

BACCALAUREATE NURSES: TERRITORIALITY AND PROFESSIONALISM

Cynthia Loos and Karen Maddox

Changes in health status, health care delivery and the nature of nursing practice, have resulted in a process of change within the nursing profession. Implicit in this process is the official position of the Canadian Nurses Association (CNA) board of directors that, by the year 2000, the minimum educational requirement for entry into practice should be successful completion of a baccalaureate degree in nursing (CNA, 1982). One outcome for the profession has been the demand by registered nurses for access to post-basic baccalaureate education. To meet this, a subsequent increase in the available spaces in existing post-basic baccalaureate programs and in distance education programs being offered in certain geographical areas has resulted.

Baccalaureate-prepared nurses as a group have, prior to this point, enjoyed a prominence within nursing, partly through the educational status related to the attainment of a degree, and partly related to the limited size of the group. With the increasing numbers of baccalaureate-prepared nurses, there will be inevitable changes to the intra-professional status ascribed to those members presently holding a baccalaureate degree. How will the changes in intra-professional status influence attitudes toward the CNA educational goal for the nursing profession? Are the attitudes of baccalaureate nurses towards baccalaureate education congruent with the goals of their professional associations? Do professional norms and values internalized by this group through socialization to the profession transcend what Ardrey (1966) describes as territoriality?

The purpose of this study was to identify the dominant attitudes of generic and post-basic baccalaureate nurses that reflect territoriality or professionalism, in relation to the attainment of a degree in nursing.

The concept of professionalism and Ardrey's theory of territoriality (1966), which encompasses needs for identity, security and stimulation, were the basis of the study.

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Professionalism

Many factors involved in professionalism are as yet unresolved. Historically, there has been conflict between nursing education and practice that slowed the advent of a legitimate professional (Baer, 1985), and according to Aydelotte (1983) there has been difficulty in defining the word "profession". A review of other professions led her to the belief that professionalism involves motivation and a commitment to high quality service. The difficulty experienced by Aydelotte has been borne out by the many definitions of other noted authors. Professional nursing, according to Rovers and Bajnok (1988), "is based on the value system of the practitioner, on liberal and professional knowledge and on clinical and cognitive skills" (p.329). Donner and Hardy (1988) believe that rather than merely responding to the needs and demands of others, internalization of professional values, attitudes and skills allows the nurse to contribute to society and the profession and to learn the culture of the profession which is part of professional socialization. Dalme (1983), in her study of first and second year students in four baccalaureate nursing programs, found that increasing levels of professional socialization were experienced as students progressed from first to second year, with the internalization of the norms and values of faculty and staff nurses. Kozier, Erb and Bufalino (1989) inferred that professionalism denotes the qualities of knowledge, skills, decision making, leadership and critical thinking; it is the goal of nursing.

The literature supports a definition of professionalism as that which embraces the internalization of professional values, attitudes, skills and knowledge. It signifies an appreciation for the diversity of client needs, as well as a pride in one's professional role as a change agent in practice and in the profession.

Territoriality

According to Ardrey (1966), a territory is an area that is defended "as an exclusive reserve" (p. 1). Territoriality is demonstrated in humans by our protection of our personal self: "Territory is essentially defensive ... through the holding of a territory we defend what social status we have achieved" (p.64). Territorial behaviours and the "command to defend one's territory are innate," and humans have a need to "possess and defend" what is uniquely theirs (p.23).

The majority of studies on territoriality among nurses have been done from the perspective of power and conflict, within and between the professions. Although there exist common goals and values among nurses, different groups within nursing hold different values; these value differences are a source of conflict within the profession (Conway, 1983). This may, in part,

relate to Ardrey's belief that humans are driven through internal pressures "to achieve dominance over social partners" (p.64). Pinch (1981), in discussing the process of professional socialization, concluded that nurses face a conflict of power related to territoriality. To prevent a lack of cohesiveness, Noriega (1984) advised the avoidance of territoriality. Clearly marked boundaries, within which baccalaureate nurses may establish their territory, have been achieved, in part, by education (Monig, 1983). These boundaries will change as the degree becomes more attainable. As the defining characteristics of the territory change, so will the behaviour that occurs within it (Stea, 1969), and territorial conflicts within the profession will occur (Monig, 1983). According to Ardrey (1966), these behaviours are responses to a territorial compulsion that is central to man's existence.

Ardrey (1966) believed that man was "a territorial animal" (p.4), and suggested that there were three needs that psychologically prompted man's territorial behaviour; identity, security and stimulation. Territoriality is one of the "behavioural outlets which satisfies all three needs" (p.313). Ardrey determined that the extent of each would vary among individuals and groups and believed there was a "hierarchy of value among the three needs" (p.310).

