ATTITUDINAL PROFILE OF MILITARY NURSING SERVICE OFFICERS

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ABSTRACT

A questionnaire designed to assess attitudinal profile was mailed to nursing officers in five representative military hospitals. 158 (77.83%) of 203 addressees responded. Cluster analysis indicated higher level of commitment in nursing officers with over 16 years service as compared to those with less than 5 years. Self-image and job-satisfaction, however tended to be eroded with increasing length of service which was also associated with a more authoritarian attitude, relatively less materialistic outlook and (paradoxically) greater negative attitude towards authority figures. Marriage and having children did not influence any parameter. The feeling of sexual harassment increased with seniority in service, as also a perceived erosion in the authority of the principal matron. Relatively junior nursing officers appeared dissatisfied with "too much paper work" and a felt deterioration in working environment as well as the image of Military Nursing Service.

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Over a hundred year old, the Military Nursing Service (MNS) offers probably the best career opportunity for nurses in India. Commissioned as Class I officers they can rise to the rank of Major General. The tunes of glory are, however, not unmixed with disturbingly discordant notes. The sociopolitical ferment of the past fifty years, rapidly eroding value system and the emerging forces of a market-driven, consumerist economy have had their inevitable impact on the MNS, as they have had on every institution in the country. The norms and conventions of service have changed with new expectations and the rising tide of materialism. Most nursing officers are now married and have children. Responsibilities towards the family often take precedence over the demands of this exacting profession. Commitment and dedication appear to be obsolescent dicta of a forgotten litany. Isolated instances of individual failures tend to coalesce into a generalised negative image which is then enthusiastically propagated by self-righteous, self-appointed icons of idealism.

The present study arose from a long and sometimes agonizing exercise in introspection. We identified seven widely shared perceptions relating to the MNS:

- (i) Commitment to the profession has declined
- (ii) Self-image of the constituents has been eroded

- (iii) Attitude towards authority has changed negatively
- (iv) Authoritarianism has increased
- (v) Job-satisfaction has declined
- (vi) Materialism now held sway
- (vii) Sexual attitude has become more permissive.

An inquiry into attitudes which underlie and determine behaviour was therefore undertaken. Extensive discussions and field trials preceded the development of a self-reporting instrument for assessing the afore-said attitudinal parameters in serving MNS officers.

Material and Methods

The study was conducted simultaneously in five hospitals located in the Southern Army Command. These included a large command hospital attached to a premier teaching institution, a major speciality hospital, two zonal hospitals (including one located in an operational area), and a peacetime garrison hospital. All nursing officers present on duty during mid Sep 95 were administered a 40-item questionnaire. The exercise was purely voluntary, and respondents were asked not to mention their name/identifying number on the proforma in order to ensure anonymity. The forty randomly mixed questions were assigned to seven clusters: commitment to the profession, authoritarianism, job-satisfaction, materialism-index, and sexual attitudes (puritanism/ permissiveness). In all 203 forms were distributed: 158 nursing officers responded. The data were pooled and subjected to computer analysis across various variables, using a programme developed by one of us (AK). Average scores were computed for

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each of the seven clusters in respect of various parameters. In addition data were separately analysed with regard to five key questions.

Results

Nursing officers with more than 15 years services show a significantly higher level of commitment as compared to newer entrants with less than 5 years service, but this score reaches its nadir in the 11-15 years service group (Table-1). Paradoxically, however, self-image as well as job-satisfaction appear to be eroded significantly with increasing length of service. Younger nursing officers predictably have more permissive sexual attitudes.

TABLE 1
Seniority in service and attitudinal profile

Sr. No.	Service span	Cluster I (Commitment)(C)	Cluster II (self-image)(SI)	Cluster V (Job-satisfaction)(JS)	Cluster VII (Sexual attitudes)(SA)
1.	0-5 Y (n=19)	7.78	4.42	9.52	6.15
2.	6-10 Y (n=55)	7.40	3.70	8.94	6.78
3.	11-15 Y (n=17)	6.70	4.11	7.58	6.58
4.	16 Y and more (n=40)	8.10	3.32	8.17	7.45
5.	Non-responders (n=27)	—	—	—	—

$$X^2 = 35.93 \quad df = 12 \quad P < 0.001 (s)$$

Seniority in service is associated with more authoritarian attitude and relatively less pronounced materialistic outlook, but both these traits appear to peak in the middle (11-15 years service) years (Table-2). More difficult to explain is the relatively greater negative attitude towards authority figure seen in senior nursing officers. Contrary to expectations, marriage (71.31% of the respondents were married) and having children (73.95% of those married had children) do not appear to have any significant influence on any of the seven clusters (Table-3 and 4).

