency of responses to Statement Eight in Part Two and Statement Three in Part Three.

TABLE 37

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENT EIGHT IN PART TWO AND STATEMENT THREE IN PART THREE

	(Statement #3)					
(Statement #8)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	1	0	0	0	0	1
AGREE	2	3	10	18	59	56
DISAGREE	0	1	2	0	1	2

Chi Square = 37.39 Significance = 0.00

Statistical analysis reveals a strong relationship between choice of response to these two statements. Physicians tend to share the same perceptions with regard to the value of a nurse's observations and the appropriateness of questioning a physician's treatment regime.

Table 38 compares the frequency of responses to Statement Five in Part Two and Statement Twelve in Part Three.

TABLE 38

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENT FIVE IN PART TWO AND STATEMENT TWELVE IN PART THREE

(Statement #12)

(Statement #5)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	0	1	0	0	0	0
AGREE	3	4	16	21	53	36
DISAGREE	0	0	2	9	8	3

Chi square = 39.18 Significance = 0.00

The Chi square test of independence indicates a strong relationship between the responses to Statement Five in Part Two and Statement Twelve in Part Three. The null hypothesis is rejected for there is a dependence between perceptions agreeing recommendations should be solicited and perceptions that the expertise of the nurse is valuable to the delivery of patient care by physicians.

Table 39 compares the frequency of responses to Statement Four in Part Two and Statement Four in Part Three.

TABLE 39

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENT FOUR IN PART TWO AND STATEMENT FOUR IN PART THREE

	(Statement #4, Part Three)					
(Statement #4, Part Two)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	0	0	0	4	3	0
AGREE	0	0	4	16	31	14
DISAGREE	3	3	18	30	23	7

Chi square = 25.03 Significance = 0.0053

Statistical analysis indicates a strong relationship exists between responses to Statement Four in Part Two and responses to Statement Four in Part Three. The null hypothesis is rejected and dependence is established. Respondents may be expected to perceive the clinical and managerial training of Baccalaureate nurses in the same light as they perceive the assumption of these roles by professional nurses.

Table 40 compares the frequency of responses to Statements Five and Twenty in Part Three.

TABLE 40

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS FIVE AND TWENTY IN PART THREE

	(Statement #20)					
(Statement #5)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	1	0	0	0	0	1
STRONGLY DISAGREE	0	4	0	3	0	0
DISAGREE	0	4	4	3	0	0
NEUTRAL	2	2	4	16	6	1
AGREE	0	1	5	20	17	3
STRONGLY AGREE	2	2	2	14	21	18

Chi square = 97.51 Significance = 0.00

Statistical analysis confirms a dependence between responses to Statement Five and Statement Twenty. Physicians' reactions to elevating the position of the Chief Nurse will be dependent upon their perceptions of the Chief Nurse's membership on the Executive Committee.

Table 41 compares the frequency of responses to Statement Six and Statement Twelve in Part Three.

TABLE 41

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS SIX AND TWELVE IN PART THREE

	(Statement #12)					
(Statement #6	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	1	0	0	0	0	0
STRONGLY DISAGREE	0	0	0	0	1	0
DISAGREE	0	2	1	2	2	0
NEUTRAL	0	0	4	6	4	2
AGREE	0	0	7	13	26	6
STRONGLY AGREE	2	3	6	9	28	31

Chi square = 96.56 Significance = 0.00

Based upon statistical analysis, the null hypothesis is rejected and dependence of responses is acknowledged. Perceptions of the value of the expertise of the professional nurse are related to the perceptions of the criticality of the working relationship physicians maintain with nurses.

Table 42 compares the frequency of responses to Statements Eight and Eighteen in Part Three.

TABLE 42

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS EIGHT AND EIGHTEEN IN PART THREE

	(Statement #18)					
(Statement #8)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	0	0	1	0	0	0
STRONGLY DISAGREE	0	1	2	3	4	3
DISAGREE	1	1	2	8	14	2
NEUTRAL	1	0	3	12	12	3
AGREE	0	2	11	15	23	3
STRONGLY AGREE	0	4	9	7	6	3

Chi Square = 29.26 Significance = 0.25

Statistical analysis indicates acceptance of the null hypothesis: there is no established relationship between the responses to these two statements. Whether physicians feel they understand what a professional nurse does has no relationship to their responses of agreement or disagreement with the professional recognition nurses have achieved.

Table 43 compares the frequency of responses to Statements Eight and Fourteen in Part Three.

TABLE 43

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS EIGHT AND FOURTEEN IN PART THREE

	(Statement #14)					
(Statement #8)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	1	0	0	0	0	0
STRONGLY DISAGREE	0	6	1	5	0	1
DISAGREE	0	1	11	10	4	2
NEUTRAL	0	1	4	10	14	2
AGREE	0	2	7	13	24	8
STRONGLY AGREE	0	1	2	4	9	13

Chi square = 231.45 Significance = 0.00

Statistical analysis indicates a very strong relationship between responses to Statement Eight and responses to Statement Fourteen. A dependent relationship exists between physicians' agreement/disagreement on the issues of nurses' recognition and the adequacy of salaries and status.

Table 44 compares the frequency of responses to Statements Eight and Ten in Part Three.

TABLE 44

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS EIGHT AND TEN IN PART THREE

	(Statement #10)					
(Statement #8)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	0	0	0	1	0	0
STRONGLY DISAGREE	1	4	2	2	3	1
DISAGREE	1	0	3	3	19	2
NEUTRAL	0	0	4	12	12	3
AGREE	2	0	12	9	26	5
STRONGLY AGREE	0	1	3	3	6	16

Chi square = 91.83 Significance = 0.00

Statistical analysis indicates that there is a strong relationship between the responses selected for Statement Eight and those chosen for Statement Ten. Physicians' perceptions of the appropriateness of professional independence would be dependent upon their perceptions of the professional recognition they felt nurses had achieved.

Table 45 compares the frequency of responses to Statements Nine and Ten in Part Three.

TABLE 45

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS NINE AND TEN IN PART THREE

	(Statement #10)					
(Statement #9)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	2	0	0	1	1	0
STRONGLY DISAGREE	0	2	3	1	2	0
DISAGREE	1	1	11	3	7	0
NEUTRAL	1	1	5	15	6	2
AGREE	0	1	4	9	47	3
STRONGLY AGREE	0	0	1	1	3	22

Chi Square = 200.19 Significance = 0.00

Statistical analysis reveals a strong dependence (relationship) between responses to Statements Nine and Ten. Perceptions of the appropriateness of the professional independence permitted would be dependent upon the perceived amount of independence which is permitted or required.

Table 46 compares the frequency of responses to Statements Twelve and Thirteen in Part Three.

TABLE 46

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENTS TWELVE AND THIRTEEN IN PART THREE

(Statement #13)

(Statement #12)	NO RESPONSE	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
NO RESPONSE	0	0	0	1	0	2
STRONGLY DISAGREE	0	3	1	0	0	1
DISAGREE	0	1	5	6	5	1
NEUTRAL	0	1	0	10	15	4
AGREE	0	1	1	7	36	16
STRONGLY AGREE	0	0	2	0	12	25

Chi square = 113.93 Significance = 0.00

Again, statistical analysis reveals a strong relationship between responses to Statements Twelve and Thirteen. Perceptions of the assistance nurses provide in critical situations would be dependent upon the perceived value of the expertise of professional nurses to the delivery of patient care.

Table 47 compares the frequency of responses to Statement Thirteen in Part Three and Statement Nine in Part Two.

TABLE 47

COMPARISON OF FREQUENCY OF RESPONSES
TO STATEMENT THIRTEEN IN PART THREE AND
STATEMENT NINE IN PART TWO

	(Statement #9, Part Two)		
(Statement #13, Part Three)	NO RESPONSE	AGREE	DISAGREE
NO RESPONSE	0	0	0
STRONGLY DISAGREE	0	3	3
DISAGREE	1	3	5
NEUTRAL	2	15	7
AGREE	5	55	8
STRONGLY AGREE	1	38	10

Chi square = 16.96 Significance = 0.030

A Chi square test of independence for these two statements rejects the null hypothesis, there is a relationship between responses to Statement Thirteen in Part Three and Statement Nine in Part Two. The perceived assistance a nurse provides in a crisis situation does have a relationship with the perception of the nurse as a "handmaiden" or a "colleague."

The cross-tabulations which have been presented indicate that there are strong relationships between responses to the majority of

statements selected for comparison. The exceptions are found in areas where education and position of the nurse surface. Perceptions of the assistance the nurse provides in crisis will have no bearing on the physicians' perception of the nurse as a handmaiden or a colleague. Whether a physician agreed or disagreed that recommendations should be solicited from nurses, there is no relationship with his/her agreement or disagreement that nurses should appropriately question physician orders. Finally, regardless of physicians' perceptions of clinical preparation at the Baccalaureate level, there is no relationship in perceptions of the need to delegate responsibility based on academic preparation.

Variances in Physician Perceptions

A previously stated objective of this research effort was to determine variances in physicians' perceptions based upon demographic data, e.g., position, specialty, age, years in service and civilian experience. The initial display of responses to the survey statements provided the variances between staff physicians, residents and interns and the perceptions of each group. The Chi square tests of independence/dependence, which were calculated for each statement, indicated whether or not there was a relationship (dependence) between a physician's position and the elected response. Cross-tabulations of other demographic data, e.g., age, years in service and civilian experience, indicated a strong

relationship existed between a physician's age and his position; a physician's experience in the civilian community and his position; and, the number of years a physician had in service and his position.

The majority of staff physicians, 38%, responding to the survey are 36-40 years of age and 60% are between the ages of 31 and 40. Of the residents who responded to the survey, 58% are 30 years of age or younger and 94% are 35 years of age or younger. Interns, 77%, were under 30 years of age. Statistical analysis revealed that a strong relationship existed between a physician's age and his position: Chi square = 97.39 and significance = 0.00. Based on this dependence, responses were not related separately by age groups. There would be no expected deviance in responses based on age groups, rather the responses would tend to reflect the same trends as those presented by position. The same holds true for the variables of years in service and civilian experience. Sixty-four percent of all staff physicians had at least seven years in service, 65% of all residents and interns had less than four years in service. A Chi square of 71.9 and significance of 0.00 establishes the strength of this relationship. Finally, 48% of all staff physicians had some civilian experience, while 78% of the residents and 100% of the interns had no civilian experience. A Chi square of 32.41 and significance of 0.00 attests to the strength of the relationship between civilian experience and physician positions.

Statistical analysis did reveal some variances in responses based upon a physician's specialty. Those statements which elicited responses with a strong relationship (dependence) to specialty are provided below. Responses to the given statements are plotted on a frequency distribution. The horizontal axis represents the various specialties by code number. Refer to Appendix C for code interpretation. The vertical axis reflects the frequency or number of responses to the statement. The histogram further identifies the type of response within each specialty group. Refer to Appendix D for statistical tests.

Responses to Statement Eight in Part Two are plotted on a frequency distribution presented in Figure 2.

With the exception of Obstetricians and Surgeons, all other specialties agreed that it is appropriate for a nurse to question a physician's choice of treatment. Obstetricians expressed the most negative response to this statement with 28% disagreeing. The reasons for this phenomenon may only be conjectured. Perhaps the unique and highly specialized elements of this specialty account, in part, for this response.

Responses to Statement One in Part Three are plotted on a frequency distribution presented in Figure 3.

Physicians were asked if they agreed or disagreed that the professional nurse is prepared to make independent, clinical assessments of a patient's medical status. Pediatricians, Family Practitioners, Medicine

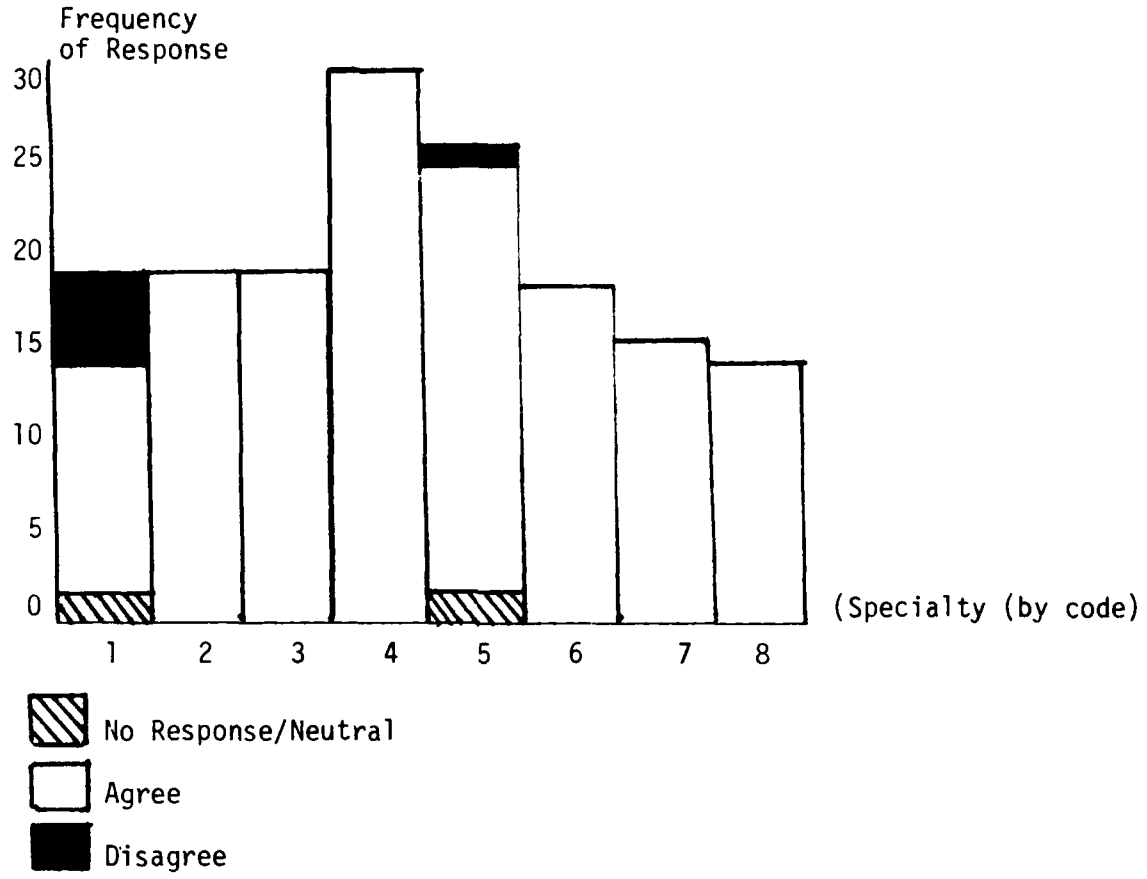


Fig. 2--Frequency Distribution of Responses, by Specialty, to Statement Eight in Part II

and interns responded most positively to the statement with 72%, 72%, 62% and 71% respectively choosing to agree. This may be a function of the fact that nurse clinicians and practitioners have been functionally active in these specialties, thus evoking positive attitudes toward independent nursing practice. In contrast, surgeons and obstetricians responded negatively with 56% of the obstetricians disagreeing and only

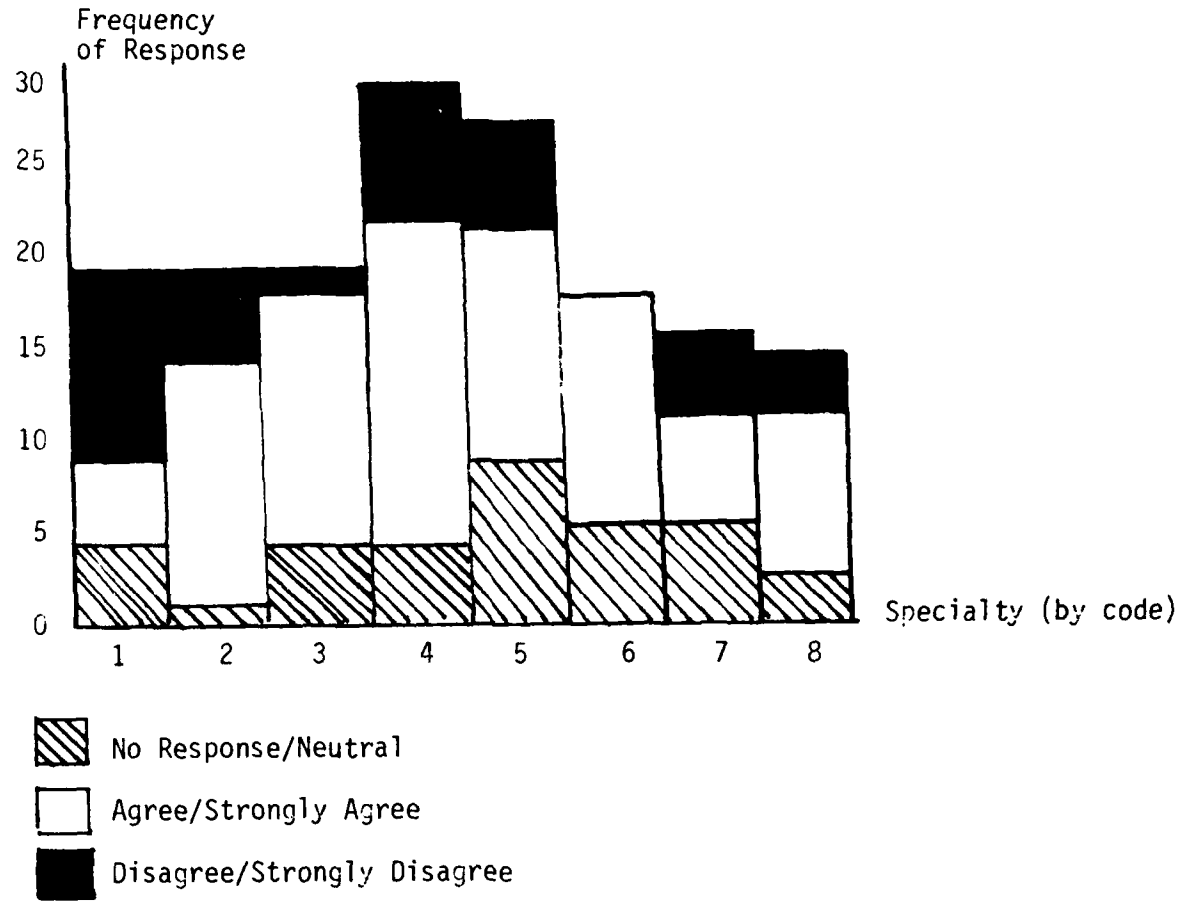


Fig. 3--Frequency Distribution of Responses, By Specialty, to Statement One in Part Three

48% of the surgeons agreeing with the statement. By nature of their specialty, surgeons traditionally would not rely on nursing input in the surgical process.

Responses to Statement Six in Part Three are plotted on a frequency distribution presented in Figure 4.

