

The Effect of Care Prescription on Nursing Image

Bakım Reçetesinin Hemşirelik İmajına Etkisi

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ABSTRACT

Objective: The aim of this study is to evaluate the effect of care prescription on the nursing image.

Methods: Eighty volunteer patients treated in the cardiology clinic of a hospital were included in this quasi-experimental study. Data were collected using the Patient Characteristics Information Form, Patient Evaluation Form, Nursing Image Scale, and Care Prescription. The researcher nurse gave her suggestions for the care she determined as a written prescription to the patients in the experimental group.

Results: Nursing Image Scale pre-test score average of the patients in the experimental group was determined as 62.65 ± 6.30 and post-test score average was 72.80 ± 2.69 . The difference between the pre-test and post-test mean scores of the experimental group was found to be statistically significant ($p < .05$). There was no statistically significant difference between the Nursing Image Scale pre-test and post-test mean scores of the patients in the control group.

Conclusion: In this study, it has been concluded that the care prescription given by the nurse to the patients positively affects the perceived nursing image of the patients.

Keywords: Care prescription, nursing image, prescribing of care

ÖZ

Amaç: Bu çalışmanın amacı bakım reçetesinin hemşirelik imajı üzerindeki etkisini değerlendirmektir.

Yöntemler: Yarı deneysel olarak yapılan çalışmaya bir hastanenin kardiyoloji kliniğinde tedavi gören 80 gönüllü hasta dahil edilmiştir. Veriler Hasta Özellikleri Bilgi Formu, Hasta Değerlendirme Formu, Hemşirelik İmaj Ölçeği ve Bakım Reçetesi kullanılarak toplanmıştır. Araştırmacı hemşire, bakıma yönelik belirlediği önerilerini deney grubundaki hastalara yazılı reçete olarak vermiştir.

Bulgular: Deney grubundaki hastaların Hemşirelik İmajı Ölçeği ön test puan ortalaması $62,65 \pm 6,30$, son test puan ortalaması $72,80 \pm 2,69$ olarak belirlenmiştir. Deney grubunun ön test ve son test puan ortalamaları arasındaki fark istatistiksel olarak anlamlı bulunmuştur ($p < ,05$). Kontrol grubundaki hastaların Hemşirelik İmajı Ölçeği ön test ve son test puan ortalamaları arasında ise istatistiksel olarak anlamlı fark bulunmamıştır ($p > ,05$).

Sonuç: Çalışmada hemşirenin hastalara verdiği bakım reçetesinin hastaların algıladıkları hemşirelik imajını olumlu yönde etkilediği sonucuna ulaşılmıştır.

Anahtar Kelimeler: Bakım reçetesi, hemşire imajı, bakım reçetesi

Introduction

Although nursing is a profession that always affects human life and is more talked about and on the agenda in some periods, societies are still insufficient in understanding the roles of nurses and nurses have not come to the position they deserve in terms of image. Negative professional image can lead to a decrease in self-esteem in nurses, their inability to develop a professional identity, and the deterioration of the perception of the profession of student nurses and future generations who will choose the profession (Fletcher, 2007; Glerean et al., 2017). What is known about the image of nursing and the factors affecting it is limited to studies with very local results in small groups (Baykara Mat & Baykal, 2021; Çelik et al., 2013; Özdelikara et al., 2015; Squires, 2019; Şimşek et al., 2019; Tufan et al., 2017).