Identity

Identity is a sense of unity and persistence of personality that determines "rank or status" within a group (Ardrey, 1966, p.158). "Rank satisfies identity" and constant persistence toward this goal defines one's position within the group for the individual and other group members (Ardrey, p.310). Man's struggle for identity to challenge anonymity is on-going.

Security

There is considerable energy spent in seeking and preserving security, for without a minimum of security there is dissatisfaction which progresses to anxiety. Security is "never absent, and never more than temporarily satisfied" (Ardrey, 1966, p.310). The need for security according to Ardrey, will be sacrificed for either the need for identity or the need for stimulation.

Stimulation

Ardrey (1966) depicts stimulation as "the ultimate release from boredom" (p.310), providing arousal or excitation that leads to activity or growth. Humans achieve a high degree of stimulation in association with peers through competitive as well as supportive interactions and as Ardrey states, "the demand for stimulation is the compulsion to compete" (p.313).

Relative then to Ardrey's discussion of these three needs, identity appears to pertain to baccalaureate-prepared nurses in terms of individual and group

status, rank within nursing, the sense of identity that the degree bestows and the striving for that identity. Similarly, in accordance with Ardrey's statements, a baccalaureate degree in nursing would seem to preserve security through employment potential and the enablement of advancement in the agency. Should relocation be necessary the degree would offer security. As well, in reviewing Ardrey's assertions, stimulation would relate to the baccalaureate-prepared nurse through the empowerment of the degree that stimulates activity and competitiveness. The enabling powers of the degree may be seen in terms of professional advancement and personal growth.

With the acceptance of Ardrey's belief that these needs are the basis of territoriality, and that territoriality allowed for a behaviour which, in turn, satisfied these same needs, territoriality would appear to be the aggregate of these needs.

In consideration of the purpose of this study our hypotheses are that:

1. There is no difference in how post-basic and generic baccalaureate nurses attribute the satisfaction of identity, security and stimulation to the attainment of a baccalaureate degree.
2. There is no difference in the rating of professionalism between the two groups.
3. There is no difference in rating of territoriality between the two groups.
4. There is no difference in how territoriality and professionalism are rated by both groups as a whole.

Method

An instrument composed of ten demographic items and 20 statements which addressed territoriality (identity, security and stimulation) and professionalism, was developed. A Likert-type scale allowed for the 20 items to be rated from 1 - strongly disagree to 5 - strongly agree.

Demographic variables such as age, marital status, employment status, position, primary employer, post-basic or generic degree, length of time employed in nursing and membership in the professional association were addressed.

Content validity for territoriality (identity, security and stimulation) was ensured by constructing items based on Ardrey's (1966) theory, as operationalized by the researchers for this study. Items were developed to characterize professionalism as described in the literature, and as further operationalized by the researchers to ensure content validity.

Table 1***Sample Items, Constructs and their Links***

Constructs	Sample Questions	Link to Construct
Identity	* The sense of identity I have gained has been due to the fact that I have a degree in nursing.	rank/individual status
	* I do not hesitate to identify myself as a baccalaureate-prepared nurse.	group status
Security	* There is a greater chance of advancement in my place of primary employment because I hold a baccalaureate degree.	employment potential
	* The acquisition of a baccalaureate degree has added to, or given me a sense of security.	seeking/preserving security
Stimulation	* The acquisition of a degree has given me a sense of power in terms of my employment potential.	stimulation through empowerment
	* Having a baccalaureate degree in nursing stimulates me to advance professionally.	enabling professional advancement
Professionalism	* A baccalaureate-prepared nurse has a broad perspective concerning multifaceted patient problems.	diversity of client needs/change agent
	* There are insufficient nurses with baccalaureate degrees at present.	professional values

The representativeness of the two themes was assessed by post-basic and generic colleagues. Subsequent to this, one item was deleted. Internal consistency for territoriality ($\alpha=.91$), identity ($\alpha=.76$), security ($\alpha=.77$), stimulation ($\alpha=.74$) and professionalism ($\alpha=.73$) was determined; as a result two further items were deleted.

A population sample of 171 post-basic and 269 generic baccalaureate nurses, registered with the College of Nurses of Ontario in 1988, who listed Northwestern Ontario as a place of residence were selected. This population was chosen because a post-basic nursing degree by distance education was scheduled to commence throughout Northwestern Ontario in 1988, thus potentially altering the numerical status of baccalaureate-prepared nurses within the region. Ethical concerns relating to confidentiality, anonymity and intent of the study were addressed. Response by pre-paid mail indicated consent to participate. The responses of 62 post-basic and 165 generic nurses were received within a six week period for each group (36.3% and 61.3% respectively).