Statement Six asked physicians if they felt their working relationship with nurses was a critical factor in patient care. In the aggregate

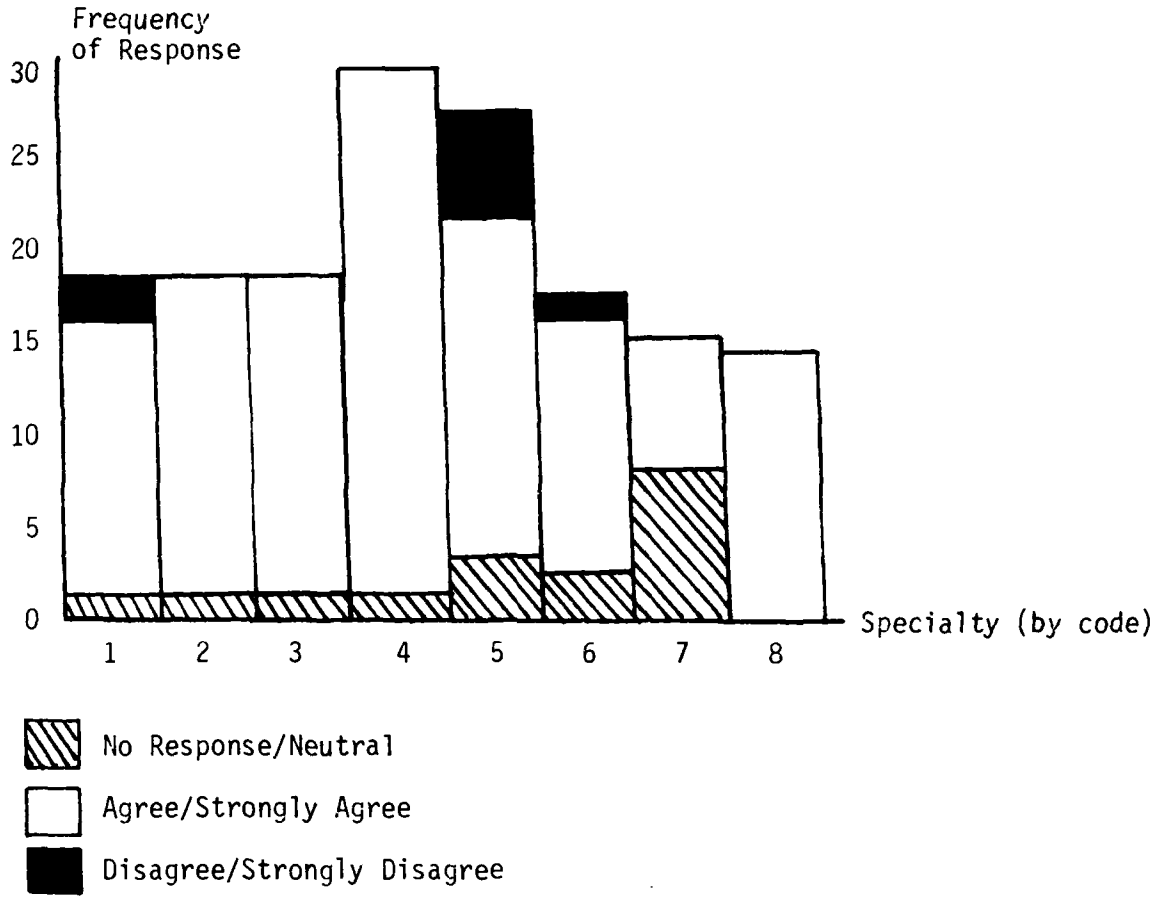


Fig. 4--Frequency Distribution of Responses, by Specialty, to Statement Six in Part Three

the response was extremely positive. Only three specialty groups evidenced disagreement. These were: Obstetricians (11%), Surgeons (16%), and Interns (5%). Pathologists and Radiologists chose neutral responses 46% of the time. This is undoubtedly due to the fact that they do not interact with nurses on a daily basis. Again, Surgeons expressed the most negative responses. It is presumed this is a function of the independence they perceive in their own specialty.

Responses to Statement Ten in Part Three are plotted on a frequency distribution presented in Figure 5.

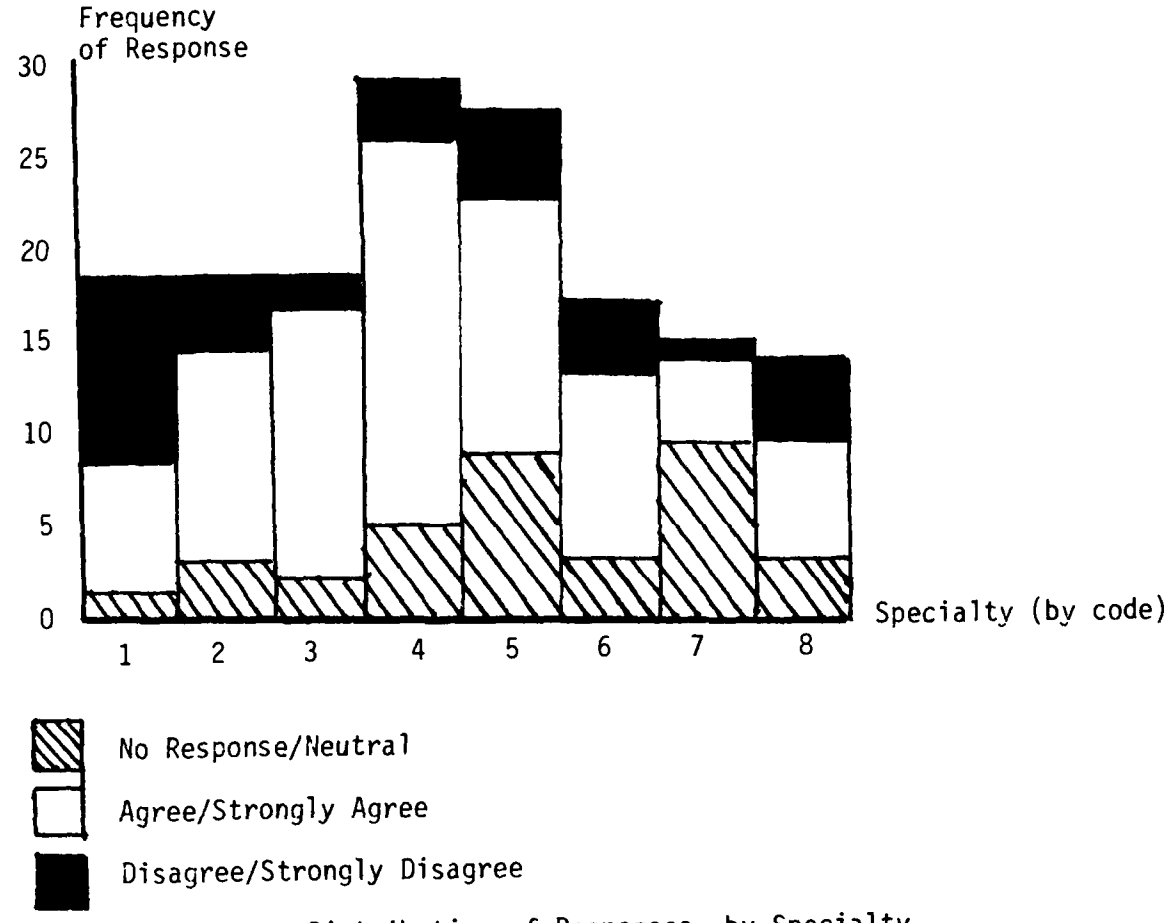


Fig. 5--Frequency Distribution of Responses, by Specialty, to Statement Ten in Part Three

Statement Ten asks physicians to indicate whether they agree or disagree with the professional independence permitted of nurses. The most positive responses are from Family Practitioners (67%), Pediatricians (83%), and medicine (72%), who agree with the statement. Obstetricians gave the most negative responses with 50% disagreeing.

Pathologists and Radiologists were the most ambiguous with 60% selecting neutral responses. Lack of interaction with nurses, by virtue of their specialties, would account for this. Surgeons followed Pathologists and Radiologists with 32% indicating they were unsure or neutral. This is consistent with the trends previously noted in responses given by Surgeons. There is a subtle inference that they do not interact with nor depend upon nursing personnel to the same degree as other specialties.

Responses to Statement Fifteen in Part Three are plotted on a frequency distribution presented in Figure 6.

Statement Fifteen addressed the teamwork physicians perceive between themselves and nurses. The greatest amount of teamwork was perceived by Pediatricians, Medicine, Interns and physicians in the category of "other". The least amount of teamwork was perceived by Obstetricians and Family Practitoners. Surgeons (24%) were neutral or unsure, perhaps indicating a certain insensitivity to the issue.

Responses to Statement Seventeen in Part Three are plotted on a frequency distribution presented in Figure 7.

Statement Seventeen asks physicians to indicate whether they believe nurses should have the opportunity to participate in the clinical decision-making process. The most positive responses, those agreeing with participation, were indicated by Pediatricians (89%), Medicine (76%), Interns (82%) and physicians in the category of "other" (79%). The most negative responses, those who disagreed with the statement,

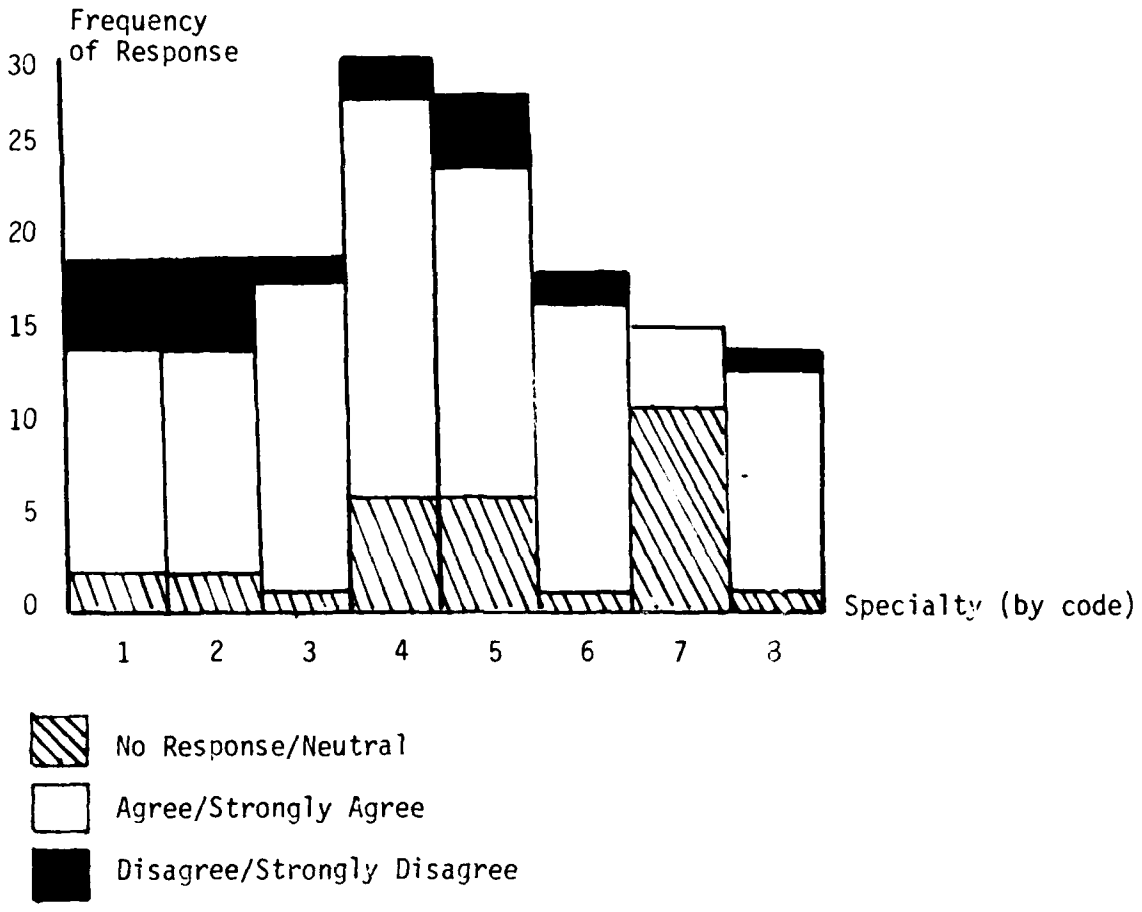


Fig. 6--Frequency Distribution of Responses, by Specialty, to Statement Fifteen in Part Three

were given by Obstetricians (44%) and Pathologists and Radiologists (47%). The responses of Pathologists and Radiologists are tempered by the fact that their practice provides minimal interface with the nursing personnel. It is still interesting to note the negativism which pervades their responses. Obstetricians continue to evidence a disapproving attitude. It is difficult to submit valid theories for this phenomenon.

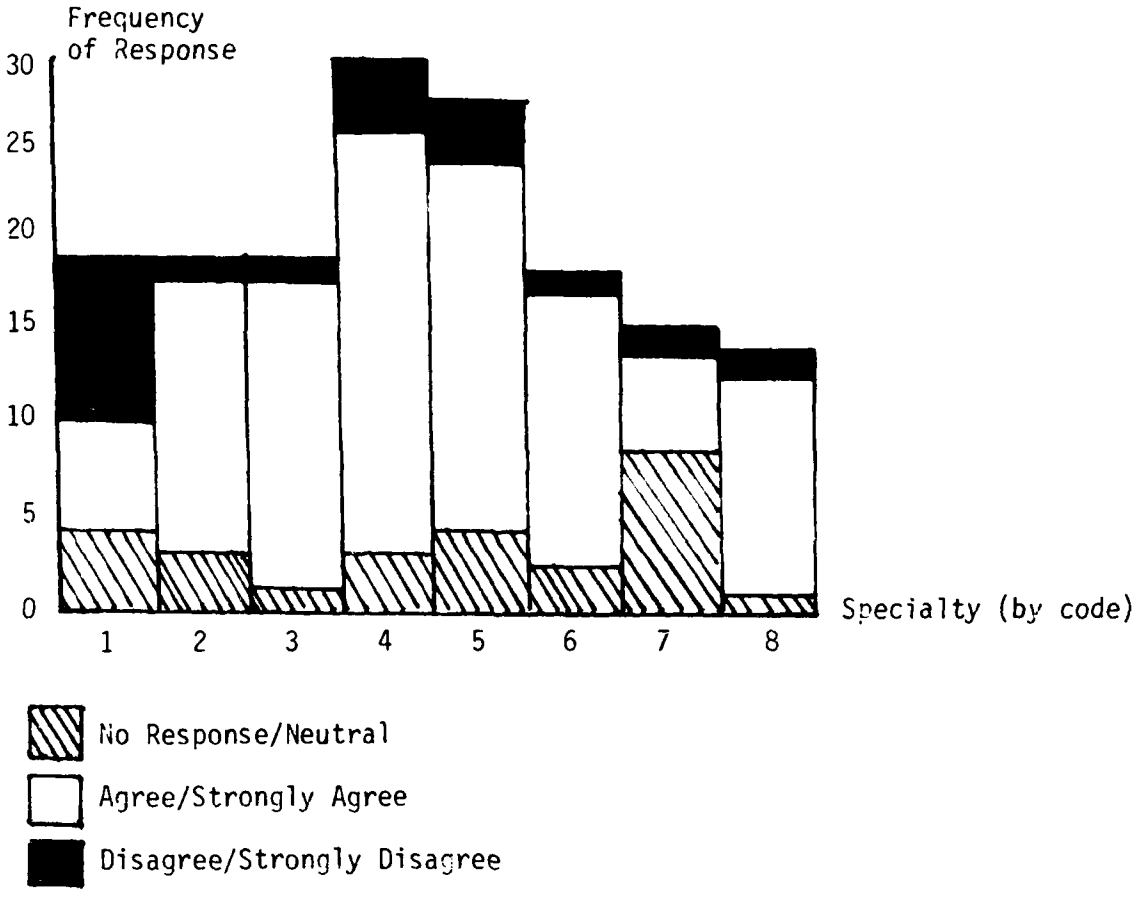


Fig. 7--Frequency Distribution of Responses, by Specialty, to Statement Seventeen in Part Three

Responses to Statement Eighteen in Part Three are plotted on a frequency distribution presented in Figure 8.

Statement Eighteen asks physicians to indicate whether they believe they understand and appreciate what the professional nursing staff does. The highest percentage of positive responses were from physicians in Medicine (62%), physicians categorized as "other" (64%), Interns (59%), and Surgeons (52%). It is interesting to note that physician groups

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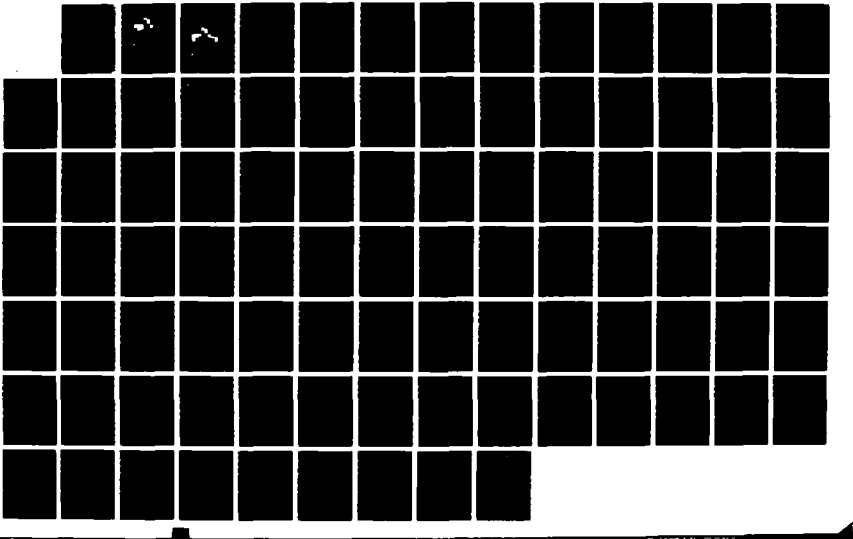

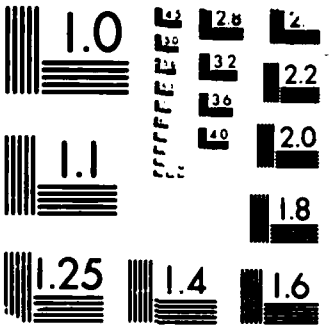

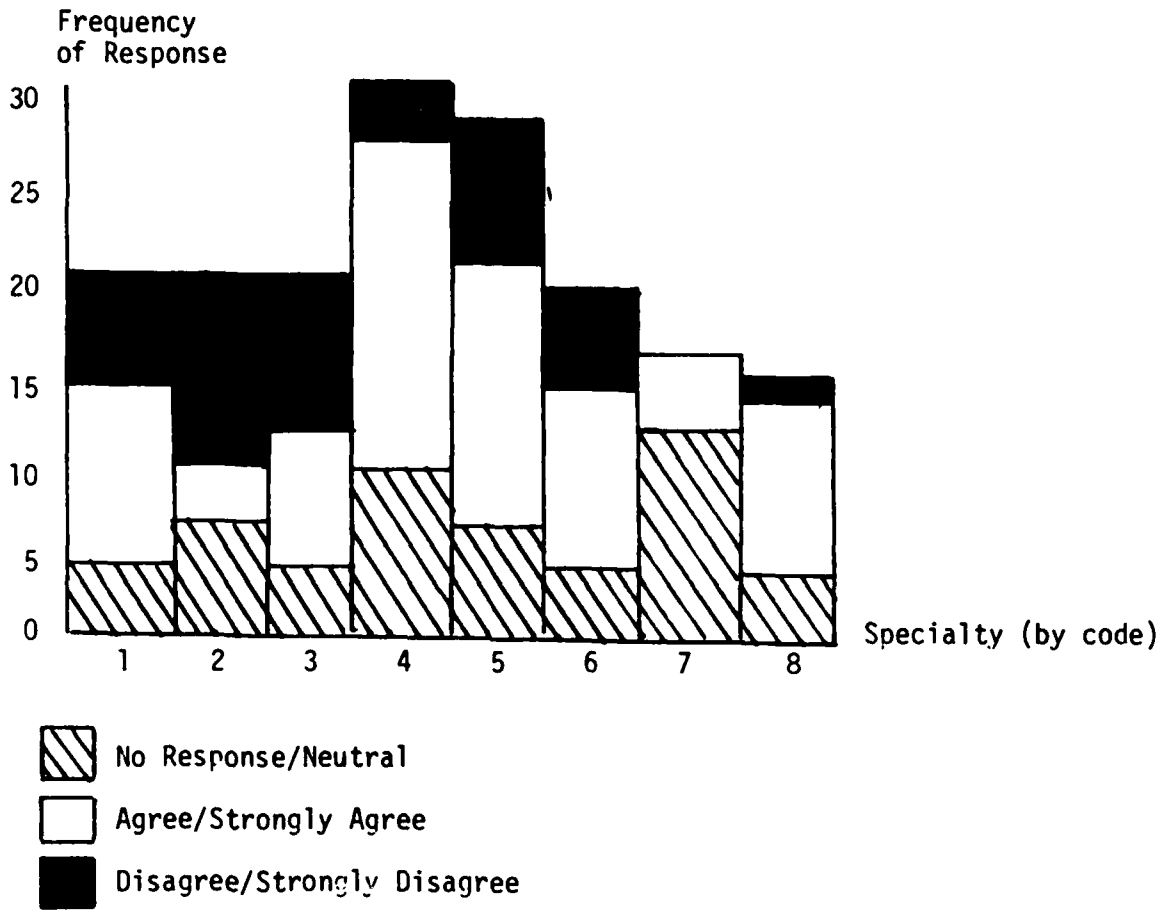

Fig. 8--Frequency Distribution of Responses, by Specialty to Statement Eighteen in Part Three

who have displayed more positive responses to previous statements now indicate they do not feel they fully understand or appreciate what the professional nursing staff does. The groups who feel they do not understand are: Family Practitioners (50%) and Pediatricians (38%). Those physician groups which have consistently responded positively now respond that they don't feel they adequately appreciate or understand what nurses

do. The "delicate" inference is that these physicians may be more receptive to the expanding role of the professional nurse.