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The results of these studies show that the image of nursing is concentrated at low and medium levels. In a systematic review published in 2019, it was concluded that nursing is perceived as an auxiliary profession by the society and this perception negatively affects the image of nursing (Şimşek et al., 2019). There is a perception that male-dominated professions such as medicine are stronger than female-dominated professions such as nursing (Fletcher, 2007). The fact that nursing was a female profession until recently, it was seen as a doctor's assistant, the dominant position of the medical profession, the weak professional autonomy of nurses, and the reflection of nursing in the media prevented the profession from developing a positive image (Gler-ean et al., 2017; ten Hoeve et al., 2014; Varaei et al., 2012). The media continues to represent nurses not as intellectuals necessary for health care (Cabaniss, 2011) using symbols of care and femininity (Hallam, 2012). In the study by Bennett et al. (2020) in which they evaluated the effects of Covid-19 on the image of nursing, it was evaluated that the visibility of nurses in the media has increased threefold, they are mostly referred to with metaphors such as "hero, angel, warrior," but their professional roles are still not visible. Today, nurses have advanced education programs and continue their scientific and professional development, but the society is not aware of this development yet. For a positive image, nurses should reveal their knowledge, creativity, originality, professional autonomy, professional aspects, and leadership behaviors more clearly in their practices (Godsey et al., 2020; Varaei et al., 2012). A prescription, which is a form of written communication, is a paper prepared by professional members for individuals, containing individualized instructions for the treatment and care of the patient and containing the identity and signature of the professional who prepared it. The presence of the name and signature of the member of the profession makes this paper out of the ordinary, reveals the expertise of the member of the profession, and imposes responsibility on him. In many countries, nurses have been empowered to write independent pharmacological prescriptions (Kooienga & Wilkinson, 2017). It has been found that prescribing increases nurses' self-esteem and job satisfaction, and positively affects the nursing image and professionalism (Bradley & Nolan 2007; Carey et al., 2014; Courtenay et al., 2011; Kooienga & Wilkinson, 2017). In Turkey, nurses are not authorized to write pharmacological prescriptions. However, there is no legal obstacle for nursing to give the caregiver role, which is one of the most important independent roles, by prescribing it. It is thought that the individualized instructions given to the patient for his own care, prepared in written and signed prescription format, and given by the nurse, may positively affect the image of nursing. This study was conducted to evaluate the effect of giving a written prescription for the patient's care on the nursing image of the patient.

Methods

Type of Study

This study was conducted as a quasi-experimental study with a control group.

Place and Time of the Study

The data of the study were obtained from patients hospitalized in the cardiology clinic of a hospital in Turkey between March 2019 and June 2020.

Population and Sample of the Study

The population of the study consisted of patients who were treated in the cardiology clinic of the relevant hospital on the

specified dates. The sampling method was not used in the study. The study was completed with 80 patients, 40 experimental and 40 control, who were eligible for the study inclusion criteria and volunteered. As a result of the power analysis made in the G Power 3.1 program, the number was found to be sufficient with an effect size of .668, a power of 90%, and a margin of error of .05.

Inclusion Criteria

Patients aged 18 and over, speaking and understanding Turkish, and who did not have any perception, vision, or hearing problems were included in the study.

Data Collection Tools

Patient Characteristics Information Form (PCIF): It is a questionnaire that includes questions about the descriptive characteristics of the individuals participating in the research, choosing the nursing profession in the family, and their previous hospitalizations.

Patient Evaluation Form (PEF): It is a form prepared by the researcher to determine the nursing diagnoses of the patient, in which the patient's history and activities of daily living are evaluated.

Nursing Image Scale (NIS): It was developed as a questionnaire form by Özsoy (2000) in order to determine the image of individuals about the nursing profession, and the validity and reliability of the scale were made by Çınar and Demir (2009). In the scale, there are 7 items related to the "Overview" sub-dimension, 6 items related to the "Communication" sub-dimension, and 15 items related to the "Vocational and Educational Qualifications" sub-dimension. The scale is in 3-point Likert type and scoring is done as "agree" (3 points), "partially agree" (2 points), and "disagree" (1 point). In the data coding and evaluation of the reverse structured items in this scale, the reverse method is followed and scored as "agree" (1 point), "partially agree" (2 points), and "disagree" (3 points). The lowest score that can be obtained from the scale is 28, and the highest score is 84. An increase in the total score indicates that the image of nursing is positive (Özsoy, 2000). As a result of the item and reliability analysis of the scale, Cronbach's alpha coefficient was found to be 0.81. In this study, Cronbach's alpha value was found to be 0.736 for the experimental group and 0.793 for the control group.

Care Prescription (CP): It is a paper prepared in A6 size and prescription format, on which the patient's name and surname, protocol number, nurse's name, surname and signature, date information, and some instructions recommended to the patient according to nursing diagnoses are written.

Data Collection

Since the study was conducted in a single clinic, the patients included in the experimental and control groups were likely to be affected by each other. For this reason, the data of the patients included in the control group were collected first. The patients who met the research criteria and were included in the control group were administered NIS as a pre-test by the research nurse 1 day after their admission to the clinic.

The researcher nurse evaluated the patient by using the PCIF and PEF and gave advice to the patient for the solution of the nursing diagnoses determined for the purpose of education. No interventional application was made and a written document was not given to the control group. The patient visited again on the

second day, his problems were listened to, and recommendations were made. On the third day, NIS was re-administered as a post-test.