TABLE 3
Marital status and attitudinal profile

Sr. No.	Married Status	Cluster-I (C)	Cluster-II (SI)	Cluster-V (JS)	Cluster-VII (SA)	Cluster-III (ATA)	Cluster-IV (AA)	Cluster VI (MI)
1.	Married (n=119)	7.61	3.73	8.80	7.10	5.75	4.09	4.31
2.	Unmarried	7.10	3.84	9.02	6.25	5.71	3.97	5.64

$$X^2 = 3.26 \quad df = 3 \quad P > 0.50 \quad X^2 = 8.20 \quad df = 2 \quad P < 0.02$$

TABLE 4
Child bearing and attitudinal profile

Sr. No.	Married with/without (children)	Cluster-I (C)	Cluster-II (SI)	Cluster-V (JS)	Cluster-VII (SA)	Cluster-III (ATA)	Cluster-IV (AA)	Cluster-VI (MI)
1.	With children (n=88)	7.65	3.64	8.65	7.23	5.71	4.28	4.36
2.	Without children (n=31)	7.48	4.00	9.22	6.70	5.87	3.54	4.19

$$X^2 = 2.57 \quad df = 3 \quad P > 0.50 \quad X^2 = 2.47 \quad df = 2 \quad P > 0.5$$

TABLE 2
Seniority in service and attitudinal profile

Sr. No.	Service span	Cluster III (Attitude towards auth (ATA)	Cluster IV (Authoritarian attitude) (AA)	Cluster VI (Materialism index) (MI)
1.	0-5 Y (n=19)	5.42	3.31	4.57
2.	6-10 Y (n=55)	5.73	3.94	4.90
3.	11-15 Y (n=17)	5.00	5.52	5.82
4.	16 Y and more (n=40)	6.25	4.37	4.20
5.	Non responders (n=27)	-	-	-

$$X^2 = 21.26 \quad df = 6 \quad P < 0.01 (s)$$

Highly significant trends emerged when data in respect of five vital questions were tabulated separately. Disturbingly the feeling of sexual harassment increases with seniority in service, as also a perceived erosion in the authority of the Principal Matron (PM) (Table-5). Relatively junior nursing officers on the other hand, appear to be dissatisfied with "too much paper work" and what they regard as deterioration in the working environment as well as the image of MNS.

Discussion

Self-reported data, despite some obvious infirmities, remain widely accepted tools for attitudinal evaluation. The military environment is not particularly conducive to free communication. Anonymity of respondents was ensured to negate the effect of this artefact. The possibility of bias was further diluted by conducting the survey in five different military hospitals located in four states. While the tendency to play to the gallery cannot be entirely excluded, our findings are presented as a reasonably representative attitudinal

TABLE 5
Miscellaneous parameters and attitudinal profile

Sr. No.	Question	0-5 Y (n=19)	6-10 Y (n=55)	11-15 Y (n=17)	16 and More (n=40)
1.	I feel nursing officers face sexual harassment, direct or indirect	0.31	0.52	0.52	0.92
2.	There is too much documentation/paper work involved in the military nursing profession	0.21	0.38	0.23	0.12
3.	I feel the working environment in military hospitals is deteriorating	0.94	0.72	0.41	0.40
4.	I feel the PM's authority has been eroded in the years since I joined service	0.73	0.81	0.82	1.25
5.	I feel the image of MNS has deteriorated since I joined service	0.89	0.87	0.29	0.57

$$X^2 = 34.38 \quad df = 12 \quad p < 0.001 \quad (s)$$

profile of the target population.

The paucity of published work on personality profile and job satisfaction in a psychologically demanding profession like nursing is rather surprising. No efforts have been made to incorporate psychometric techniques in selection procedures for admission to schools of nursing or to evaluate levels of subsequent professional satisfaction/adjustment. Job satisfaction is a very important determining factor in the nursing profession, and is directly related to the quality of patient care [1]. In this context the erosion of self-image as well as job satisfaction with increasing seniority despite considerable material improvement in conditions of service in the MNS over the past few decades are a matter of concern as well as perplexity. Explanation may be sought in growing authoritation traits coupled with a felt erosion of the Principal Matron's (and by extending their own) authority over the years. This perhaps also explains the otherwise inexplicable negative attitude towards authority figures seen among senior nursing officers. Authority in military hospital vests in the Commanding Officer which is a predominantly male preserve even now. Their feeling of increasing sexual harassment may be related partly to this mistrust of authority and partly to more puritanical sexual attitudes as reflected in the current study. Lower levels of commitment to their profession coupled with more materialistic and sexually permissive outlook among younger nursing officers appear at first glance to validate the perjorative hypotheses postulated earlier. Viewed in the current sociocultural context, however, these attitudes become more credible and explainable. Their concern for the image of MNS

working conditions in military hospitals indicates a nascent sense of involvement in the noble calling. This positive trend needs to be exploited and reinforced. Reduction in the soulless drudgery of paper work is another avenue worth exploring.

The role of nonmaterialistic motivators in promoting desirable organisational behaviour is well recognised [2,3]. Our findings once again highlight the obvious that a complex concept like job-satisfaction is more than the sum total of initial levels of commitment and subsequent material rewards. Perceptions of one's present and future role in the organisation, perceived erosion of authority, and felt harassment, sexual or otherwise are other significant determinants of outcome.

The bewildering and at times self-contradictory attitudinal mosaic revealed by this study will, we hope, provoke thought and stimulate further research in this vital area. To some extent our findings also indicate a possible avenue of therapeutic intervention. It is our submission that such intervention is not contingent upon the implementation of the recommendations of the 5th Pay commission.

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