Responses to Statement Nineteen in Part Three are plotted on a frequency distribution presented in Figure 9.

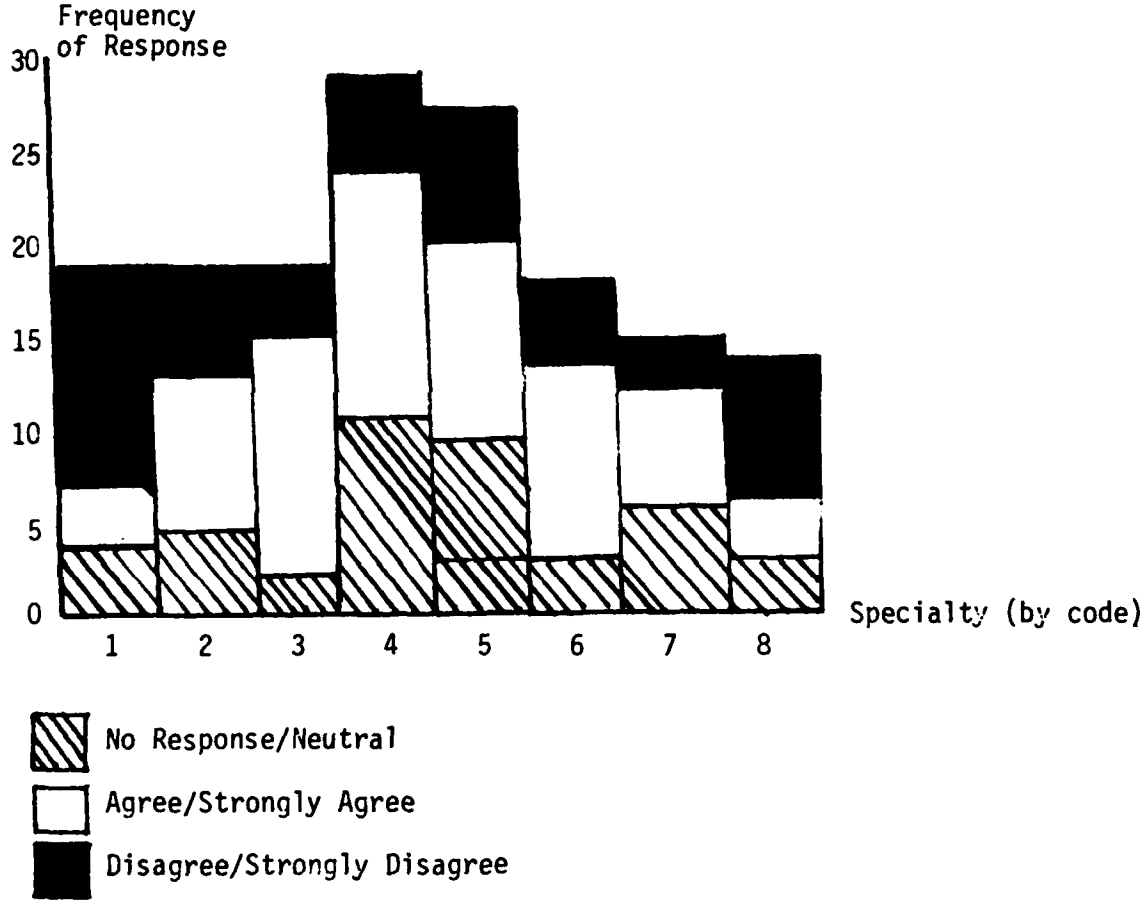

Fig. 9--Frequency Distribution of Responses, by Specialty, to Statement Nineteen in Part Three

Statement Nineteen asks physicians to indicate whether they agree or disagree that nurses should be able to rely on physicians to support their decisions. Groups that agree most strongly were: Pediatricians

(72%) and Interns (59%). Those who disagreed most strongly were: Obstetricians (61%) and physicians in the category of "other" (50%). Neutral responses were predominant among Medicine (40%), and Radiologists and Pathologists. No specific conclusions or inferences are drawn with regard to these responses other than to comment on the trends which have been established within certain groups. As previously mentioned, Obstetricians and Surgeons responded negatively with greater frequency than other groups. Pediatricians, Family Practitioners, Medicine and Interns responded more positively to statements with greater frequency than other specialty groups.

This concludes the presentation and analysis of the survey data. Given the established trends, physician commentaries and the positive versus negative indicators, the task ahead embraces a veritable challenge: to discern the potential interface of physician perceptions with the nursing crisis.

CHAPTER III

CONCLUSION

It has been the intent of this research effort to provide a descriptive analysis of physician perceptions of professional nursing in order to gain further insight into the validities of nurses' proclaimed sources of disillusionment. There is little doubt that these sources of disenchantment have been primary catalysts of the nursing crisis to which the health care industry is both witness and victim.

One major factor which has surfaced from this research is that the vast majority of physicians (94%) recognized that there are inherent differences in the three educational programs which culminate in the nursing students' eligibility to apply for licensure as a registered nurse. The critical point, however, is that despite the intellectual admission of the philosophical variances, physicians perceive relatively few differences in the functional potentials of nurses from different programs. This was evidenced in the variances reflected in responses to statements which reference Baccalaureate Nurses versus professional nurses. There is an apparent reticence to indicate that Baccalaureate nurses function with a greater degree of proficiency or expertise than do Diploma or Associate Degree Nurses. Indeed, beyond the survey responses, physicians frequently commented that "nurses should not be judged on the basis of educational preparation." Many indicated that they had worked with Diploma Nurses and nurses' aides who practiced the art of nursing with greater skill than some Baccalaureate Nurses.

It was also apparent from survey responses and comments that physicians do not necessarily equate the word 'professional' with the Baccalaureate Nurse. It is important to note that these perceptions pervaded the responses from all physicians, with little or no relationship to position, specialty, age or length of service. Further, the majority of physicians (57%) do not feel that the responsibility a nurse assumes should necessarily be correlated with his/her level of education. It would appear that professional nursing organizations have made tremendous efforts to redefine the scope of practice for nurses trained at the various academic levels; however, it is also apparent that physicians either do not perceive a necessity to redefine roles or they are simply not convinced that the redefinition has produced functional results. It is proposed that the failure of other health care providers to identify the impact that nursing education has had is a major contributory cause for nurses' dissatisfaction in their profession. It is simply no longer feasible nor rational to employ a registered nurse and expect that he/she will be able to function adequately in any clinical area or in any clinical position. A review of the different preparatory programs for the professional nurse bears witness to this fact. The fact remains, however, that physicians would tend to prefer a nurse in the traditional sense of the word rather than to deal with the innovations, expansions and changes which the physicians perceive as a questionable necessity. In essence, nurses are now educated and sensitized to roles and expectations

which are incongruent with those of the professionals with whom they will be most intimately involved: The physicians!

A second issue which was discerned from the survey data is that of the perception of the nurse as a "handmaiden" versus a "colleague." Physicians consistently indicated that they valued the nurses' contribution to the patient care process. Very positive responses were given with respect to the recommendations and observations of nurses, their application of theoretical knowledge, the criticality of the working relationship between physicians and nurses, and nursing support in critical situations. Conversely, responses were significantly less positive with regard to nurses' participation in the clinical decision-making process, independent clinical assessments by nurses, and the achievement of deserved professional recognition for nurses. Although a simple majority (73%) of physicians indicated that the term 'colleague' was more appropriate than that of 'handmaiden', numerous surveys qualified this choice. One physician commented on "the good old days when nurses stood up if a physician entered the room." Another asked, "What ever happened to 'mother and apple pie."

It is evident that there continues to be a good deal of nostalgia among physicians about the value of the nurse of the past who gave such excellent bedside care and who asked so little for himself/herself. Coupled with the nostalgia is a resistance to face the fact that as health care delivery has changed, so has one of its integral components,

nursing. Physicians seem to be genuinely puzzled, albeit angry, that nurses are making such "inappropriate" demands. Their perception may be simply stated that education is fine, nurses and their contributions are valuable and necessarily vital, but a nurse is just a nurse, not a doctor. There is an apparent inability to recognize the practice of nursing on a professional level, not to be confused with the practice of medicine. Demands for salary increases, position, status and respect as professionals are not necessarily an encroachment on the physicians' turf although this appears to be the perception.

In the final analysis, has not the nursing profession fallen short in its own efforts? Poor delineation of roles, misunderstood education policies and inadequate communication efforts with other health care providers has undoubtedly contributed to the physicians' confusion and wariness with respect to the expanded role of the "new" nursing professionals. Two very significant processes are ongoing in this milieu: (1) the socialization process of the physician and (2) the socialization process of the nurse. At this point in time, the two appear to be incongruent. Physician education as to appropriate expectations of nurses, based on their education, would most probably provide a different frame of reference, thus facilitating a fundamental understanding of the issues. Understanding founded on factual knowledge often enhances resolution of disputed issues.

It is also evident that in order to resolve problems of misutilization and to align expectations appropriately, legislation of nursing practice is an absolute necessity. Currently, nurses from all three programs are employed without respect to education. This practice adds immeasurable confusion and turmoil to an already turbulent situation. Physicians will identify with staff nurses as staff nurses and head nurses as head nurses, etc. Their expectations and perceptions will necessarily be a product of the role the nurse is assigned to. It is not reasonable to expect that the physician, or anyone else, will first ask if the nurse is a Diploma staff nurse or a Baccalaureate staff nurse. It appears we hold to a strong belief in the "all-purpose" Nurse: the nurse who can handle any situation, improvise and take over in any clinical crisis. This belief in the all-purpose nurse obscures our thinking about the idea that there could be some nurses who do some things and not others, and some nurses who do both! Technological impacts and the era of specialization have taken their toll on the nursing profession. Nursing has outgrown the all-purpose nurse and there are now compelling reasons for making distinctions between technical performance and professional performance. If the graduates of different types of nursing programs have different competencies, and if patients are to receive the best possible care, each nurse then should be allowed to do what he or she has been prepared to do. Distinctions are needed to enable students to project which program will better suit their own abilities and expectations;

employers need distinctions because they are charged with providing high quality of care; and finally, nurses need distinctions, for job satisfaction is to a certain degree dependent upon the chance to perform those duties for which one has the talents and the skills.

Although physician responses to this survey, in many instances, supported and validated the disillusionment and complaints of nurses, it would appear that resolution will to some extent depend upon legislation which will require role distinctions for graduates of different educational programs. This forced role distinction coupled with intense physician education would do much toward achieving an alteration of physicians' perceptions.

Time is the third component which may be expected to impact on physicians' perceptions. As the distinct roles of nurses evolve, and their contributions and status in health care delivery develop, there is the expectation that physicians will perceive the value of the unique contribution each type of nurse will make to the health care team. Indeed, as the practice of nursing evolves there should be a diminishing perception that nursing seeks to enter into the realm of medical practice. In actuality, nursing is seeking a new level of professional development in an effort to provide the highest quality of patient care from a nursing prospective.

The challenge to this effort rests in educating physicians and other providers with respect to the contributions nursing is able to

make, the education and dedication which makes those contributions possible, and the capabilities, skill and expertise which comprise the contributions.

FOOTNOTES

[1]Maryann F. Fralic, R.N., "Nursing Shortage: Coping Today and Planning for Tomorrow," Hospitals (May 1, 1980), p. 65.

[2]Brent Nielsen, R.N., "Agencies Fill A Need But Are Not The Answer," Hospitals (March 16, 1981), p. 66.

[3]Ibid.

[4]Lynn Donovan, "The Shortage," RN (June 1980), p. 26.

[5]American Nurses Association, Facts About Nursing, '76-'77 (Kansas City, Missouri: American Nurses Association, 1977), p. 52.

[6]Lynn Donovan, "The Shortage," RN (June 1980), p. 26.

[7]Suzanne LaViolette, "What Does it Take to Stem Turnover, Flight From Field? ," Modern Health Care (May 1980), p. 31.

[8]Ibid.

[9]Charles H. White, Ph. D., "Where Have All the Nurses Gone -- And Why?," Hospitals (May 1, 1980), p. 69.

[10]Suzanne LaViolette, "What Does it Take to Stem Turnover, Flight From Field?," Modern Health Care (May 1980), p. 31.

[11]Charles H. White, Ph. D., "Where Have All the Nurses Gone -- And Why?," Hospitals (May 1, 1980), p. 69.

[12]Ibid.

[13]California Post-Secondary Education Commission. A Health Sciences Education Plan for California: 1979-1980. (California: California Post-Secondary Education Commission, 1979).

[14]E. W. Brody. "Are Nurses' Objectives Achievable -- At What Costs and Who Will Pay?" Modern Health Care (October, 1980), p. 116.

[15]Paula L. Stamps, et al, "Measurement of Work Satisfaction Among Health Professionals," Medical Care (April, 1978), p. 337.

[16]Dinah B. Slavitt, et al, "Nurses Satisfaction With Their Work Situation," Nursing Research (March-April 1978), p. 114.

[17]Hurka, Slavek J., "Need Satisfaction Among Health Care Managers," Hospital and Health Services Administration (Summer, 1980), p. 43.

[18]Dinah B. Slavitt, et al, "Nurses' Satisfaction With Their Work Situation," Nursing Research (March-April 1978), p. 114.

[19]Paula L. Stamps, Ph. D., et al, "Measurement of Work Satisfaction Among Health Professionals," Medical Care (April, 1978), p. 339.

[20]Glennadee A. Nichols, "Job Satisfaction and Nurses' Intentions to Remain With or to Leave an Organization," Nursing Research (May-June 1971), p. 218.

[21]Council of Baccalaureate and Higher Degree Programs, Report of the Council, Entry Into Professional Nursing Practice (New York: National League for Nursing, Fall, 1979), p. 6.

[22]Ann A. Bliss and Eva D. Cohen, The New Health Professionals (Germantown, MD.: Aspen Systems Corporation, 1977), p. 12.

[23]National League for Nursing, Task Force, Working Paper on the Competencies of Graduates of Nursing Programs (New York: National League for Nursing, April, 1979), p. 3.

[24]United States Army Health Services Command, HSC Pamphlet 40-1: Committees, Boards and Functions (Fort Sam Houston, Texas, January 1979), p. 2-1.

APPENDIX A

DEFINITION OF TERMS

DEFINITION OF TERMS

Nursing Shortage	The inadequate supply of registered nurses available and willing to accept employment in institutional settings under prevailing conditions.
Professional Nurse	A Registered Nurse who is, at least, a graduate of a four year program in Nursing, resulting in the conferring of a Bachelor of Science Degree in Nursing.
Executive Level Position	Department chief or higher.
Associate Degree Nurse	Registered Nurse who is a graduate of a two year program in nursing.
Diploma Nurse	Registered Nurse who is a graduate of a hospital-based three year program in Nursing.
Technical Nurse	Registered Nurse who is a graduate of an Associate Degree Program in Nursing

APPENDIX B

DATA COLLECTION TOOL

DEPARTMENT OF THE ARMY
HEADQUARTERS MADIGAN ARMY MEDICAL CENTER
TACOMA, WASHINGTON 98431

REPLY TO
ATTENTION OF

AFZH-MD-EX

16 March 1981

SUBJECT: Research Study -- Physicians' Perceptions of the Role of the Professional Nurse

TO: All MAMC Military Physicians

1. As a student in the U.S. Army-Baylor University Program in Health Care Administration, I am required to submit a research study to fulfill the requirements for my Masters Degree in Hospital Administration.

2. The research subject I am pursuing addresses physicians' perceptions of the role of the professional nurse. In order to augment my research I am conducting a survey of all military physicians assigned to MAMC. Your participation in this research endeavor is not only important but essential to the completion of the research project.

3. Attached to this letter you will find a questionnaire which I am requesting that you complete and return to me no later than 30 March 1981. All questionnaires may be returned through distribution to MAJ Mary Lambert, Administrative Resident, HQ MAMC.

4. The questionnaire is designed to insure the anonymity of each respondent. However, because your reply will be anonymous, I will be unable to monitor those individuals who have not responded. In order to guarantee the success of this research I must rely completely on your cooperation and participation.

5. Thank you for your time and efforts and especially for your contribution to my educational endeavors.

Mary H Lambert

1 Incl
as

MARY H. LAMBERT
Major, ANC
Administrative Resident

PART I

BIOGRAPHICAL DATA

The following information is requested in order to determine variances in perceptions between different groups of physicians.

1. Date of Birth_____(Year)

2. Level of Education_____

3. Check the appropriate box:

☐ Staff ☐ Fellow

☐ Resident ☐ Intern

4. Specialty_____

5. Years in Service_____

6. Have you worked as a physician in a civilian community? Yes No

How long?_____

7. In what year did you receive your medical degree?_____

8. Sex: Male Female

PART II

QUESTIONNAIRE

INSTRUCTIONS: Listed below are several statements. Please indicate whether you agree or disagree with the statement.

Example: Dogs are better pets than cats.

✓ Agree _____ Disagree

1. The course of studies varies with different levels of educational programs for nursing.

_____Agree _____Disagree

2. Nurses graduated from Baccalaureate programs in Nursing are better prepared to make clinical assessments of a patient's status.

_____Agree _____Disagree

3. The degree of responsibility a nurse assumes should be directly proportionate to his/her level of academic preparation.

_____Agree _____Disagree

4. An individual with a Baccalaureate Degree in Nursing is trained to function as proficiently in the clinical arena as in management positions.

_____Agree _____Disagree

5. Recommendations from nurses, with respect to a patient's treatment regime, should be solicited and considered by the physician.

_____Agree _____Disagree

6. During their educational process nurses are taught to integrate knowledge of pathophysiology with actual assessments and courses of action in the patient care setting.