Results

Descriptive statistics were employed to describe characteristics of the sample; chi-squared statistical analysis was used to determine if any significant demographic differences existed between the two groups. A t-test for independent means was used to determine significant differences between the ratings of the two groups.

Ninety-seven percent of both groups were females; the majority of both groups were married. The percentage distribution for other selected demographic variables is presented in Table 2.

The post-basic group differed significantly with regard to age from the generic group $\chi^2(6, N=227) = 91.80, p < .001$. Although in a "yes/no" response to the item "employed in nursing", there was a significant difference between the post-basic and generic groups, $\chi^2(1, N=227) = 10.08, p < .01$, on questions concerning employment status there were no significant differences between the two groups for those employed in nursing, $\chi^2(3, N=204) = 3.76$. Positions held by post-basic nurses differed significantly from those held by the generic group $\chi^2(5, N=204) = 37.01, p < .001$. The primary employer for the two groups differed significantly, $\chi^2(8, N=204) = 23.03, p < .01$.

Fifty two post-basic nurses responded to the item "years of experience prior to degree and post degree". The mean number of years experience prior to the degree was 7.15, with a range from 0 to 22 years and a mode of less than one year. Post degree experience ranged from 0 to 20 years with a mean of 10.07 and a mode of 3 years. The generic nurses ($n=118$) had a mean of 8.27 years experience since attaining their degree, ranging from 1 to 35 years with a mode of 2.

For the individual items expressing identity, security and stimulation, three items revealed significance. With regard to identity, the generic group ($M=2.88$) differed significantly with the post-basic group ($M=2.45$), in the belief that the acquisition of a baccalaureate degree added to, or gave a sense of identity, $t(225) = 2.72, p < .01$. There was a significant difference in the rating of the post-basic nurses ($M=4.06$) and the generic group ($M=3.69$), as to whether the baccalaureate degree had added to or given the group a sense of security $t(225) = 2.44, p < .05$. A significant difference in the rating of whether the degree offered a sense of security, should relocation be necessary, was found between the generic ($M=3.95$) and post-basic group ($M=3.50$), $t(224) = 3.03, p < .005$.

Only one individual item expressing professionalism showed significance. Post-basic nurses ($M=2.88$) and generic nurses ($M=2.51$) differed significantly in rating the baccalaureate degree as a necessary qualification for nurses $t(223) = 2.03, p < .05$.

Table 2***Selected Demographic Variables***

Variable	Generic %(n=165)	Post-Basic %(n=62)
<i>Age by category</i>		
Under 25	15.2	0.0
25 - 29	26.7	3.2
30 - 34	29.7	6.5
35 - 39	17.6	19.4
40 - 45	4.8	29.0
45 - 49	2.4	14.5
50+	3.6	27.4
<i>Employed in Nursing</i>		
Yes	93.3	77.4
No	6.5	22.6
<i>Employment Status</i>		
Full time	55.2	74.0
Part time-permanent	26.1	16.0
Part time-casual	9.7	8.0
Other	2.4	2.0
<i>Position</i>		
Staff nurse	67.3	28.0
Supervisor	7.3	34.0
Director	1.2	4.0
Instructor	7.9	18.0
Clinical specialist	3.0	2.0
Other	6.7	14.0
<i>Primary Employer</i>		
General hospital	51.5	34.0
Psychiatric hospital	4.2	10.0
Nursing home	2.4	8.0
Community health agency	21.2	20.0
Physician's office	1.8	0.0
University	5.5	2.0
College	1.8	12.0
Occupational health	1.8	6.0
Other	3.0	8.0

When items addressing identity, security or stimulation were clustered into these components, as predicted, neither identity nor stimulation were significant, although there was a significant trend in the reporting by generic ($M=3.22$) and post-basic nurses ($M=2.97$) for identity, $t(255)=1.97$, $p<.10$. Contrary to what was hypothesized, the generic nurses reported a significantly higher rating for security ($M=3.67$) than the post-basic group ($M=3.41$), $t(222)=2.18$, $p<.05$.

As hypothesized, no significant difference between the groups was found, when professionalism was considered as an aggregate.

As predicted there was no difference in the reporting of territoriality, based on the overall rating of identity, security and stimulation by the generic ($M=3.41$) or the post-basic nurses ($M=3.24$), $t(219)=1.50$

Contrary to hypothesis, when a paired t-test was performed on the two groups as a whole for professionalism and territoriality, a significant difference ($p<.001$) in the response to these two concepts was identified. Professionalism was rated significantly higher than territoriality.