The patients included in the experimental group were administered NIS as a pre-test by the same research nurse 1 day after their admission to the clinic. The patient was evaluated using the PCIF and the PEF, and recommendations were made to the patient for educational purposes in accordance with the nursing diagnoses determined by the research nurse. These recommendations were given to the patient in the form of instructions, written and signed by the patient as a CP. On the second day, the patient visited again, and new instructions were given in the form of a prescription and signed. The patient was not expected to read or review the prescriptions he received. Only the nurse was allowed to see that he was writing and signing a prescription. The researcher re-administered NIS to the patients in the experimental group on the third day as a post-test. The researcher did not care for the patients except for the educational instructions he gave by prescribing. The routine nursing care services of the patients in the experimental and control groups were provided by clinical nurses. Routine care includes drug treatments, checking vital signs, and bedside patient care for patients who need it (Figure 1).

Evaluation of Data

In the evaluation of data, mean, standard deviation, percentile distributions, chi-square significance test, paired sample *t*-test,

independent samples *t*-test, and Cronbach alpha reliability analysis were used.

Ethical Considerations

Ethical approvals were obtained from the Atatürk University Faculty of Nursing Ethical Committee (No:2018-6/13, July 12, 2018). The research was conducted in accordance with the principles of the Declaration of Helsinki. Before the application, the purpose of the study was explained to the patients included in the study and their verbal consent was obtained.

Results

The mean age of the patients participating in the study was 62.75 ± 8.43 in the experimental group and 61.60 ± 10.77 in the control group. There was no statistically significant difference between the mean ages of the two groups ($p > .05$). It was determined that 57.5% of the patients in the experimental group and 70.0% of the patients in the control group were male, 55.0% of the experimental group were illiterate, and 50.0% of the control group were primary school graduates. The difference between the educational levels of the experimental and control groups was statistically significant ($p < .05$) (Table 1).

The pre-test mean NIS total score of the patients in the experimental group was 62.65 ± 6.3 , sub-dimension mean scores were 14.35 ± 1.07 for "general appearance," 13.1 ± 3.2 for "communication," and 35.1 ± 4.5 for "professional and educational qualifications." The post-test mean NIS total score of the experimental

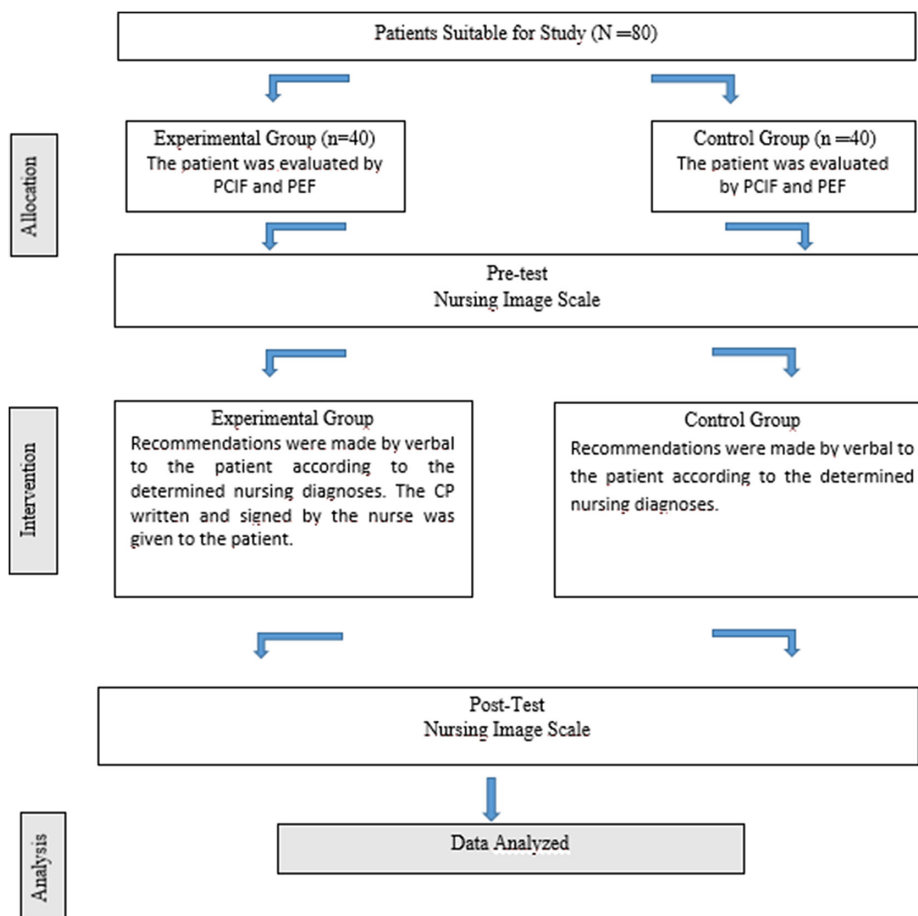


Figure 1.
Study Protocol.