_____Agree _____Disagree

7. Nurses are not merely technicians but rather they must effectively combine technical capabilities with theoretical knowledge in order to perform efficiently.

_____Agree _____Disagree

PART II - Questionnaire (Contd)

8. It is appropriate for a nurse to question a physician's choice of treatment modalities in cases where the nurse believes the treatment may be detrimental to the patient.

_____Agree _____Disagree

9. The educational process for nurses has increased with respect to depth, scope and complexity of academic preparation. The new nurse is more appropriately considered as a colleague rather than handmaiden to the physician.

_____Agree _____Disagree

10. Nurses, by virtue of their education, are competent to make clinical assessments and pursue appropriate courses of action in patient care.

_____Agree _____Disagree

PART III

QUESTIONNAIRE

INSTRUCTIONS: Listed below are several statements. Please indicate whether you agree or disagree with the statement.

Example: Dogs are better pets than cats.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	(4)	3	2	1

1. A professional nurse is prepared to make independent, clinical assessments with regard to a patient's medical status.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

2. Baccalaureate Programs prepare nurses to take independent actions in patient care and/or treatment when emergencies arise.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

3. The observations and suggestions of professional nurses play an important part in the treatment and medical interventions initiated by the physician.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

4. Professional nurses are academically prepared to assume progressively more responsible roles in administration as well as in clinical arenas.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

PART III -- Questionnaire (Contd)

5. The Chief, Department of Nursing plays a key role in the medical facility and should be a member of the Executive Committee.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

6. My working relationship with professional nurses is a critical factor in patient care.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

7. Professional nurses should be considered as equal partners on the patient care team.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

8. Nurses have not achieved the professional recognition they deserve.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

9. A great deal of professional independence is permitted, if not required, of the professional nurses with whom I work.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

10. I feel that the professional independence permitted is appropriate.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

11. There is not a lot of "rank consciousness" here -- personnel frequently mingle with others of different professions.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

PART III -- Questionnaire (Contd)

12. The expertise of the professional nurses with whom I work allows me to deliver much better patient care.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

13. The professional nurses don't hesitate to help when situations are critical and/or rushed.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

14. Considering what is expected of professional nurses, the pay they receive and the status they hold is not reasonable.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

15. There is a good deal of teamwork and cooperation between nurses and physicians on my Service.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

16. Nurses should have ample opportunity to participate in the administrative decision-making process.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

17. Nurses should have the opportunity to participate in the clinical decision-making processes.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

PART III - Questionnaire (Contd)

18. Physicians at this hospital generally understand and appreciate what the professional nursing staff does.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

19. Nurses should have the freedom to make important decisions and be able to count on the physicians to back them up.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

20. Many civilian facilities have elevated the position of Chief, Department of Nursing to an Associate Administrator position. I feel this is appropriate in terms of the unique and expert input this individual provides to the administration of a hospital.

Strongly Agree		Unsure, Neutral		Strongly Disagree
5	4	3	2	1

APPENDIX C

DATA COMPILATION CODES

DATE COMPILATION CODES

SURVEY PART I

	CODE NUMBER
Year of Birth:	
1951 - After	1
1946 - 1950	2
1941 - 1945	3
1936 - 1940	4
1931 - 1935	5
1926 - 1930	6
Physician Position:	
Staff	1
Resident	2
Fellow	3
Intern	4
Specialty:	
OB/Gyn	1
Family Practice	2
Pediatrics	3
Medicine	4
Surgery	5
Interns	6
Pathology/Radiology	7
Other (Psych; Prev Med; Emergency Med)	8

	CODE NUMBER
Years in Service	
0 - 3	1
4 - 6	2
7 - 9	3
10 - 12	4
13 - 15	5
16 - 18	6
18+	7
Civilian Experience:	
Yes	1
No	2
Sex:	
Male	1
Female	2
SURVEY PART II	
Agree	1
Disagree	2
SURVEY PART III	
No Response	0
Strongly Disagree	1
Disagree	2
Unsure, Neutral	3
Agree	4
Strongly Agree	5

APPENDIX D

STATISTICAL TESTS ON SURVEY RESULTS

STATISTICAL TEST SUMMARY

Test No.	Test	Computed	Critical Value LOS:.05	To Reject
1	Course of Study Variances	4.32 df 6	12.59	
2	Preparation of BSN Nurses	8.90 df 6	12.59	
3	Responsibility vs Academic Training	2.00 df 3	7.81	
4	BSN Management & Clinical Preparation	7.95 df 6	12.59	
5	Recommendations from Nurses	2.11 df 6	12.59	
6	Knowledge of Pathophysiology	13.18 df 6	12.59	Reject H_o
7	Technical vs Theoretical Knowledge	2.05 df 3	7.81	
8	Questioning Treatment Modalities	7.39 df 6	12.59	
9	Handmaiden vs Colleague	9.86 df 6	12.59	
10	Competency to Make Clinical Assessments	8.82 df 6	12.59	
11	Independent Clinical Assessments	25.13 df 15	24.99 LOS:.10 22.3	Reject H_o
12	BSN Preparation to Act Independently	14.26 df 15	24.99	

STATISTICAL TEST SUMMARY (Continued)

Test No.	Test	Computed	Critical Value LOS:.05	To Reject
13	Value of Nurses' Suggestions	38.36 df 15	24.99	Reject H_o
14	Assuming Responsible Roles	30.93 df 15	24.99	Reject H_o
15	Chief Nurse on Executive Committee	15.56 df 15	24.99	
16	Nurse-Physician Relationship	12.82 df 15	24.99	
17	Nurses as Equal Partners	18.21 df 15	24.99	
18	Achievement of Professional Recognition	15.10 df 15	24.99	
19	Professional Independence - Permitted	13.40 df 15	24.99	
20	Professional Independence - Appropriate	9.82 df 15	24.99	
21	Interaction With Different Professions	20.35 df 12	21.02 LOS:.10 18.50	Reject H_o
22	Value of Nurses' Expertise	22.66 df 15	24.99 LOS:.10 22.3	Reject H_o
23	Nurse Support in Critical Situations	12.97 df 12	21.02	
24	Pay and Status of Nurses	13.53 df 15	24.99	

STATISTICAL TEST SUMMARY (Continued)

Test No.	Test	Computed	Critical Value LOS:.05	To Reject
25	Doctor-Nurse Teamwork	22.99 df 15	24.99	
26	Participation in Administrative Decisions	11.14 df 15	24.99	
27	Participation in Clinical Decisions	10.00 df 15	24.99	
28	Physician Understanding of Nursing Roles	6.67 df 15	24.99	
29	Decisions with Physician Support	15.73 df 15	24.99	
30	Chief Nurse as Associate Administrator	12.16 df 15	24.99	
31	Statement 1 vs Statement 3, Part II	1.75 df 2	5.99	
32	Statement 6 vs Statement 7, Part II	10.58 df 2	5.99	Reject H_o
33	Statement 5 vs Statement 8, Part II	4.18 df 4	9.49	
34	Statement 3 vs Statement 6, Part III	61.18 df 25	37.7	Reject H_o
35	Statement 5, Part II, vs Statement 3, Part III	23.52 df 10	18.3	Reject H_o
36	Statement 8, Part II, vs Statement 3, Part III	37.39 df 10	18.3	Reject H_o

STATISTICAL TEST SUMMARY (Continued)

Test No.	Test	Computed	Critical Value LOS:.05	To Reject
37	Statement 5, Part II, vs Statement 12, Part III	39.18 df 10	18.3	Reject H_o
38	Statement 4, Part II vs Statement 4, Part III	25.03 df 10	18.3	Reject H_o
39	Statement 5 vs Statement 20, Part III	97.51 df 25	37.7	Reject H_o
40	Statement 6 vs Statement 12, Part III	96.56 df 25	37.7	Reject H_o
41	Statement 8 vs Statement 18, Part III	29.26 df 25	37.7	
42	Statement 8 vs Statement 14, Part III	231.45 df 25	37.7	Reject H_o
43	Statement 8 vs Statement 10, Part III	91.83 df 25	37.7	Reject H_o
44	Statement 9 vs Statement 10, Part III	200.19 df 25	37.7	Reject H_o
45	Statement 12 vs Statement 13, Part III	113.93 df 20	31.4	Reject H_o
46	Statement 13, Part III, vs Statement 9, Part II	16.96 df 8	15.5	Reject H_o
47	Physician Position vs Age	97.39 df 18	28.9	Reject H_o
48	Physician Position vs Civilian Experience	32.41 df 9	16.0	Reject H_o

STATISTICAL TEST SUMMARY (Continued)

Test No.	Test	Computed	Critical Value LOS:.05	To Reject
49	Physician Position vs Time in Service	71.98 df 21	32.7	Reject H_o
50	Questioning Physician Orders	38.12 df 14	23.7	Reject H_o
51	Independent Clinical Assessments by Nurses	63.68 df 35	49.80	Reject H_o
52	Nurse-Doctor Relationships	63.31 df 35	49.80	Reject H_o
53	Professional Independence of Nurses	68.53 df 35	49.80	Reject H_o
54	Teamwork Between Physicians and Nurses	59.19 df 35	49.80	Reject H_o
55	Nurse Participation in Clinical Decisions	57.24 df 35	49.80	Reject H_o
56	Physician Understanding of Nursing Roles	52.36 df 35	49.80	Reject H_o
57	Physician Support of Nursing Decisions	57.09 df 35	49.80	Reject H_o

VAR7 PART II QUESTION 1 BY VAR2

TEST #1

VAR7	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.		3	1	1	0	5
		60.0	20.0	20.0	0.0	3.2
		3.9	1.8	12.5	0.0	
		1.9	0.6	0.6	0.0	
1. AGREE		70	50	7	16	143
		49.0	35.0	4.9	11.2	91.7
		92.1	90.9	87.5	94.1	
		44.9	32.1	4.5	10.3	
2. DISAGREE		3	4	0	1	8
		37.5	50.0	0.0	12.5	5.1
		3.9	7.3	0.0	5.9	
		1.9	2.6	0.0	0.6	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 4.32234 WITH 6 DEGREES OF FREEDOM SIGNIFICANCE = 0.6331

VAR8 PART II QUESTION 2

TEST #2

VAR8	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.		2	2	1	2	7
		28.6	28.6	14.3	28.6	4.5
		2.6	3.6	12.5	11.8	
		1.3	1.3	0.6	1.3	
1. AGREE		33	19	2	10	64
		51.6	29.7	3.1	15.6	41.0
		43.4	34.5	25.0	58.8	
		21.2	12.2	1.3	6.4	
2. DISAGREE		41	34	5	5	85
		48.2	40.0	5.9	5.9	54.5
		53.9	61.8	62.5	29.4	
		26.3	21.8	3.2	3.2	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 8.90839 WITH 6 DEGREES OF FREEDOM SIGNIFICANCE = 0.1788

VAR9 PART II QUESTION 3 BY VAR2 Q3: CATE

TEST #3

VAR9	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 ISTAFF 1.	RESIDENT FELLOW 2.	3.	INTERN 4.	ROW TOTAL
1. AGREE		31	27	5	7	70
		44.3	38.6	7.1	10.0	44.9
		40.8	49.1	62.5	41.2	
		19.9	17.3	3.2	4.5	
2. DISAGREE		45	28	3	10	86
		52.3	32.6	3.5	11.6	55.1
		59.2	50.9	37.5	58.8	
		28.8	17.9	1.9	6.4	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 2.00662 WITH 3 DEGREES OF FREEDOM SIGNIFICANCE = 0.5710

VAR10 PART II QUESTION 4 BY VAR2 Q3: C

TEST #4

VAR10	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 ISTAFF 1.	RESIDENT FELLOW 2.	3.	INTERN 4.	ROW TOTAL
0.		1	3	1	2	7
		14.3	42.9	14.3	28.6	4.5
		1.3	5.5	12.5	11.8	
		0.6	1.9	0.6	1.3	
1. AGREE		34	20	2	9	65
		52.3	30.9	3.1	13.8	41.7
		44.7	36.4	25.0	52.9	
		21.8	12.8	1.3	5.8	
2. DISAGREE		41	32	5	6	84
		48.8	38.1	6.0	7.1	53.8
		53.9	58.2	62.5	35.3	
		26.3	20.5	3.2	3.8	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 7.95454 WITH 6 DEGREES OF FREEDOM SIGNIFICANCE = 0.2415

VAR11 PART II QUESTION 5

TEST #5

VAR11	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.	0	1	0	0	1
	0.0	100.0	0.0	0.0	0.6
	0.0	1.8	0.0	0.0	
	0.0	0.6	0.0	0.0	
1. AGREE	66	46	7	14	133
	49.6	34.6	5.3	10.5	85.3
	86.8	83.6	87.5	82.4	
	42.3	29.5	4.5	9.0	
2. DISAGREE	10	8	1	3	22
	45.5	36.4	4.5	13.6	14.1
	13.2	14.5	12.5	17.6	
	6.4	5.1	0.6	1.9	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 2.11900 WITH 6 DEGREES OF FREEDOM SIGNIFICANCE = 0.9034

VAR12 PART II QUESTION 6

TEST #6

VAR12	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.	2	3	0	3	8
	25.0	37.5	0.0	37.5	5.1
	2.6	5.5	0.0	17.6	
	1.3	1.9	0.0	1.9	
1. AGREE	66	41	5	13	125
	52.8	32.8	4.0	10.4	80.1
	86.8	74.5	62.5	76.5	
	42.3	26.3	3.2	8.3	
2. DISAGREE	8	11	3	1	23
	34.8	47.8	13.0	4.3	14.7
	10.5	20.0	37.5	5.9	
	5.1	7.1	1.9	0.6	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 13.13369 WITH 6 DEGREES OF FREEDOM SIGNIFICANCE = 0.0402

VAR13 PART II QUESTION 7

TEST #7

VAR13	VAR2 1.0 STAFF	2.0 RESIDENT	3.0 FELLOW	4.0 INTERN	ROW TOTAL
1. AGREE	74	51	8	16	149
	49.7	34.2	5.4	10.7	95.5
	97.4	92.7	100.0	94.1	
	47.4	32.7	5.1	10.3	
2. DISAGREE	2	4	0	1	7
	28.6	57.1	0.0	14.3	4.5
	2.6	7.3	0.0	5.9	
	1.3	2.6	0.0	0.6	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 2.05938 WITH 3 DEGREES OF FREEDOM SIGNIFICANCE = 0.5602

VAR14 PART II QUESTION 8

TEST #8

VAR14	VAR2 1.0 STAFF	2.0 RESIDENT	3.0 FELLOW	4.0 INTERN	ROW TOTAL
0.	2	0	0	0	2
	100.0	0.0	0.0	0.0	1.3
	2.6	0.0	0.0	0.0	
	1.3	0.0	0.0	0.0	
1. AGREE	73	51	7	17	148
	49.3	34.5	4.7	11.5	94.9
	96.1	92.7	87.5	100.0	
	46.8	32.7	4.5	10.9	
2. DISAGREE	1	4	1	0	6
	16.7	66.7	16.7	0.0	3.8
	1.3	7.3	12.5	0.0	
	0.6	2.6	0.6	0.0	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 7.39179 WITH 6 DEGREES OF FREEDOM SIGNIFICANCE = 0.2861

VAR15 PART II QUESTION 9

TEST #9

VAR15	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1.STAFF	2.RESIDENT FELLOW	3.INTERN	4.	ROW TOTAL
0.		2	4	2	1	9
		22.2	44.4	22.2	11.1	5.8
		2.6	7.3	25.0	5.9	
		1.3	2.6	1.3	0.6	
1. AGREE		57	42	3	12	114
		50.0	36.8	2.6	10.5	73.1
		75.0	76.4	37.5	70.6	
		36.5	26.9	1.9	7.7	
2. DISAGREE		17	9	3	4	33
		51.5	27.3	9.1	12.1	21.2
		22.4	16.4	37.5	23.5	
		10.9	5.8	1.9	2.6	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 9.86822 WITH 6 DEGREES OF FREEDOM SIGNIFICANCE = 0.1304

VAR16 PART II QUESTION 10

TEST #10

VAR16	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1.STAFF	2.RESIDENT FELLOW	3.INTERN	4.	ROW TOTAL
0.		4	3	2	2	11
		36.4	27.3	18.2	18.2	7.1
		5.3	5.5	25.0	11.8	
		2.6	1.9	1.3	1.3	
1. AGREE		40	34	2	11	87
		46.0	39.1	2.3	12.6	55.8
		52.6	61.8	25.0	64.7	
		25.6	21.8	1.3	7.1	
2. DISAGREE		32	18	4	4	58
		55.2	31.0	6.9	6.9	37.2
		42.1	32.7	50.0	23.5	
		20.5	11.5	2.6	2.6	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 8.82549 WITH 6 DEGREES OF FREEDOM SIGNIFICANCE = 0.1836

VAR17 PART III QUESTION 1

TEST # 11

VAR17	VAR2 STAFF (1.)	RESIDENT FELLOW (2.)	(3.)	INTERN (4.)	ROW TOTAL
0.	2	0	1	1	4
	50.0	0.0	25.0	25.0	2.6
	2.6	0.0	12.5	5.9	
	1.3	0.0	0.6	0.6	
1. STRONGLY DISAGRE	4	6	1	0	11
	36.4	54.5	9.1	0.0	7.1
	5.3	10.9	12.5	0.0	
	2.6	3.6	0.6	0.0	
2. DISAGREE	14	7	3	0	24
	58.3	29.2	12.5	0.0	15.4
	18.4	12.7	37.5	0.0	
	9.0	4.5	1.9	0.0	
3. NEUTRAL	11	13	1	4	29
	37.9	44.8	3.4	13.8	18.6
	14.5	23.6	12.5	23.5	
	7.1	8.3	0.6	2.6	
4. AGREE	32	25	2	12	71
	45.1	35.2	2.8	16.9	45.5
	42.1	45.5	25.0	70.6	
	20.5	16.0	1.3	7.7	
5. STRONGLY AGREE	13	4	0	0	17
	76.5	23.5	0.0	0.0	10.9
	17.1	7.3	0.0	0.0	
	8.3	2.6	0.0	0.0	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 25.31547 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.0459

VAR18 PART III QUESTION 2

TEST #12

	VAR2				
COUNT / ROW PCT / COL PCT / TOT PCT	1.STAFF	2.RESIDENT	3.FELLOW	4.INTERN	ROW TOTAL
VAR18					
0.	2	0	1	0	3
	66.7	0.0	33.3	0.0	1.9
	2.6	0.0	12.5	0.0	
	1.3	0.0	0.6	0.0	
1. STRONGLY DISAGRE	6	5	0	1	12
	50.0	41.7	0.0	8.3	7.7
	7.9	9.1	0.0	5.9	
	3.8	3.2	0.0	0.6	
2. DISAGREE	15	10	4	3	32
	46.9	31.2	12.5	9.4	20.5
	19.7	18.2	50.0	17.6	
	9.6	6.4	2.6	1.9	
3. NEUTRAL	22	15	2	7	46
	47.8	32.6	4.3	15.2	29.5
	28.9	27.3	25.0	41.2	
	14.1	9.6	1.3	4.5	
4. AGREE	27	20	1	5	53
	50.9	37.7	1.9	9.4	34.0
	35.5	36.4	12.5	29.4	
	17.3	12.8	0.6	3.2	
5. STRONGLY AGREE	4	5	0	1	10
	40.0	50.0	0.0	10.0	6.4
	5.3	9.1	0.0	5.9	
	2.6	3.2	0.0	0.6	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 14.26600 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.5055