Table 3

Professionalism vs Territoriality (N=220)

Professionalism		Territoriality		
M	SD	M	SD	t
3.45	.82	2.91	.64	13.56*

* $p<.001$

Discussion

The majority of the respondents from the post-basic group tended to be older than 35 years of age and employed in positions of leadership; the generic group were between 25 and 34 years of age and were mainly employed as staff nurses. Despite the differences related to assimilation into the profession or motivation toward advancement of position within the profession that one might expect, there were few real differences between the two groups. Neither group considers itself to be "special" within nursing, but both groups clearly identify the advantage of promotion, security and mobility available to them as baccalaureate nurses. This may be indicative of the assimilation of professional and territorial behaviours in the educational process.

The expectation that professional qualities would be highly rated by both groups was borne out, with the exception of two items. Only an average of

45% of both groups belong to their professional association. This appears to be significant in terms of professionalism, and should be of concern to the professional association. The second exception was the low support for baccalaureate education as a requirement for practice. Seemingly contrary to this was the high indication, by both groups, of the need for more baccalaureate-prepared nurses and the view that the degree was valuable in the holistic care of clients with complex problems. This may be indicative of the current struggle between professionalism and territoriality among baccalaureate practitioners. The results suggest that baccalaureate nurses are more territorial and less professional than they perceive themselves to be. That is, the advantages that baccalaureate nurses currently have, in terms of security and position within the nursing profession, would no longer exist if nurses were more homogeneous in terms of education; consequently internal competition for leadership positions would increase. It seems that, although these nurses hold professional values, more realistic, basic survival values may supersede these.

Ardrey (1966) states that "identity is the most pervasive" of the three needs, with very few exceptions (p.310), and the need for stimulation usually places second to identity within an individual or group. However, both groups of nurses rated security higher than identity and stimulation. The security attributed to a baccalaureate degree may result from the present limited size of the group in this region. This may give baccalaureate nurses an opportunity to find stimulation and identity within the profession. With the satisfaction that comes from identity and stimulation, more importance could be attributed to security. This outcome may also be related to the economic situation in this geographic area.

Conclusion

Despite demographic, educational and practice variations, both groups perceived themselves to have professional values, and rated these values higher than "territoriality". The limited support for baccalaureate education as a requirement for nursing and the limited involvement in the professional association seem in direct opposition to the self-reported professionalism within both groups. Why do baccalaureate nurses not support baccalaureate education for all nurses? Perhaps, as territorial beings, the instinctive needs of territoriality, as suggested by Ardrey (1966), prevail.

Further study is needed, to determine why these baccalaureate nurses place limits on their professional values and withhold support for the goals of their professional associations. The nursing profession is involved in a process of change: these baccalaureate nurses as a group appear to be resisting those aspects of the process that affect their territorial needs. Are these findings unique to this region, or are they indicative of the generalized attitude of baccalaureate-prepared nurses toward baccalaureate education in Canada?

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RÉSUMÉ

Infirmières bachelières: territorialité et professionnalisme

Le leadership des bacheliers(ères) en nursing au sein de l'effectif infirmier tient à leur formation universitaire et à leur nombre restreint. Les attitudes qui prévalent à l'égard de la formation universitaire sont-elles conformes aux objectifs des associations professionnelles? Le professionnalisme transcende-t-il ce qu'Ardrey (1966) a appelé la "territorialité"? Trente-six pour cent des infirmiers(ères) qui ont suivi une formation post-diplôme (n=62) et soixante-et-un pour cent de ceux(celles) qui ont suivi un baccalauréat générique (n=165) parmi un échantillon démographique d'une région donnée ont répondu à un sondage sur le professionnalisme et la "territorialité". Même si l'on a noté des écarts démographiques au chapitre de l'âge, du type d'emploi et du poste, on n'a constaté aucune différence significative entre les deux groupes quant à l'évaluation de la "territorialité" et du professionnalisme. Le professionnalisme a obtenu une cote beaucoup plus élevée que la "territorialité". Contrairement au professionnalisme affiché par les deux groupes, la nécessité d'un baccalauréat n'a recueilli qu'un appui limité tout comme le niveau de participation des répondants aux activités de leurs associations professionnelles respectives. Les infirmiers(ères) bacheliers(ères) de cette région limitent volontairement leurs valeurs professionnelles et refusent d'appuyer les objectifs professionnels quand leurs besoins territoriaux sont remis en cause.

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