Table 1.
Distribution of Descriptive Characteristics of the Patients Participating in the Study

Descriptive Characteristics	Experimental Group		Control Group		Significance Test	
	X ± S		X ± S		t	p
The average age	62.75 ± 8.43		61.60 ± 10.7		.532	.597
	n	%	n	%	χ ²	p
Age range						
41–50	6	15.0	12	30.0		
51–60	9	22.5	4	10.0	4.436	.218
61–70	17	42.5	14	35.0		
71 and more	8	20.0	10	25.0		
Gender						
Female	17	42.5	12	30.0	.865	.352
Male	23	57.5	28	70.0		
Educational status						
Illiterate	22	55.0	7	17.5		
Primary education	9	22.5	20	50.0	13.93	.003
Secondary education	7	17.5	7	17.5		
University	2	5.0	6	15.0		
Choosing the nursing profession in the family						
Yes	16	40.0	15	37.5	.053	.818
No	24	60.0	25	62.5		
Previous hospitalization experience						
Yes	32	80.0	37	92.5	1.686	.194
No	8	20.0	3	7.5		

Note: t = The paired sample t-test; χ² = Chi-square test; p < .05 was considered statistically significant.

group was 72.80 ± 2.69 , and the sub-dimensions of NIS were 15.10 ± 1.35 for “general appearance,” 17.7 ± 0.51 for “communication,” and 40.0 ± 1.9 for “professional and educational qualifications”. The difference in the pre-test and post-test mean scores of the experimental group’s total and sub-dimensions of NIS was statistically significant ($p < .05$) (Table 2). In the control group, the mean pre-test total score was 73.00 ± 4.60 , the sub-dimension mean score was 15.32 ± 0.97 for “general appearance,” 16.25 ± 1.62 for “communication,” and 41.42 ± 3.24 for “professional and educational qualifications.” The control group’s NIS was determined as 15.17 ± 1.15 for “general appearance,” 16.4 ± 1.51 for “communication,” and 41.90 ± 2.99 for “professional and educational qualifications” in the post-test. The mean NIS total score of the control group was 73.50 ± 4.50 . The difference between the pre-test and post-test mean scores of the control group in total and sub-dimensions of NIS was not statistically significant ($p > .05$). When the pre-test and post-test mean scores of the groups were compared between the groups, it was determined that the pre-test mean scores were statistically significant in all sub-dimensions, and the post-test mean scores were statistically significant in the “communication” and “vocational educational qualifications” sub-dimensions ($p < .05$) (Table 2).

Discussion

While the NIS sub-dimension and total score averages of the patients included in the study increased significantly in the experimental group, the same did not occur in the control group patients. It is thought that this difference is due to the care

prescription written and signed by the research nurse to the experimental group. This signed document, which contains information and instructions for care, reassures the patient about the knowledge and responsibility of the nurse who wrote it. This trust can positively affect the nursing image of the patient. What distinguishes the care prescription from other nursing registration forms is the delivery of this written document to the patient. Patients are not accustomed to receiving such a document from nurses for their own care. Prescriptions are mostly given by physicians for the drugs that patients need to use. Bradley and Nolan (2007) mentioned in their study that nurses’ prescribing can increase their job satisfaction, autonomous working, and the potential of nurses to be involved in the decision-making process about their patients’ care. However, the prescription in question here is not for care, it is related to prescribing medication. This situation has potential negative effects such as nurses assuming doctor roles and moving away from nursing roles. In the study conducted by Courtenay (2011), it was stated that nurses’ prescribing can increase communication between health-care team members. In this study, the mean scores of the communication sub-dimension of NIS increased significantly in the experimental group of patients who received prescriptions. Hariryani (2016) stated that the prescribing of nurses in Iran will be an important factor in their professionalization. Today, nurses are still recognized by the society as people who only take blood from the patient, measure blood pressure, and do what the doctor says. In order for the image of nursing to change positively, nursing should be perceived as a professional profession (Varaei