VAR19 PART III QUESTION 3

TEST #13

	VAR2				
COUNT / ROW PCT / COL PCT / TOT PCT	STAFF 1.	RESIDENT 2.	FELLOW 3.	INTERN 4.	ROW TOTAL
VAR19					
0.	1	0	2	0	3
	33.3	0.0	66.7	0.0	1.9
	1.3	0.0	25.0	0.0	
	0.6	0.0	1.3	0.0	
1.	1	2	1	0	4
STRONGLY DISAGRE	25.0	50.0	25.0	0.0	2.6
	1.3	3.6	12.5	0.0	
	0.6	1.3	0.6	0.0	
2.	9	3	0	0	12
DISAGREE	75.0	25.0	0.0	0.0	7.7
	11.8	5.5	0.0	0.0	
	5.8	1.9	0.0	0.0	
3.	8	6	0	4	18
NEUTRAL	44.4	33.3	0.0	22.2	11.5
	10.5	10.9	0.0	23.5	
	5.1	3.8	0.0	2.6	
4.	32	21	3	4	60
AGREE	53.3	35.0	5.0	6.7	38.5
	42.1	38.2	37.5	23.5	
	20.5	13.5	1.9	2.6	
5.	25	23	2	9	59
STRONGLY AGREE	42.4	39.0	3.4	15.3	37.8
	32.9	41.8	25.0	52.9	
	16.0	14.7	1.3	5.8	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 38.36536 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.0008

TEST #14

VAR20 PART III QUESTION 4

VAR20	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1.STAFF	2.RESIDENT	3.FELLOW	4.INTERN	ROW TOTAL
0.		1	0	2	0	3
		33.3	0.0	66.7	0.0	1.9
		1.3	0.0	25.0	0.0	
		0.6	0.0	1.3	0.0	
1. STRONGLY DISAGREE		2	1	0	0	3
		66.7	33.3	0.0	0.0	1.9
		2.6	1.8	0.0	0.0	
		1.3	0.6	0.0	0.0	
2. DISAGREE		11	9	1	1	22
		50.0	40.9	4.5	4.5	14.1
		14.5	16.4	12.5	5.9	
		7.1	5.8	0.6	0.6	
3. NEUTRAL		21	22	2	5	50
		42.0	44.0	4.0	10.0	32.1
		27.6	40.0	25.0	29.4	
		13.5	14.1	1.3	3.2	
4. AGREE		29	18	3	7	57
		50.9	31.6	5.3	12.3	36.5
		38.2	32.7	37.5	41.2	
		18.6	11.5	1.9	4.5	
5. STRONGLY AGREE		12	5	0	4	21
		57.1	23.8	0.0	19.0	13.5
		15.8	9.1	0.0	23.5	
		7.7	3.2	0.0	2.6	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 30.92958 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.0090

TEST #15

VAR21 PART III QUESTION 5

VAR21	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.	1	1	0	0	2
	50.0	50.0	0.0	0.0	1.3
	1.3	1.8	0.0	0.0	
	0.6	0.6	0.0	0.0	
1. STRONGLY DISAGRE	5	2	0	0	7
	71.4	28.6	0.0	0.0	4.5
	6.6	3.6	0.0	0.0	
	3.2	1.3	0.0	0.0	
2. DISAGREE	3	6	2	0	11
	27.3	54.5	18.2	0.0	7.1
	3.9	10.9	25.0	0.0	
	1.9	3.8	1.3	0.0	
3. NEUTRAL	11	13	2	5	31
	35.5	41.9	6.5	16.1	19.9
	14.5	23.6	25.0	29.4	
	7.1	8.3	1.3	3.2	
4. AGREE	21	18	2	5	46
	45.7	39.1	4.3	10.9	29.5
	27.6	32.7	25.0	29.4	
	13.5	11.5	1.3	3.2	
5. STRONGLY AGREE	35	15	2	7	59
	59.3	25.4	3.4	11.9	37.8
	46.1	27.3	25.0	41.2	
	22.4	9.6	1.3	4.5	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 15.55746 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.4121

VAR22 PART III QUESTION 6

TEST #16

VAR22		VAR2 1.STAFF	2.RESIDENT	3.FELLOW	4.INTERN	ROW TOTAL
	0.	0	1	0	0	1
		0.0	100.0	0.0	0.0	0.6
		0.0	1.8	0.0	0.0	
		0.0	0.6	0.0	0.0	
	2.	2	4	0	1	7
DISAGREE		28.6	57.1	0.0	14.3	4.5
		2.6	7.3	0.0	5.9	
		1.3	2.6	0.0	0.6	
	3.	9	5	0	2	16
NEUTRAL		56.2	31.2	0.0	12.5	10.3
		11.8	9.1	0.0	11.8	
		5.8	3.2	0.0	1.3	
	4.	27	14	6	5	52
AGREE		51.9	26.9	11.5	9.6	33.3
		35.5	25.5	75.0	29.4	
		17.3	9.0	3.8	3.2	
	5.	37	31	2	9	79
STRONGLY AGREE		46.8	39.2	2.5	11.4	50.6
		48.7	56.4	25.0	52.9	
		23.7	19.9	1.3	5.8	
	6.	1	0	0	0	1
		100.0	0.0	0.0	0.0	0.6
		1.3	0.0	0.0	0.0	
		0.6	0.0	0.0	0.0	
	COLUMN TOTAL	76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 12.82186 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.6161

VAR23 PART III QUESTION 7

TEST #17

VAR23	VAR2				
COUNT / ROW PCT / COL PCT / TOT PCT	ISTAFF 1.	RESIDENT 2.	FELLOW 3.	INTERN 4.	ROW TOTAL
0.	1	0	1	0	2
	50.0	0.0	50.0	0.0	1.3
	1.3	0.0	12.5	0.0	
	0.6	0.0	0.6	0.0	
1. STRONGLY DISAGREE	10	7	1	2	20
	50.0	35.0	5.0	10.0	12.8
	13.2	12.7	12.5	11.8	
	6.4	4.5	0.6	1.3	
2. DISAGREE	17	14	4	4	39
	43.6	35.9	10.3	10.3	25.0
	22.4	25.5	50.0	23.5	
	10.9	9.0	2.6	2.6	
3. NEUTRAL	4	6	0	3	13
	30.8	46.2	0.0	23.1	8.3
	5.3	10.9	0.0	17.6	
	2.6	3.8	0.0	1.9	
4. AGREE	21	17	1	3	42
	50.0	40.5	2.4	7.1	26.9
	27.6	30.9	12.5	17.6	
	13.5	10.9	0.6	1.9	
5. STRONGLY AGREE	23	11	1	5	40
	57.5	27.5	2.5	12.5	25.6
	30.3	20.0	12.5	29.4	
	14.7	7.1	0.6	3.2	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 18.21147 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.2517

VAR24 PART III QUESTION 8

TEST #18

VAR24	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.		1	0	0	0	1
		100.0	0.0	0.0	0.0	0.6
		1.3	0.0	0.0	0.0	
		0.6	0.0	0.0	0.0	
1. STRONGLY DISAGRE		5	6	2	0	13
		38.5	46.2	15.4	0.0	8.3
		6.6	10.9	25.0	0.0	
		3.2	3.8	1.3	0.0	
2. DISAGREE		12	12	1	3	28
		42.9	42.9	3.6	10.7	17.9
		15.8	21.8	12.5	17.6	
		7.7	7.7	0.6	1.9	
3. NEUTRAL		19	10	0	2	31
		61.3	32.3	0.0	6.5	19.9
		25.0	18.2	0.0	11.8	
		12.2	6.4	0.0	1.3	
4. AGREE		22	21	4	7	54
		40.7	38.9	7.4	13.0	34.6
		28.9	38.2	50.0	41.2	
		14.1	13.5	2.6	4.5	
5. STRONGLY AGREE		17	6	1	5	29
		58.6	20.7	3.4	17.2	18.6
		22.4	10.9	12.5	29.4	
		10.9	3.8	0.6	3.2	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 15.10638 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.4439

VAR25 PART III QUESTION 9

TEST #19

VAR25	VAR2 STAFF (1.)	RESIDENT (2.)	FELLOW (3.)	INTERN (4.)	ROW TOTAL
0.	2	1	1	0	4
	50.0	25.0	25.0	0.0	2.6
	2.6	1.8	12.5	0.0	
	1.3	0.6	0.6	0.0	
1. STRONGLY DISAGREE	2	5	0	1	8
	25.0	62.5	0.0	12.5	5.1
	2.6	9.1	0.0	5.9	
	1.3	3.2	0.0	0.6	
2. DISAGREE	10	8	2	3	23
	43.5	34.8	8.7	13.0	14.7
	13.2	14.5	25.0	17.6	
	6.4	5.1	1.3	1.9	
3. NEUTRAL	16	9	0	5	30
	53.3	30.0	0.0	16.7	19.2
	21.1	16.4	0.0	29.4	
	10.3	5.8	0.0	3.2	
4. AGREE	29	24	4	7	64
	45.3	37.5	6.3	10.9	41.0
	38.2	43.6	50.0	41.2	
	18.6	15.4	2.6	4.5	
5. STRONGLY AGREE	17	8	1	1	27
	63.0	29.6	3.7	3.7	17.3
	22.4	14.5	12.5	5.9	
	10.9	5.1	0.6	0.6	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 13.45079 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.5675

VAR26 PART III QUESTION 10

TEST # 20

VAR26	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.	3	1	0	0	4
	75.0	25.0	0.0	0.0	2.6
	3.9	1.8	0.0	0.0	
	1.9	0.6	0.0	0.0	
1. STRONGLY DISAGRE	1	3	1	0	5
	20.0	60.0	20.0	0.0	3.2
	1.3	5.5	12.5	0.0	
	0.6	1.9	0.6	0.0	
2. DISAGREE	10	9	1	4	24
	41.7	37.5	4.2	16.7	15.4
	13.2	16.4	12.5	23.5	
	6.4	5.8	0.6	2.6	
3. NEUTRAL	17	9	1	3	30
	56.7	30.0	3.3	10.0	19.2
	22.4	16.4	12.5	17.6	
	10.9	5.8	0.6	1.9	
4. AGREE	30	26	4	6	66
	45.5	39.4	6.1	9.1	42.3
	39.5	47.3	50.0	35.3	
	19.2	16.7	2.6	3.8	
5. STRONGLY AGREE	15	7	1	4	27
	55.6	25.9	3.7	14.8	17.3
	19.7	12.7	12.5	23.5	
	9.6	4.5	0.6	2.6	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 9.82097 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.6308

VAR27 PART III QUESTION 11

TEST #21

VAR27	VAR2 1. STAFF	2. RESIDENT FELLOW	3. INTERN	4.	ROW TOTAL
1. STRONGLY DISAGREE	8	2	0	0	10
	80.0	20.0	0.0	0.0	6.4
	10.5	3.6	0.0	0.0	
	5.1	1.3	0.0	0.0	
2. DISAGREE	8	7	0	0	15
	53.3	46.7	0.0	0.0	9.6
	10.5	12.7	0.0	0.0	
	5.1	4.5	0.0	0.0	
3. NEUTRAL	24	11	0	3	38
	63.2	28.9	0.0	7.9	24.4
	31.6	20.0	0.0	17.6	
	15.4	7.1	0.0	1.9	
4. AGREE	23	25	7	11	66
	34.8	37.9	10.6	16.7	42.3
	30.3	45.5	87.5	64.7	
	14.7	16.0	4.5	7.1	
5. STRONGLY AGREE	13	10	1	3	27
	48.1	37.0	3.7	11.1	17.3
	17.1	18.2	12.5	17.6	
	8.3	6.4	0.6	1.9	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 20.35977 WITH 12 DEGREES OF FREEDOM SIGNIFICANCE = 0.0606

VAR28 PART III QUESTION 12

TEST #22

VAR28	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.		0	2	1	0	3
		0.0	66.7	33.3	0.0	1.9
		0.0	3.6	12.5	0.0	
		0.0	1.3	0.6	0.0	
1. STRONGLY DISAGRE		0	5	0	0	5
		0.0	100.0	0.0	0.0	3.2
		0.0	9.1	0.0	0.0	
		0.0	3.2	0.0	0.0	
2. DISAGREE		11	5	1	1	18
		61.1	27.8	5.6	5.6	11.5
		14.5	9.1	12.5	5.9	
		7.1	3.2	0.6	0.6	
3. NEUTRAL		17	8	0	5	30
		56.7	26.7	0.0	16.7	19.2
		22.4	14.5	0.0	29.4	
		10.9	5.1	0.0	3.2	
4. AGREE		27	22	4	8	61
		44.3	36.1	6.6	13.1	39.1
		35.5	40.0	50.0	47.1	
		17.3	14.1	2.6	5.1	
5. STRONGLY AGREE		21	13	2	3	39
		53.8	33.3	5.1	7.7	25.0
		27.6	23.6	25.0	17.6	
		13.5	8.3	1.3	1.9	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 22.66322 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.0916

VAR29 PART III QUESTION 13

TEST #23

VAR29	VAR2	1.	2.	3.	4.	ROW TOTAL
1. STRONGLY DISAGREE	COUNT	1	5	0	0	6
	ROW PCT	16.7	83.3	0.0	0.0	3.8
	COL PCT	1.3	9.1	0.0	0.0	
	TOT PCT	0.6	3.2	0.0	0.0	
2. DISAGREE	COUNT	2	4	1	2	9
	ROW PCT	22.2	44.4	11.1	22.2	5.8
	COL PCT	2.6	7.3	12.5	11.8	
	TOT PCT	1.3	2.6	0.6	1.3	
3. NEUTRAL	COUNT	15	7	0	2	24
	ROW PCT	62.5	29.2	0.0	8.3	15.4
	COL PCT	19.7	12.7	0.0	11.8	
	TOT PCT	9.6	4.5	0.0	1.3	
4. AGREE	COUNT	33	22	5	8	68
	ROW PCT	48.5	32.4	7.4	11.8	43.6
	COL PCT	43.4	40.0	62.5	47.1	
	TOT PCT	21.2	14.1	3.2	5.1	
5. STRONGLY AGREE	COUNT	25	17	2	5	49
	ROW PCT	51.0	34.7	4.1	10.2	31.4
	COL PCT	32.9	30.9	25.0	29.4	
	TOT PCT	16.0	10.9	1.3	3.2	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 12.97415 WITH 12 DEGREES OF FREEDOM SIGNIFICANCE = 0.3709

VAR30 PART III QUESTION 14

TEST #24

VAR30	VAR2					
COUNT / ROW PCT / COL PCT / TOT PCT	1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.	1	0	0	0	1
	100.0	0.0	0.0	0.0	0.6
	1.3	0.0	0.0	0.0	
	0.6	0.0	0.0	0.0	
1. STRONGLY DISAGRE	4	7	0	0	11
	36.4	63.6	0.0	0.0	7.1
	5.3	12.7	0.0	0.0	
	2.6	4.5	0.0	0.0	
2. DISAGREE	10	10	2	3	25
	40.0	40.0	8.0	12.0	16.0
	13.2	18.2	25.0	17.6	
	6.4	6.4	1.3	1.9	
3. NEUTRAL	18	19	1	4	42
	42.9	45.2	2.4	9.5	26.9
	23.7	34.5	12.5	23.5	
	11.5	12.2	0.6	2.6	
4. AGREE	30	11	3	7	51
	58.8	21.6	5.9	13.7	32.7
	39.5	20.0	37.5	41.2	
	19.2	7.1	1.9	4.5	
5. STRONGLY AGREE	13	8	2	3	26
	50.0	30.8	7.7	11.5	16.7
	17.1	14.5	25.0	17.6	
	8.3	5.1	1.3	1.9	
COLUMN TOTAL	76	55	8	17	156
	48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 13.53689 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.5609

VAR31 PART III QUESTION 15

TEST #25

	VAR2				
COUNT / ROW PCT / COL PCT / TOT PCT	STAFF 1.	RESIDENT 2.	FELLOW 3.	INTERN 4.	ROW TOTAL
VAR31					
0.	0 0.0 0.0 0.0	2 66.7 3.6 1.3	1 33.3 12.5 0.6	0 0.0 0.0 0.0	3 1.9
1. STRONGLY DISAGREE	0 0.0 0.0 0.0	2 66.7 3.6 1.3	0 0.0 0.0 0.0	1 33.3 5.9 0.6	3 1.9
2. DISAGREE	4 26.7 5.3 2.6	9 60.0 16.4 5.8	1 6.7 12.5 0.6	1 6.7 5.9 0.6	15 9.6
3. NEUTRAL	19 70.4 25.0 12.2	7 25.9 12.7 4.5	0 0.0 0.0 0.0	1 3.7 5.9 0.6	27 17.3
4. AGREE	37 49.3 48.7 23.7	24 32.0 43.6 15.4	5 6.7 62.5 3.2	9 12.0 52.9 5.8	75 48.1
5. STRONGLY AGREE	16 48.5 21.1 10.3	11 33.3 20.0 7.1	1 3.0 12.5 0.6	5 15.2 29.4 3.2	33 21.2
COLUMN TOTAL	76 48.7	55 35.3	8 5.1	17 10.9	156 100.0

CHI SQUARE = * 22.99931 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.0842

VAR32 PART III QUESTION 16

TEST # 26

VAR32	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.		2	2	0	0	4
		50.0	50.0	0.0	0.0	2.6
		2.6	3.6	0.0	0.0	
		1.3	1.3	0.0	0.0	
1. STRONGLY DISAGRE		3	2	0	0	5
		60.0	40.0	0.0	0.0	3.2
		3.9	3.6	0.0	0.0	
		1.9	1.3	0.0	0.0	
2. DISAGREE		3	2	1	1	7
		42.9	28.6	14.3	14.3	4.5
		3.9	3.6	12.5	5.9	
		1.9	1.3	0.6	0.6	
3. NEUTRAL		12	16	2	1	31
		38.7	51.6	6.5	3.2	19.9
		15.8	29.1	25.0	5.9	
		7.7	10.3	1.3	0.6	
4. AGREE		38	21	3	8	70
		54.3	30.0	4.3	11.4	44.9
		50.0	38.2	37.5	47.1	
		24.4	13.5	1.9	5.1	
5. STRONGLY AGREE		18	12	2	7	39
		46.2	30.8	5.1	17.9	25.0
		23.7	21.8	25.0	41.2	
		11.5	7.7	1.3	4.5	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 11.14204 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.7424

VAR33 PART III QUESTION 17

TEST #27

VAR33	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.		1	1	0	0	2
		50.0	50.0	0.0	0.0	1.3
		1.3	1.8	0.0	0.0	
		0.6	0.6	0.0	0.0	
1. STRONGLY DISAGRE		4	5	1	1	11
		36.4	45.5	9.1	9.1	7.1
		5.3	9.1	12.5	5.9	
		2.6	3.2	0.6	0.6	
2. DISAGREE		8	5	2	0	15
		53.3	33.3	13.3	0.0	9.6
		10.5	9.1	25.0	0.0	
		5.1	3.2	1.3	0.0	
3. NEUTRAL		11	11	0	2	24
		45.8	45.8	0.0	8.3	15.4
		14.5	20.0	0.0	11.8	
		7.1	7.1	0.0	1.3	
4. AGREE		36	24	4	8	72
		50.0	33.3	5.6	11.1	46.2
		47.4	43.6	50.0	47.1	
		23.1	15.4	2.6	5.1	
5. STRONGLY AGREE		16	9	1	6	32
		50.0	28.1	3.1	18.7	20.5
		21.1	16.4	12.5	35.3	
		10.3	5.8	0.6	3.8	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 10.00862 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.8192

VAR34 PART III QUESTION 18

TEST #28

VAR34	VAR2	1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.	COUNT	1	1	0	0	2
	ROW PCT	50.0	50.0	0.0	0.0	1.3
	COL PCT	1.3	1.8	0.0	0.0	
	TOT PCT	0.6	0.6	0.0	0.0	
1. STRONGLY DISAGREE	COUNT	3	3	1	1	8
	ROW PCT	37.5	37.5	12.5	12.5	5.1
	COL PCT	3.9	5.5	12.5	5.9	
	TOT PCT	1.9	1.9	0.6	0.6	
2. DISAGREE	COUNT	13	12	1	2	28
	ROW PCT	46.4	42.9	3.6	7.1	17.9
	COL PCT	17.1	21.8	12.5	11.8	
	TOT PCT	8.3	7.7	0.6	1.3	
3. NEUTRAL	COUNT	24	15	2	4	45
	ROW PCT	53.3	33.3	4.4	8.9	28.8
	COL PCT	31.6	27.3	25.0	23.5	
	TOT PCT	15.4	9.6	1.3	2.6	
4. AGREE	COUNT	27	22	3	7	59
	ROW PCT	45.8	37.3	5.1	11.9	37.8
	COL PCT	35.5	40.0	37.5	41.2	
	TOT PCT	17.3	14.1	1.9	4.5	
5. STRONGLY AGREE	COUNT	8	2	1	3	14
	ROW PCT	57.1	14.3	7.1	21.4	9.0
	COL PCT	10.5	3.6	12.5	17.6	
	TOT PCT	5.1	1.3	0.6	1.9	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 6.67577 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.9660

VAR35 PART III QUESTION 19

TEST #29

VAR2

VAR35	COUNT / ROW PCT / COL PCT / TOT PCT	STAFF 1.0	RESIDENT FELLOW 2.0	3.0	INTERN 4.0	ROW TOTAL
0.		3	2	1	2	8
		37.5	25.0	12.5	25.0	5.1
		3.9	3.6	12.5	11.8	
		1.9	1.3	0.6	1.3	
1.		7	7	1	1	16
STRONGLY DISAGRE		43.7	43.7	6.3	6.3	10.3
		9.2	12.7	12.5	5.9	
		4.5	4.5	0.6	0.6	
2.		11	12	2	3	28
DISAGREE		39.3	42.9	7.1	10.7	17.9
		14.5	21.8	25.0	17.6	
		7.1	7.7	1.3	1.9	
3.		19	13	3	1	36
NEUTRAL		52.8	36.1	8.3	2.8	23.1
		25.0	23.6	37.5	5.9	
		12.2	8.3	1.9	0.6	
4.		32	15	0	7	54
AGREE		59.3	27.8	0.0	13.0	34.6
		42.1	27.3	0.0	41.2	
		20.5	9.6	0.0	4.5	
5.		4	6	1	3	14
STRONGLY AGREE		28.6	42.9	7.1	21.4	9.0
		5.3	10.9	12.5	17.6	
		2.6	3.8	0.6	1.9	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 15.73929 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.3996

VAR36 PART III QUESTION 20

TEST #80

VAR36	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 ISTAFF (1.)	RESIDENT (2.)	FELLOW (3.)	INTERN (4.)	ROW TOTAL
0.		2	2	1	0	5
		40.0	40.0	20.0	0.0	3.2
		2.6	3.6	12.5	0.0	
		1.3	1.3	0.6	0.0	
1. STRONGLY DISAGREE		7	5	1	0	13
		53.8	38.5	7.7	0.0	8.3
		9.2	9.1	12.5	0.0	
		4.5	3.2	0.6	0.0	
2. DISAGREE		7	5	2	1	15
		46.7	33.3	13.3	6.7	9.6
		9.2	9.1	25.0	5.9	
		4.5	3.2	1.3	0.6	
3. NEUTRAL		28	21	1	6	56
		50.0	37.5	1.8	10.7	35.9
		36.8	38.2	12.5	35.3	
		17.9	13.5	0.6	3.8	
4. AGREE		21	15	3	5	44
		47.7	34.1	6.8	11.4	28.2
		27.6	27.3	37.5	29.4	
		13.5	9.6	1.9	3.2	
5. STRONGLY AGREE		11	7	0	5	23
		47.8	30.4	0.0	21.7	14.7
		14.5	12.7	0.0	29.4	
		7.1	4.5	0.0	3.2	
COLUMN TOTAL		76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = 12.16284 WITH 15 DEGREES OF FREEDOM SIGNIFICANCE = 0.6667

VAR7 PART II QUESTION 1

TEST #31

		VAR9		
COUNT / ROW PCT / COL PCT / TOT PCT	1. AGREE	DISAGREE 2.	ROW TOTAL	
VAR7				
0.	3	2	5	
	60.0	40.0	3.2	
	4.3	2.3		
	1.9	1.3		
1. AGREE	65	78	143	
	45.5	54.5	91.7	
	92.9	90.7		
	41.7	50.0		
2. DISAGREE	2	6	8	
	25.0	75.0	5.1	
	2.9	7.0		
	1.3	3.8		
COLUMN TOTAL	70	86	156	
	44.9	55.1	100.0	

CHI SQUARE = * 1.75030 WITH 2 DEGREES OF FREEDOM SIGNIFICANCE = 0.4149

VAR12 PART II QUESTION 6 BY VAR13 PART II QUESTION 7

TEST #32

		VAR13		
COUNT / ROW PCT / COL PCT / TOT PCT	1. AGREE	DISAGREE 2.	ROW TOTAL	
VAR12				
0.	8	0	8	
	100.0	0.0	5.1	
	5.4	0.0		
	5.1	0.0		
1. AGREE	122	3	125	
	97.6	2.4	80.1	
	81.9	42.9		
	78.2	1.9		
2. DISAGREE	19	4	23	
	82.6	17.4	14.7	
	12.8	57.1		
	12.2	2.6		
COLUMN TOTAL	149	7	156	
	95.5	4.5	100.0	

CHI SQUARE = * 10.58253 WITH 2 DEGREES OF FREEDOM SIGNIFICANCE = 0.0050

VAR11 PART II QUESTION 5 BY VAR14 PART II QUESTION 8

TEST # 33

VAR11	COUNT / ROW PCT / COL PCT / TOT PCT	VAR14 AGREE 0.	VAR14 DISAGREE 1.	VAR14 2.	ROW TOTAL
0.		0	1	0	1
		0.0	100.0	0.0	0.6
		0.0	0.7	0.0	
		0.0	0.6	0.0	
1.		1	128	4	133
AGREE		0.8	96.2	3.0	85.3
		50.0	86.5	66.7	
		0.6	82.1	2.6	
2.		1	19	2	22
DISAGREE		4.5	86.4	9.1	14.1
		50.0	12.8	33.3	
		0.6	12.2	1.3	
COLUMN TOTAL		2	148	6	156
		1.3	94.9	3.8	100.0

CHI SQUARE = 4.16391 WITH 4 DEGREES OF FREEDOM SIGNIFICANCE = 0.3817

VAR19 PART III QUESTION 3 BY VAR22 PART III QUESTION 6

TEST # 34

VAR19	COUNT / ROW PCT / COL PCT / TOT PCT	VAR22 0. DISAGREE	1.	2. NEUTRAL	3.	4. AGREE	5.	6. STRONGLY AGREE	ROW TOTAL
0.		0	0	0	2	1	0		3
		0.0	0.0	0.0	66.7	33.3	0.0		1.9
		0.0	0.0	0.0	3.8	1.3	0.0		
		0.0	0.0	0.0	1.3	0.6	0.0		
1. STRONGLY DISAGRE		0	1	0	1	2	0		4
		0.0	25.0	0.0	25.0	50.0	0.0		2.6
		0.0	14.3	0.0	1.9	2.5	0.0		
		0.0	0.6	0.0	0.6	1.3	0.0		
2. DISAGREE		0	3	1	5	3	0		12
		0.0	25.0	8.3	41.7	25.0	0.0		7.7
		0.0	42.9	6.3	9.6	3.8	0.0		
		0.0	1.9	0.6	3.2	1.9	0.0		
3. NEUTRAL		0	1	7	4	6	0		18
		0.0	5.6	38.9	22.2	33.3	0.0		11.5
		0.0	14.3	43.7	7.7	7.6	0.0		
		0.0	0.6	4.5	2.6	3.8	0.0		
4. AGREE		0	1	7	29	23	0		60
		0.0	1.7	11.7	48.3	38.3	0.0		38.5
		0.0	14.3	43.7	55.8	29.1	0.0		
		0.0	0.6	4.5	18.6	14.7	0.0		
5. STRONGLY AGREE		1	1	1	11	44	1		59
		1.7	1.7	1.7	18.6	74.6	1.7		37.8
		100.0	14.3	6.3	21.2	55.7	100.0		
		0.6	0.6	0.6	7.1	28.2	0.6		
COLUMN TOTAL		1	7	16	52	79	1		156
		0.6	4.5	10.3	33.3	50.6	0.6		100.0

CHI SQUARE = * 61.18204 WITH 25 DEGREES OF FREEDOM SIGNIFICANCE = 0.0001

VAR11 PART II QUESTION 5

TEST #35

		VAR19						
	COUNT / ROW PCT / COL PCT / TOT PCT	STRONGLY DISAGREE 0.	DISAGREE 1.	NEUTRAL 2.	AGREE 3.	AGREE 4.	STRONGLY AGREE 5.	ROW TOTAL
VAR11								
0.		0	0	0	0	1	0	1
		0.0	0.0	0.0	0.0	100.0	0.0	0.6
		0.0	0.0	0.0	0.0	1.7	0.0	
		0.0	0.0	0.0	0.0	0.6	0.0	
1. AGREE		1	2	9	12	54	55	133
		0.8	1.5	6.8	9.0	40.6	41.4	85.3
		33.3	50.0	75.0	66.7	90.0	93.2	
		0.6	1.3	5.8	7.7	34.6	35.3	
2. DISAGREE		2	2	3	6	5	4	22
		9.1	9.1	13.6	27.3	22.7	18.2	14.1
		66.7	50.0	25.0	33.3	8.3	6.8	
		1.3	1.3	1.9	3.8	3.2	2.6	
COLUMN TOTAL		3	4	12	18	60	59	156
		1.9	2.6	7.7	11.5	38.5	37.8	100.0

CHI SQUARE = 23.52976 WITH 10 DEGREES OF FREEDOM SIGNIFICANCE = 0.0090

VAR14 PART II QUESTION 8 BY VAR19 PART III QUESTION 3

TEST #36

		VAR19						
	COUNT / ROW PCT / COL PCT / TOT PCT	STRONGLY DISAGREE 0.	DISAGREE 1.	NEUTRAL 2.	AGREE 3.	AGREE 4.	STRONGLY AGREE 5.	ROW TOTAL
VAR14								
0.		1	0	0	0	0	1	2
		50.0	0.0	0.0	0.0	0.0	50.0	1.3
		33.3	0.0	0.0	0.0	0.0	1.7	
		0.6	0.0	0.0	0.0	0.0	0.6	
1. AGREE		2	3	10	18	59	56	148
		1.4	2.0	6.8	12.2	39.9	37.8	94.9
		66.7	75.0	83.3	100.0	98.3	94.9	
		1.3	1.9	6.4	11.5	37.8	35.9	
2. DISAGREE		0	1	2	0	1	2	6
		0.0	16.7	33.3	0.0	16.7	33.3	3.8
		0.0	25.0	16.7	0.0	1.7	3.4	
		0.0	0.6	1.3	0.0	0.6	1.3	
COLUMN TOTAL		3	4	12	18	60	59	156
		1.9	2.6	7.7	11.5	38.5	37.8	100.0

CHI SQUARE = 37.39689 WITH 10 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR11 PART II QUESTION 5 BY VAR28 PART III QUESTION 12

TEST #37

VAR11	COUNT / ROW PCT / COL PCT / TOT PCT	VAR28 0.0 STRONGLY DISAGREE	1.0 DISAGREE	2.0 NEUTRAL	3.0 AGREE	4.0	5.0 STRONGLY AGREE	ROW TOTAL
0.		0	1	0	0	0	0	1
		0.0	100.0	0.0	0.0	0.0	0.0	0.6
		0.0	20.0	0.0	0.0	0.0	0.0	
		0.0	0.6	0.0	0.0	0.0	0.0	
1. AGREE		3	4	16	21	53	36	133
		2.3	3.0	12.0	15.8	39.8	27.1	85.3
		100.0	80.0	88.9	70.0	86.9	92.3	
		1.9	2.6	10.3	13.5	34.0	23.1	
2. DISAGREE		0	0	2	9	8	3	22
		0.0	0.0	9.1	40.9	36.4	13.6	14.1
		0.0	0.0	11.1	30.0	13.1	7.7	
		0.0	0.0	1.3	5.8	5.1	1.9	
COLUMN TOTAL		3	5	18	30	61	39	156
		1.9	3.2	11.5	19.2	39.1	25.0	100.0

CHI SQUARE = * 39.18322 WITH 10 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR10 PART II QUESTION 4 BY VAR20 PART III QUESTION 4

TEST #38

VAR10	COUNT / ROW PCT / COL PCT / TOT PCT	VAR20 0.0 STRONGLY DISAGREE	1.0 DISAGREE	2.0 NEUTRAL	3.0 AGREE	4.0	5.0 STRONGLY AGREE	ROW TOTAL
0.		0	0	0	4	3	0	7
		0.0	0.0	0.0	57.1	42.9	0.0	4.5
		0.0	0.0	0.0	8.0	5.3	0.0	
		0.0	0.0	0.0	2.6	1.9	0.0	
1. AGREE		0	0	4	16	31	14	65
		0.0	0.0	6.2	24.6	47.7	21.5	41.7
		0.0	0.0	18.2	32.0	54.4	66.7	
		0.0	0.0	2.6	10.3	19.9	9.0	
2. DISAGREE		3	3	18	30	23	7	84
		3.6	3.6	21.4	35.7	27.4	8.3	53.8
		100.0	100.0	81.8	60.0	40.4	33.3	
		1.9	1.9	11.5	19.2	14.7	4.5	
COLUMN TOTAL		3	3	22	50	57	21	156
		1.9	1.9	14.1	32.1	36.5	13.5	100.0

CHI SQUARE = * 25.03784 WITH 10 DEGREES OF FREEDOM SIGNIFICANCE = 0.0053

VAR21 PART III QUESTION 5 BY VAR36 PART III QUESTION 20

TEST = 39

VAR21	COUNT / ROW PCT / COL PCT / TOT PCT	VAR36 0. STRONGLY DISAGREE	1. DISAGREE	2.	3. NEUTRAL	4. AGREE	5. STRONGLY AGREE	ROW TOTAL
0.		1	0	0	0	0	1	2
		50.0	0.0	0.0	0.0	0.0	50.0	1.3
		20.0	0.0	0.0	0.0	0.0	4.3	
		0.6	0.0	0.0	0.0	0.0	0.6	
1. STRONGLY DISAGREE		0	4	0	3	0	0	7
		0.0	57.1	0.0	42.9	0.0	0.0	4.5
		0.0	30.8	0.0	5.4	0.0	0.0	
		0.0	2.6	0.0	1.9	0.0	0.0	
2. DISAGREE		0	4	4	3	0	0	11
		0.0	36.4	36.4	27.3	0.0	0.0	7.1
		0.0	30.8	26.7	5.4	0.0	0.0	
		0.0	2.6	2.6	1.9	0.0	0.0	
3. NEUTRAL		2	2	4	16	6	1	31
		6.5	6.5	12.9	51.6	19.4	3.2	19.9
		40.0	15.4	26.7	28.6	13.6	4.3	
		1.3	1.3	2.6	10.3	3.8	0.6	
4. AGREE		0	1	5	20	17	3	46
		0.0	2.2	10.9	43.5	37.0	6.5	29.5
		0.0	7.7	33.3	35.7	38.6	13.0	
		0.0	0.6	3.2	12.8	10.9	1.9	
5. STRONGLY AGREE		2	2	2	14	21	18	59
		3.4	3.4	3.4	23.7	35.6	30.5	37.8
		40.0	15.4	13.3	25.0	47.7	78.3	
		1.3	1.3	1.3	9.0	13.5	11.5	
	COLUMN TOTAL	5	13	15	56	44	23	156
		3.2	8.3	9.6	35.9	28.2	14.7	100.0

CHI SQUARE = 97.51934 WITH 25 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR22 PART III QUESTION 6 BY VAR28 PART III QUESTION 12

TEST #40

VAR22	COUNT / ROW PCT / COL PCT / TOT PCT	VAR28 0. STRONGLY DISAGREE	1. DISAGREE	2. NEUTRAL	3. AGREE	4. STRONGLY AGREE	5.	ROW TOTAL
0.		1	0	0	0	0	0	1
		100.0	0.0	0.0	0.0	0.0	0.0	0.6
		33.3	0.0	0.0	0.0	0.0	0.0	
		0.6	0.0	0.0	0.0	0.0	0.0	
2. DISAGREE		0	2	1	2	2	0	7
		0.0	28.6	14.3	28.6	28.6	0.0	4.5
		0.0	40.0	5.6	6.7	3.3	0.0	
		0.0	1.3	0.6	1.3	1.3	0.0	
3. NEUTRAL		0	0	4	6	4	2	16
		0.0	0.0	25.0	37.5	25.0	12.5	10.3
		0.0	0.0	22.2	20.0	6.6	5.1	
		0.0	0.0	2.6	3.8	2.6	1.3	
4. AGREE		0	0	7	13	26	6	52
		0.0	0.0	13.5	25.0	50.0	11.5	33.3
		0.0	0.0	38.9	43.3	42.6	15.4	
		0.0	0.0	4.5	6.3	16.7	3.9	
5. STRONGLY AGREE		2	3	6	9	28	31	79
		2.5	3.8	7.6	11.4	35.4	39.2	50.6
		66.7	60.0	33.3	30.0	45.9	79.5	
		1.3	1.9	3.8	5.8	17.9	19.9	
6.		0	0	0	0	1	0	1
		0.0	0.0	0.0	0.0	100.0	0.0	0.6
		0.0	0.0	0.0	0.0	1.6	0.0	
		0.0	0.0	0.0	0.0	0.6	0.0	
COLUMN TOTAL		3	5	18	30	61	39	156
		1.9	3.2	11.5	19.2	39.1	25.0	100.0

CHI SQUARE = 96.56679 WITH 25 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR24 PART III QUESTION 8 BY VAR34 PART III QUESTION 10

TEST #41

VAR24	VAR34							
COUNT / ROW PCT / COL PCT / TOT PCT	0. STRONGLY DISAGREE	1. DISAGREE	2. NEUTRAL	3. AGREE	4. STRONGLY AGREE	5.	ROW TOTAL
0.	0	0	1	0	0	0	1
	0.0	0.0	100.0	0.0	0.0	0.0	0.6
	0.0	0.0	3.6	0.0	0.0	0.0	
	0.0	0.0	0.6	0.0	0.0	0.0	
1. STRONGLY DISAGREE	0	1	2	3	4	3	13
	0.0	7.7	15.4	23.1	30.8	23.1	8.3
	0.0	12.5	7.1	6.7	6.8	21.4	
	0.0	0.6	1.3	1.9	2.6	1.9	
2. DISAGREE	1	1	2	8	14	2	28
	3.6	3.6	7.1	28.6	50.0	7.1	17.9
	50.0	12.5	7.1	17.8	23.7	14.3	
	0.6	0.6	1.3	5.1	9.0	1.3	
3. NEUTRAL	1	0	3	12	12	3	31
	3.2	0.0	9.7	38.7	38.7	9.7	19.9
	50.0	0.0	10.7	26.7	20.3	21.4	
	0.6	0.0	1.9	7.7	7.7	1.9	
4. AGREE	0	2	11	15	23	3	54
	0.0	3.7	20.4	27.8	42.6	5.6	34.6
	0.0	25.0	39.3	33.3	39.0	21.4	
	0.0	1.3	7.1	9.6	14.7	1.9	
5. STRONGLY AGREE	0	4	9	7	6	3	29
	0.0	13.8	31.0	24.1	20.7	10.3	18.6
	0.0	50.0	32.1	15.6	10.2	21.4	
	0.0	2.6	5.8	4.5	3.8	1.9	
COLUMN TOTAL	2	8	28	45	59	14	156
	1.3	5.1	17.9	28.8	37.8	9.0	100.0

CHI SQUARE = 29.26075 WITH 25 DEGREES OF FREEDOM SIGNIFICANCE = 0.2532

VAR24 PART III QUESTION 8 BY VAR30 PART III QUESTION 14

TEST #42

VAR24	VAR30	0.	1.	2.	3.	4.	5.	ROW TOTAL
		STRONGLY DISAGREE		NEUTRAL	AGREE		STRONGLY AGREE	
0.	COUNT	1	0	0	0	0	0	1
	ROW PCT	100.0	0.0	0.0	0.0	0.0	0.0	0.6
	COL PCT	100.0	0.0	0.0	0.0	0.0	0.0	
	TOT PCT	0.6	0.0	0.0	0.0	0.0	0.0	
1. STRONGLY DISAGREE	COUNT	0	6	1	5	0	1	13
	ROW PCT	0.0	46.2	7.7	38.5	0.0	7.7	8.3
	COL PCT	0.0	54.5	4.0	11.9	0.0	3.8	
	TOT PCT	0.0	3.8	0.6	3.2	0.0	0.6	
2. DISAGREE	COUNT	0	1	11	10	4	2	28
	ROW PCT	0.0	3.6	39.3	35.7	14.3	7.1	17.9
	COL PCT	0.0	9.1	44.0	23.8	7.8	7.7	
	TOT PCT	0.0	0.6	7.1	6.4	2.6	1.3	
3. NEUTRAL	COUNT	0	1	4	10	14	2	31
	ROW PCT	0.0	3.2	12.9	32.3	45.2	6.5	19.9
	COL PCT	0.0	9.1	16.0	23.8	27.5	7.7	
	TOT PCT	0.0	0.6	2.6	6.4	9.0	1.3	
4. AGREE	COUNT	0	2	7	13	24	8	54
	ROW PCT	0.0	3.7	13.0	24.1	44.4	14.8	34.6
	COL PCT	0.0	18.2	28.0	31.0	47.1	30.8	
	TOT PCT	0.0	1.3	4.5	8.3	15.4	5.1	
5. STRONGLY AGREE	COUNT	0	1	2	4	9	13	29
	ROW PCT	0.0	3.4	6.9	13.8	31.0	44.8	18.6
	COL PCT	0.0	9.1	8.0	9.5	17.6	50.0	
	TOT PCT	0.0	0.6	1.3	2.6	5.8	8.3	
COLUMN TOTAL		1	11	25	42	51	26	156
		0.6	7.1	16.0	26.9	32.7	16.7	100.0

CHI SQUARE = 231.45606 WITH 25 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR24 PART III QUESTION 8 BY VAR26 PART III QUESTION 10

TEST # 43

VAR24	COUNT / ROW PCT / COL PCT / TOT PCT	VAR26 0. STRONGLY DISAGRE	1.	2. NEUTRAL	3. AGREE	4.	5. STRONGLY AGREE	ROW TOTAL
0.	COUNT	0	0	0	1	0	0	1
	ROW PCT	0.0	0.0	0.0	100.0	0.0	0.0	0.6
	COL PCT	0.0	0.0	0.0	3.3	0.0	0.0	
	TOT PCT	0.0	0.0	0.0	0.6	0.0	0.0	
1. STRONGLY DISAGRE	COUNT	1	4	2	2	3	1	13
	ROW PCT	7.7	30.8	15.4	15.4	23.1	7.7	8.3
	COL PCT	25.0	80.0	8.3	6.7	4.5	3.7	
	TOT PCT	0.6	2.6	1.3	1.3	1.9	0.6	
2. DISAGREE	COUNT	1	0	3	3	19	2	28
	ROW PCT	3.6	0.0	10.7	10.7	67.9	7.1	17.9
	COL PCT	25.0	0.0	12.5	10.0	28.8	7.4	
	TOT PCT	0.6	0.0	1.9	1.9	12.2	1.3	
3. NEUTRAL	COUNT	0	0	4	12	12	3	31
	ROW PCT	0.0	0.0	12.9	38.7	38.7	9.7	19.9
	COL PCT	0.0	0.0	16.7	40.0	18.2	11.1	
	TOT PCT	0.0	0.0	2.6	7.7	7.7	1.9	
4. AGREE	COUNT	2	0	12	9	26	5	54
	ROW PCT	3.7	0.0	22.2	16.7	48.1	9.3	34.6
	COL PCT	50.0	0.0	50.0	30.0	39.4	18.5	
	TOT PCT	1.3	0.0	7.7	5.8	16.7	3.2	
5. STRONGLY AGREE	COUNT	0	1	3	3	6	16	29
	ROW PCT	0.0	3.4	10.3	10.3	20.7	55.2	18.6
	COL PCT	0.0	20.0	12.5	10.0	9.1	59.3	
	TOT PCT	0.0	0.6	1.9	1.9	3.8	10.3	
COLUMN TOTAL		4	5	24	30	66	27	156
		2.6	3.2	15.4	19.2	42.3	17.3	100.0

CHI SQUARE = * 91.83161 WITH 25 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR25 PART III QUESTION 9 BY VAR26 PART III QUESTION 10

TEST # 44

VAR25	VAR26	0.	1.	2.	3.	4.	5.	ROW TOTAL
0.	COUNT	2	0	0	1	1	0	4
	ROW PCT	50.0	0.0	0.0	25.0	25.0	0.0	2.6
	COL PCT	50.0	0.0	0.0	3.3	1.5	0.0	
	TOT PCT	1.3	0.0	0.0	0.6	0.6	0.0	
1. STRONGLY DISAGREE	COUNT	0	2	3	1	2	0	8
	ROW PCT	0.0	25.0	37.5	12.5	25.0	0.0	5.1
	COL PCT	0.0	40.0	12.5	3.3	3.0	0.0	
	TOT PCT	0.0	1.3	1.9	0.6	1.3	0.0	
2. DISAGREE	COUNT	1	1	11	3	7	0	23
	ROW PCT	4.3	4.3	47.8	13.0	30.4	0.0	14.7
	COL PCT	25.0	20.0	45.8	10.0	10.6	0.0	
	TOT PCT	0.6	0.6	7.1	1.9	4.5	0.0	
3. NEUTRAL	COUNT	1	1	5	15	6	2	30
	ROW PCT	3.3	3.3	16.7	50.0	20.0	6.7	19.2
	COL PCT	25.0	20.0	20.8	50.0	9.1	7.4	
	TOT PCT	0.6	0.6	3.2	9.6	3.8	1.3	
4. AGREE	COUNT	0	1	4	9	47	3	64
	ROW PCT	0.0	1.6	6.3	14.1	73.4	4.7	41.0
	COL PCT	0.0	20.0	16.7	30.0	71.2	11.1	
	TOT PCT	0.0	0.6	2.6	5.8	30.1	1.9	
5. STRONGLY AGREE	COUNT	0	0	1	1	3	22	27
	ROW PCT	0.0	0.0	3.7	3.7	11.1	81.5	17.3
	COL PCT	0.0	0.0	4.2	3.3	4.5	81.5	
	TOT PCT	0.0	0.0	0.6	0.6	1.9	14.1	
	COLUMN TOTAL	4	5	24	30	66	27	156
		2.6	3.2	15.4	19.2	42.3	17.3	100.0

CHI SQUARE = 200.19867 WITH 25 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR28 PART III QUESTION 12 BY VAR29 PART III QUESTION 13

TEST #45

VAR28	VAR29 1. STRONGLY DISAGRE	2. DISAGREE	3. NEUTRAL	4. AGREE	5. STRONGLY AGREE	ROW TOTAL
0.	0	0	1	0	2	3
	0.0	0.0	33.3	0.0	66.7	1.9
	0.0	0.0	4.2	0.0	4.1	
	0.0	0.0	0.6	0.0	1.3	
1. STRONGLY DISAGRE	3	1	0	0	1	5
	60.0	20.0	0.0	0.0	20.0	3.2
	50.0	11.1	0.0	0.0	2.0	
	1.9	0.6	0.0	0.0	0.6	
2. DISAGREE	1	5	6	5	1	18
	5.6	27.8	33.3	27.8	5.6	11.5
	16.7	55.6	25.0	7.4	2.0	
	0.6	3.2	3.8	3.2	0.6	
3. NEUTRAL	1	0	10	15	4	30
	3.3	0.0	33.3	50.0	13.3	19.2
	16.7	0.0	41.7	22.1	8.2	
	0.6	0.0	6.4	9.6	2.6	
4. AGREE	1	1	7	36	16	61
	1.6	1.6	11.5	59.0	26.2	39.1
	16.7	11.1	29.2	52.9	32.7	
	0.6	0.6	4.5	23.1	10.3	
5. STRONGLY AGREE	0	2	0	12	25	39
	0.0	5.1	0.0	30.8	64.1	25.0
	0.0	22.2	0.0	17.6	51.0	
	0.0	1.3	0.0	7.7	16.0	
COLUMN TOTAL	6	9	24	68	49	156
	3.8	5.8	15.4	43.6	31.4	100.0

CHI SQUARE = 113.93586 WITH 20 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR29 PART III QUESTION 13 BY VAR15 PART II QUESTION 9

TEST # 46

VAR29	VAR15 0. AGREE	VAR15 1.	VAR15 2. DISAGREE	ROW TOTAL
1. STRONGLY DISAGRE	0	3	3	6
	0.0	50.0	50.0	3.8
	0.0	2.6	9.1	
	0.0	1.9	1.9	
2. DISAGREE	1	3	5	9
	11.1	33.3	55.6	5.8
	11.1	2.6	15.2	
	0.6	1.9	3.2	
3. NEUTRAL	2	15	7	24
	8.3	62.5	29.2	15.4
	22.2	13.2	21.2	
	1.3	9.6	4.5	
4. AGREE	5	55	8	68
	7.4	80.9	11.8	43.6
	55.6	48.2	24.2	
	3.2	35.3	5.1	
5. STRONGLY AGREE	1	38	10	49
	2.0	77.6	20.4	31.4
	11.1	33.3	30.3	
	0.6	24.4	6.4	
COLUMN TOTAL	9	114	33	156
	5.8	73.1	21.2	100.0

CHI SQUARE = 16.96268 WITH 8 DEGREES OF FREEDOM SIGNIFICANCE = 0.0305

VAR1 Q1: YEAR OF BIRTH

TEST # 47

VAR1	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 ISTAFF 1.	RESIDENT 2.	FELLOW 3.	INTERN 4.	ROW TOTAL
0.		2	1	0	0	3
		66.7	33.3 %	0.0	0.0	1.9 %
		2.6	1.8	0.0	0.0	
		1.3	0.6	0.0	0.0	
1.		2	32	0	13	47
1951 AFT		4.3	68.1	0.0	27.7	30.1
		2.6	58.2	0.0	76.5	
		1.3	20.5	0.0	8.3	
2.		22	20	5	4	51
1946-50		43.1	39.2	9.8	7.8	32.7
		28.9	36.4	62.5	23.5	
		14.1	12.8	3.2	2.6	
3.		24	2	3	0	29
1941-45		82.8	6.9	10.3	0.0	18.6
		31.6	3.6	37.5	0.0	
		15.4	1.3	1.9	0.0	
4.		16	0	0	0	16
1936-40		100.0	0.0	0.0	0.0	10.3
		21.1	0.0	0.0	0.0	
		10.3	0.0	0.0	0.0	
5.		4	0	0	0	4
1931-35		100.0	0.0	0.0	0.0	2.6
		5.3	0.0	0.0	0.0	
		2.6	0.0	0.0	0.0	
6.		6	0	0	0	6
1926-30		100.0	0.0	0.0	0.0	3.8
		7.9	0.0	0.0	0.0	
		3.8	0.0	0.0	0.0	
	COLUMN TOTAL	76	55	8	17	156
		48.7	35.3	5.1	10.9	100.0

CHI SQUARE = * 97.39421 WITH 18 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR5 Q61 WORK IN CIVILIAN COMMUNITY BY VAR2

TEST #48

VAR5	VAR2	STAFF 1.	RESIDENT FELLOW 2.	3.	INTERN 4.	ROW TOTAL
0.	COUNT	1	0	1	0	2
	ROW PCT	50.0	0.0	50.0	0.0	1.3
	COL PCT	1.3	0.0	12.5	0.0	
	TOT PCT	0.6	0.0	0.6	0.0	
1. YES	COUNT	37	11	3	0	51
	ROW PCT	72.5	21.6	5.9	0.0	32.7
	COL PCT	48.7	20.0	37.5	0.0	
	TOT PCT	23.7	7.1	1.9	0.0	
2. NO	COUNT	38	43	4	17	102
	ROW PCT	37.3	42.2	3.9	16.7	65.4
	COL PCT	50.0	78.2	50.0	100.0	
	TOT PCT	24.4	27.6	2.6	10.9	
3.	COUNT	0	1	0	0	1
	ROW PCT	0.0	100.0	0.0	0.0	0.6
	COL PCT	0.0	1.8	0.0	0.0	
	TOT PCT	0.0	0.6	0.0	0.0	
COLUMN TOTAL		76 48.7	55 35.3	8 5.1	17 10.9	156 100.0

CHI SQUARE = 32.41603 WITH 9 DEGREES OF FREEDOM SIGNIFICANCE = 0.0002

VAR4 Q5: YEARS IN SERVICE BY VAR2 Q3: CATEGORY

TEST #9

VAR4	COUNT / ROW PCT / COL PCT / TOT PCT	VAR2 1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
0.		1	0	0	0	1
		100.0	0.0	0.0	0.0	0.6
		1.3	0.0	0.0	0.0	
		0.6	0.0	0.0	0.0	
1. 0-3		9	36	0	11	56
		16.1	64.3	0.0	19.6	35.9
		11.8	65.5	0.0	64.7	
		5.8	23.1	0.0	7.1	
2. 4-6		12	10	4	3	29
		41.4	34.5	13.8	10.3	18.6
		15.8	18.2	50.0	17.6	
		7.7	6.4	2.6	1.9	
3. 7-9		14	5	3	2	24
		58.3	20.8	12.5	8.3	15.4
		18.4	9.1	37.5	11.8	
		9.0	3.2	1.9	1.3	
4. 10-12		17	3	0	1	21
		81.0	14.3	0.0	4.8	13.5
		22.4	5.5	0.0	5.9	
		10.9	1.9	0.0	0.6	
5. 13-15		11	1	1	0	13
		84.6	7.7	7.7	0.0	8.3
		14.5	1.8	12.5	0.0	
		7.1	0.6	0.6	0.0	
6. 16-18		7	0	0	0	7
		100.0	0.0	0.0	0.0	4.5
		9.2	0.0	0.0	0.0	
		4.5	0.0	0.0	0.0	
COLUMN TOTAL		76 48.7	55 35.3	8 5.1	17 10.9	156 100.0

(CONTINUED)

VAR4	COUNT / ROW PCT / COL PCT / TOT PCT	1. STAFF	2. RESIDENT	3. FELLOW	4. INTERN	ROW TOTAL
7. EG 19		5	0	0	0	5
		100.0	0.0	0.0	0.0	3.2
		6.6	0.0	0.0	0.0	
		3.2	0.0	0.0	0.0	
COLUMN TOTAL		76 48.7	55 35.3	8 5.1	17 10.9	156 100.0

CHI SQUARE = * 71.95566 WITH 21 DEGREES OF FREEDOM SIGNIFICANCE = 0.0000

VAR14 PART II QUESTION 8 BY VAR3 Q4: SPECIALTY

Test # 50

VAR14	COUNT / ROW PCT / COL PCT / TOT PCT	1. IOB GYN	2. FAM PRAC	3. PEDIATR	4. MEDICINE	5. SURGERY	6. INTERNS	7. PATH-RAD	8. OTHERS	ROW TOTAL
0.		1	0	0	0	1	0	0	0	2
		50.0	0.0	0.0	0.0	50.0	0.0	0.0	0.0	1.3
		5.6	0.0	0.0	0.0	3.7	0.0	0.0	0.0	
		0.6	0.0	0.0	0.0	0.6	0.0	0.0	0.0	
1. AGREE		12	18	18	29	25	17	15	14	148
		8.1	12.2	12.2	19.6	16.9	11.5	10.1	9.5	94.9
		66.7	100.0	100.0	100.0	92.6	100.0	100.0	100.0	
		7.7	11.5	11.5	18.6	16.0	10.9	9.6	9.0	
2. DISAGREE		5	0	0	0	1	0	0	0	6
		83.3	0.0	0.0	0.0	16.7	0.0	0.0	0.0	3.8
		27.8	0.0	0.0	0.0	3.7	0.0	0.0	0.0	
		3.2	0.0	0.0	0.0	0.6	0.0	0.0	0.0	
COLUMN TOTAL		18	18	18	29	27	17	15	14	156
		11.5	11.5	11.5	18.6	17.3	10.9	9.6	9.0	100.0

CHI SQUARE = 38.12813 WITH 14 DEGREES OF FREEDOM SIGNIFICANCE = 0.0005

VAR17 PART III QUESTION 1 BY VAR3 Q4: SPECIALTY

TEST # 51

VAR17	VAR3	1. OB GYN	2. FAM PRAC	3. PEDIATRI	4. MEDICINE	5. SURGERY	6. INTERNS	7. PATH-RAD	8. OTHERS	ROW TOTAL
0.	COUNT	1	0	0	1	1	1	0	0	4
	ROW PCT	25.0	0.0	0.0	25.0	25.0	25.0	0.0	0.0	2.6
	COL PCT	5.6	0.0	0.0	3.4	3.7	5.9	0.0	0.0	
	TOT PCT	0.6	0.0	0.0	0.6	0.6	0.6	0.0	0.0	
1. STRONGLY DISAGREE	COUNT	7	0	0	2	1	0	1	0	11
	ROW PCT	63.6	0.0	0.0	18.2	9.1	0.0	9.1	0.0	7.1
	COL PCT	38.9	0.0	0.0	6.9	3.7	0.0	6.7	0.0	
	TOT PCT	4.5	0.0	0.0	1.3	0.6	0.0	0.6	0.0	
2. DISAGREE	COUNT	3	4	1	5	5	0	3	3	24
	ROW PCT	12.5	16.7	4.2	20.8	20.8	0.0	12.5	12.5	15.4
	COL PCT	16.7	22.2	5.6	17.2	18.5	0.0	20.0	21.4	
	TOT PCT	1.9	2.6	0.6	3.2	3.2	0.0	1.9	1.9	
3. NEUTRAL	COUNT	3	1	4	3	7	4	5	2	29
	ROW PCT	10.3	3.4	13.8	10.3	24.1	13.8	17.2	6.9	18.6
	COL PCT	16.7	5.6	22.2	10.3	25.9	23.5	33.3	14.3	
	TOT PCT	1.9	0.6	2.6	1.9	4.5	2.6	3.2	1.3	
4. AGREE	COUNT	3	9	10	12	10	12	6	9	71
	ROW PCT	4.2	12.7	14.1	16.9	14.1	16.9	8.5	12.7	45.5
	COL PCT	16.7	50.0	55.6	41.4	37.0	70.6	40.0	64.3	
	TOT PCT	1.9	5.8	6.4	7.7	6.4	7.7	3.8	5.8	
5. STRONGLY AGREE	COUNT	1	4	3	6	3	0	0	0	17
	ROW PCT	5.9	23.5	17.6	35.3	17.6	0.0	0.0	0.0	10.9
	COL PCT	5.6	22.2	16.7	20.7	11.1	0.0	0.0	0.0	
	TOT PCT	0.6	2.6	1.9	3.8	1.9	0.0	0.0	0.0	
COLUMN TOTAL		18	18	18	29	27	17	15	14	156
		11.5	11.5	11.5	18.6	17.3	10.9	9.6	9.0	100.0

CHI SQUARE = 63.68222 WITH 35 DEGREES OF FREEDOM SIGNIFICANCE = 0.0021

VAR22 PART III QUESTION 6 BY VAR3 Q4: SPECIALTY

Sig

TEST # 52

VAR22	VAR3	1. IOB GYN	2. FAM PRAC	3. PEDIATRI	4. MEDICINE	5. SURGERY	6. INTERNS	7. PATH-RAD	8. OTHERS	ROW TOTAL
0.	COUNT	0	0	0	0	0	0	1	0	1
	ROW PCT	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.6
	COL PCT	0.0	0.0	0.0	0.0	0.0	0.0	6.7	0.0	
	TOT PCT	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	
2. DISAGREE	COUNT	2	0	0	0	4	1	0	0	7
	ROW PCT	28.6	0.0	0.0	0.0	57.1	14.3	0.0	0.0	4.5
	COL PCT	11.1	0.0	0.0	0.0	14.8	5.9	0.0	0.0	
	TOT PCT	1.3	0.0	0.0	0.0	2.6	0.6	0.0	0.0	
3. NEUTRAL	COUNT	1	1	1	1	3	2	7	0	16
	ROW PCT	6.3	6.3	6.3	6.3	18.7	12.5	43.7	0.0	10.3
	COL PCT	5.6	5.6	5.6	3.4	11.1	11.8	46.7	0.0	
	TOT PCT	0.6	0.6	0.6	0.6	1.9	1.3	4.5	0.0	
4. AGREE	COUNT	8	3	4	13	9	5	4	6	52
	ROW PCT	15.4	5.8	7.7	25.0	17.3	9.6	7.7	11.5	33.3
	COL PCT	44.4	16.7	22.2	44.8	33.3	29.4	26.7	42.9	
	TOT PCT	5.1	1.9	2.6	8.3	5.8	3.2	2.6	3.8	
5. STRONGLY AGREE	COUNT	7	14	13	15	10	9	3	8	79
	ROW PCT	8.9	17.7	16.5	19.0	12.7	11.4	3.8	10.1	50.6
	COL PCT	38.9	77.8	72.2	51.7	37.0	52.9	20.0	57.1	
	TOT PCT	4.5	9.0	8.3	9.6	6.4	5.8	1.9	5.1	
6.	COUNT	0	0	0	0	1	0	0	0	1
	ROW PCT	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.6
	COL PCT	0.0	0.0	0.0	0.0	3.7	0.0	0.0	0.0	
	TOT PCT	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	
COLUMN TOTAL		18	18	18	29	27	17	15	14	156
		11.5	11.5	11.5	18.6	17.3	10.9	9.6	9.0	100.0

CHI SQUARE = 63.31781 WITH 35 DEGREES OF FREEDOM SIGNIFICANCE = 0.0024

VAR26 PART III QUESTION 10 BY VAR3 Q4: SPECIALTY

TEST #63

VAR26	VAR3	1. OB GYN	2. FAM PRAC	3. PEDIATRI	4. MEDICINE	5. SURGERY	6. INTERNS	7. PATH-RAD	8. OTHERS	ROW TOTAL
0.	COUNT	1	0	1	2	0	0	0	0	4
	ROW PCT	25.0	0.0	25.0	50.0	0.0	0.0	0.0	0.0	2.6
	COL PCT	5.6	0.0	5.6	6.9	0.0	0.0	0.0	0.0	
	TOT PCT	0.6	0.0	0.6	1.3	0.0	0.0	0.0	0.0	
1. STRONGLY DISAGRE	COUNT	4	0	0	0	0	0	0	1	5
	ROW PCT	80.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	3.2
	COL PCT	22.2	0.0	0.0	0.0	0.0	0.0	0.0	7.1	
	TOT PCT	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.6	
2. DISAGREE	COUNT	5	3	1	3	4	4	1	3	24
	ROW PCT	20.8	12.5	4.2	12.5	16.7	16.7	4.2	12.5	15.4
	COL PCT	27.8	16.7	5.6	10.3	14.8	23.5	6.7	21.4	
	TOT PCT	3.2	1.9	0.6	1.9	2.6	2.6	0.6	1.9	
3. NEUTRAL	COUNT	0	3	1	3	8	3	9	3	30
	ROW PCT	0.0	10.0	3.3	10.0	26.7	10.0	30.0	10.0	19.2
	COL PCT	0.0	16.7	5.6	10.3	29.6	17.6	60.0	21.4	
	TOT PCT	0.0	1.9	0.6	1.9	5.1	1.9	5.6	1.9	
4. AGREE	COUNT	7	10	8	15	12	6	3	5	66
	ROW PCT	10.6	15.2	12.1	22.7	18.2	9.1	4.5	7.6	42.3
	COL PCT	38.9	55.6	44.4	51.7	44.4	35.3	20.0	35.7	
	TOT PCT	4.5	6.4	5.1	9.6	7.7	3.8	1.9	3.2	
5. STRONGLY AGREE	COUNT	1	2	7	6	3	4	2	2	27
	ROW PCT	3.7	7.4	25.9	22.2	11.1	14.8	7.4	7.4	17.3
	COL PCT	5.6	11.1	38.9	20.7	11.1	23.5	13.3	14.3	
	TOT PCT	0.6	1.3	4.5	3.8	1.9	2.6	1.3	1.3	
COLUMN TOTAL		18	18	18	29	27	17	15	14	156
		11.5	11.5	11.5	18.6	17.3	10.9	9.5	9.0	100.0

CHI SQUARE = 60.53623 WITH 35 DEGREES OF FREEDOM SIGNIFICANCE = 0.0006

VAR31 PART III QUESTION 15 BY VAR3 Q41 SPECIALTY

TEST #54

VAR31	VAR3	1. OB GYN	2. FAM PRAC	3. PEDIATRI	4. MEDICINE	5. SURGERY	6. INTERNS	7. PATH-RAD	8. OTHERS	ROW TOTAL
0.	COUNT	0	0	0	1	0	0	2	0	3
	ROW PCT	0.0	0.0	0.0	33.3	0.0	0.0	66.7	0.0	1.9
	COL PCT	0.0	0.0	0.0	3.4	0.0	0.0	13.3	0.0	
	TOT PCT	0.0	0.0	0.0	0.6	0.0	0.0	1.3	0.0	
1. STRONGLY DISAGREE	COUNT	1	1	0	0	0	1	0	0	3
	ROW PCT	33.3	33.3	0.0	0.0	0.0	33.3	0.0	0.0	1.9
	COL PCT	5.6	5.6	0.0	0.0	0.0	5.9	0.0	0.0	
	TOT PCT	0.6	0.6	0.0	0.0	0.0	0.6	0.0	0.0	
2. DISAGREE	COUNT	3	3	1	2	4	1	0	1	15
	ROW PCT	20.0	20.0	6.7	13.3	26.7	6.7	0.0	6.7	9.6
	COL PCT	16.7	16.7	5.6	6.9	14.8	5.9	0.0	7.1	
	TOT PCT	1.9	1.9	0.6	1.3	2.6	0.6	0.0	0.6	
3. NEUTRAL	COUNT	2	2	1	5	6	1	9	1	27
	ROW PCT	7.4	7.4	3.7	18.5	22.2	3.7	33.3	3.7	17.3
	COL PCT	11.1	11.1	5.6	17.2	22.2	5.9	60.0	7.1	
	TOT PCT	1.3	1.3	0.6	3.2	3.8	0.6	5.8	0.6	
4. AGREE	COUNT	6	12	10	15	13	9	3	7	75
	ROW PCT	8.0	16.0	13.3	20.0	17.3	12.0	4.0	9.3	48.1
	COL PCT	33.3	66.7	55.6	51.7	48.1	52.9	20.0	50.0	
	TOT PCT	3.8	7.7	6.4	9.6	8.3	5.8	1.9	4.5	
5. STRONGLY AGREE	COUNT	6	0	6	6	4	5	1	5	33
	ROW PCT	18.2	0.0	18.2	18.2	12.1	15.2	3.0	15.2	21.2
	COL PCT	33.3	0.0	33.3	20.7	14.8	29.4	6.7	35.7	
	TOT PCT	3.8	0.0	3.8	3.8	2.6	3.2	0.6	3.2	
COLUMN TOTAL		18	18	18	29	27	17	15	14	156
		11.5	11.5	11.5	18.6	17.3	10.9	9.6	9.0	100.0

CHI SQUARE = 59.19091 WITH 35 DEGREES OF FREEDOM SIGNIFICANCE = 0.0065

VAR33 PART III QUESTION 17 BY VAR3 Q41 SPECIALTY

Test # 55

VAR33	COUNT / ROW PCT / COL PCT / TOT PCT	VAR3 1. IOB GYN	2. FAM PRAC	3. PEDIATRI	4. MEDICINE	5. SURGERY	6. INTERNS	7. PATH-RAD	8. OTHERS	ROW TOTAL
0.		0	0	0	1	0	0	1	0	2
		0.0	0.0	0.0	50.0	0.0	0.0	50.0	0.0	1.3
		0.0	0.0	0.0	3.4	0.0	0.0	6.7	0.0	
		0.0	0.0	0.0	0.6	0.0	0.0	0.6	0.0	
1. STRONGLY DISAGRE		5	1	0	1	1	1	2	0	11
		45.5	9.1	0.0	9.1	9.1	9.1	18.2	0.0	7.1
		27.8	5.6	0.0	3.4	3.7	5.9	13.3	0.0	
		3.2	0.6	0.0	0.6	0.6	0.6	1.3	0.0	
2. DISAGREE		3	3	1	3	3	0	0	2	15
		20.0	20.0	6.7	20.0	20.0	0.0	0.0	13.3	9.6
		16.7	16.7	5.6	10.3	11.1	0.0	0.0	14.3	
		1.9	1.9	0.6	1.9	1.9	0.0	0.0	1.3	
3. NEUTRAL		4	3	1	2	4	2	7	1	24
		16.7	12.5	4.2	8.3	16.7	8.3	29.2	4.2	15.4
		22.2	16.7	5.6	6.9	14.8	11.8	46.7	7.1	
		2.6	1.9	0.6	1.3	2.6	1.3	4.5	0.6	
4. AGREE		6	8	8	14	10	8	4	8	72
		8.3	11.1	11.1	19.4	22.2	11.1	5.6	11.1	46.2
		33.3	44.4	44.4	48.3	59.3	47.1	26.7	57.1	
		3.8	5.1	5.1	9.0	10.3	5.1	2.6	5.1	
5. STRONGLY AGREE		0	3	8	8	3	6	1	3	32
		0.0	9.4	25.0	25.0	9.4	18.7	3.1	9.4	20.5
		0.0	16.7	44.4	27.6	11.1	35.3	6.7	21.4	
		0.0	1.9	5.1	5.1	1.9	3.8	0.6	1.9	
COLUMN TOTAL		18	18	18	29	27	17	15	14	156
		11.5	11.5	11.5	18.6	17.3	10.9	9.6	9.0	100.0

CHI SQUARE = 57.24989 WITH 35 DEGREES OF FREEDOM SIGNIFICANCE = 0.0102

VAR34 PART III QUESTION 18 BY VAR3 Q41 SPECIALTY

TEST # 56

VAR34	COUNT / ROW PCT / COL PCT / TOT PCT	VAR3 1. IOB GYN	2. FAM PRAC	3. PEDIATRI	4. MEDICINE	5. SURGERY	6. INTERNS	7. PATH-RAD	8. OTHERS	ROW TOTAL
0.		0	0	0	1	0	0	1	0	2
		0.0	0.0	0.0	50.0	0.0	0.0	50.0	0.0	1.3
		0.0	0.0	0.0	3.4	0.0	0.0	6.7	0.0	
		0.0	0.0	0.0	0.6	0.0	0.0	0.6	0.0	
1. STRONGLY DISAGRE		2	3	1	1	0	1	0	0	8
		25.0	37.5	12.5	12.5	0.0	12.5	0.0	0.0	5.1
		11.1	16.7	5.6	3.4	0.0	5.9	0.0	0.0	
		1.3	1.9	0.6	0.6	0.0	0.6	0.0	0.0	
2. DISAGREE		4	6	6	2	7	2	0	1	28
		14.3	21.4	21.4	7.1	25.0	7.1	0.0	3.6	17.9
		22.2	33.3	33.3	6.9	25.9	11.8	0.0	7.1	
		2.6	3.8	3.8	1.3	4.5	1.3	0.0	0.6	
3. NEUTRAL		4	6	4	7	6	4	10	4	45
		8.9	13.3	8.9	15.6	13.3	8.9	22.2	8.9	28.8
		22.2	33.3	22.2	24.1	22.2	23.5	66.7	28.6	
		2.6	3.8	2.6	4.5	3.8	2.6	6.4	2.6	
4. AGREE		5	3	4	17	12	7	4	7	59
		8.5	5.1	6.8	28.8	20.3	11.9	6.8	11.9	37.8
		27.8	16.7	22.2	58.6	44.4	41.2	26.7	50.0	
		3.2	1.9	2.6	10.9	7.7	4.5	2.6	4.5	
5. STRONGLY AGREE		3	0	3	1	2	3	0	2	14
		21.4	0.0	21.4	7.1	14.3	21.4	0.0	14.3	9.0
		16.7	0.0	16.7	3.4	7.4	17.6	0.0	14.3	
		1.9	0.0	1.9	0.6	1.3	1.9	0.0	1.3	
COLUMN TOTAL		18	18	18	29	27	17	15	14	156
		11.5	11.5	11.5	18.6	17.3	10.9	9.6	9.0	100.0

CHI SQUARE = 52.36637 WITH 35 DEGREES OF FREEDOM SIGNIFICANCE = 0.0293

VAR35 PART III QUESTION 19 BY VAR3 Q41 SPECIALTY

TEST # 57

VAR35	VAR3	1. IOB GYN	2. FAM PRAC	3. PEDIATRI	4. MEDICINE	5. SURGERY	6. INTERNS	7. PATH-PAD	8. OTHERS	ROW TOTAL
0.	COUNT	0	0	1	2	2	2	1	0	8
	ROW PCT	0.0	0.0	12.5	25.0	25.0	25.0	12.5	0.0	5.1
	COL PCT	0.0	0.0	5.6	6.9	7.4	11.8	6.7	0.0	
	TOT PCT	0.0	0.0	0.6	1.3	1.3	1.3	0.6	0.0	
1. STRONGLY DISAGRE	COUNT	7	1	0	3	2	1	2	0	16
	ROW PCT	43.7	6.3	0.0	18.7	12.5	6.3	12.5	0.0	10.3
	COL PCT	38.9	5.6	0.0	10.3	7.4	5.9	13.3	0.0	
	TOT PCT	4.5	0.6	0.0	1.9	1.3	0.6	1.3	0.0	
2. DISAGREE	COUNT	4	4	3	1	5	3	1	7	28
	ROW PCT	14.3	14.3	10.7	3.6	17.9	10.7	3.6	25.0	17.9
	COL PCT	22.2	22.2	16.7	3.4	18.5	17.6	6.7	50.0	
	TOT PCT	2.6	2.6	1.9	0.6	3.2	1.9	0.6	4.5	
3. NEUTRAL	COUNT	4	5	1	9	7	1	6	3	36
	ROW PCT	11.1	13.9	2.8	25.0	19.4	2.8	16.7	8.3	23.1
	COL PCT	22.2	27.8	5.6	31.0	25.9	5.9	40.0	21.4	
	TOT PCT	2.6	3.2	0.6	5.8	4.5	0.6	3.8	1.9	
4. AGREE	COUNT	2	5	10	11	10	7	5	4	54
	ROW PCT	3.7	9.3	18.5	20.4	18.5	13.0	9.3	7.4	34.6
	COL PCT	11.1	27.8	55.6	37.9	37.0	41.2	33.3	28.6	
	TOT PCT	1.3	3.2	6.4	7.1	6.4	4.5	3.2	2.6	
5. STRONGLY AGREE	COUNT	1	3	3	3	1	3	0	0	14
	ROW PCT	7.1	21.4	21.4	21.4	7.1	21.4	0.0	0.0	9.0
	COL PCT	5.6	16.7	16.7	10.3	3.7	17.6	0.0	0.0	
	TOT PCT	0.6	1.9	1.9	1.9	0.6	1.9	0.0	0.0	
COLUMN TOTAL		18	18	18	29	27	17	15	14	156
		11.5	11.5	11.5	18.6	17.3	10.9	9.6	9.0	100.0

CHI SQUARE = 57.09101 WITH 35 DEGREES OF FREEDOM SIGNIFICANCE = 0.0106

APPENDIX E

SURVEY DISTRIBUTION AND RESPONSE BY SPECIALTY

SPECIALTY	STAFF Distr	Rtned	%	RESIDENTS Distr	Rtned	%
OB-GYN	6	8	100%+	17	10	59%
Family Practice	10	8	80%	17	10	59%
Pediatrics	17	11	65%	16	7	44%
Medicine	33	20	61%	24	9	37%
Surgery	20	17	85%	26	10	38%
Pathology	5	3	60%	8	6	75%
Radiology	8	6	75%	NA	NA	--
Anesthesia	3	3	100%	NA	NA	--
Psychiatry	7	5	71%	NA	NA	--
Emergency Medicine	10	0	0	9	3	33%
Preventive Medicine	2	2	100%	NA	NA	--
General Practice	1	1	100%	NA	NA	--
TOTALS	122	84	69%	117	55	47%
interns	43	17	40%			

APPENDIX F

PHYSICIAN COMMENTS

PHYSICIAN COMMENTS

--- The nursing education is the same for all programs -- only emphasis shifts.

--- Clinical experience and common sense lead to good clinical judgment, not a degree.

--- Diploma nurses are as good, if not sometimes better, at being nurses as Baccalaureate Degree nurses are.

--- My experience with nurses in the Army can be summed up in one sentence: "Weakest link in patient care."

--- All nurses should be professional and administrative training is very difficult to teach.

--- These questions would be interesting to discuss in a workshop or small group setting.

--- I am appalled at the adoption of "educationalese" and "bureaucratese" by the nursing profession.

--- Elevating the Chief Nurse to an Associate Administrator level is "empire building."

--- What happened to Mother and apple pie?

--- There is not a lot of "rank consciousness" here except for nurses in administrative positions.

--- The quality of medical or nursing care is the reflection of the quality of the person delivering that care, and not the schooling classes attended.

--- I consider nurses neither as handmaidens nor colleagues.

--- Dogs are better pets than nurses.

--- A nurse may question my orders if she is polite and discreet.

--- Nurses should concentrate on being nurses.....

--- Education alone does not, in and of itself, provide or guarantee competent clinical assessment.

--- RNs are paperwork oriented, and do not do patient care.

--- The theory trained nurses are not practical.

--- Nurses may question physicians if the question is properly directed to the physician and not to her colleagues.

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