Table 2.
Comparison of the Pretest and Posttest Mean Scores of the Patients from the NIS and its Sub-Dimensions Within and Between Groups (n = 80)

	Sub-Dimensions	Pre-test	Post-test	t*	p
Experimental Group	General Appearance	14.35 ± 1.07	15.10 ± 1.35	-2.60	.013
	Communication	13.12 ± 3.25	17.70 ± 0.51	-9.17	.000
	Professional and Educational Qualifications	35.17 ± 4.59	40.00 ± 1.90	-5.96	.000
	NIS Total	62.65 ± 6.30	72.80 ± 2.69	-9.180	.000
Control Group	General Appearance	15.32 ± 0.97	15.17 ± 1.15	0.863	.393
	Communication	16.25 ± 1.62	16.42 ± 1.51	-1.125	.268
	Professional and Educational Qualifications	41.42 ± 3.24	41.90 ± 2.99	-2.125	.040
	NIS Total	73.00 ± 4.60	73.50 ± 4.50	-1.383	.175
	Sub-Dimensions	Experimental Group	Control Group	t**	p
Pretest	General Appearance	14.35 ± 1.07	15.32 ± 0.97	4.256	.000
	Communication	13.12 ± 3.25	16.25 ± 1.62	-5.434	.000
	Professional and Educational Qualifications	35.17 ± 4.59	41.42 ± 3.24	-7.029	.000
	NIS Total	62.65 ± 6.30	73.00 ± 4.60	-8.385	.000
Posttest	General Appearance	15.01 ± 1.35	15.17 ± 1.15	-0.267	.790
	Communication	17.70 ± 0.51	16.42 ± 1.51	5.031	.000
	Professional and Educational Qualifications	40.00 ± 1.90	41.90 ± 2.99	-3.385	.001
	NIS Total	72.80 ± 2.69	73.50 ± 4.50	-.843	.402

Note: t* = The paired sample t-test; t** = The independent samples t-test.

et al., 2012). Professionalism is directly related to knowledge, leadership, autonomy, communication style and taking responsibility (Bennet et al., 2020). In a study conducted by Tan (2015), it was determined that nurses' knowledge, self-confidence, openness to communication, and intellectual knowledge are important in increasing the communication between the patient and the nurse and creating a respectable image in society. In our study, it can be said that with the written and signed document given to the patient by the nurse, which is called "care prescription," the nurse's knowledge, autonomy, and responsibility aspect are emphasized, thus the image of nursing is positively affected. The education level of the experimental group patients included in the study was significantly lower than the control group. The reason why the NIS pre-test mean score was lower in the experimental group was associated with the difference between the education levels of the groups. It is considered as an expected situation that individuals with low education levels have a positive image of educated people. When compared with a study conducted in the same region in previous years (Çelik et al., 2013), it was seen that the NIS pre-test mean score of both groups was higher, but still at a moderate level. In the study of Çelik et al. (2013) with patients in a family health center, the mean NIS score was found to be 48.57, and this score was evaluated as moderate level. The reason for this difference in nursing image may be due to the previous experiences of the populations. The fact that inpatients in the cardiology clinic where this study was conducted had more critical and high-intensity nursing care needs and the fact that they received service from nurses to meet these needs may have caused this difference. In another study conducted in Turkey, it was found that the mean NIS score of the patients was 65.32 (Baykara Mat & Baykal, 2021). This situation shows that the

perception of the society toward the image of nursing is more positive in our recent history, but still at a moderate level. However, the COVID-19 epidemic, which has affected the whole world in recent years, has made nurses and their important roles more visible. It is thought that only the following years and being visible are not enough to improve the image of nurses, and it is thought that it will be more beneficial to ensure the visibility of the autonomy and professional aspects of nurses.

Study Limitations

The limitations of this study, the experimental and control groups were not randomly assigned and the education levels of the groups were different.

Conclusion and Recommendations

In this study, it was concluded that the care prescription given to the patients by the nurse positively affects the nursing image perceived by the patients. It was thought that it was effective to make the nurse's care knowledge and the responsibility of the nurse visible through prescription. For this reason, nurses should give the patient the written and signed documents they have prepared for care as a care prescription in order to create a more positive image.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Atatürk University (Date: July 12, 2018, Number: 2018-6/13).

Informed Consent: Before the application, the purpose of the study was explained to the patients included in the study and their verbal consent was obtained.

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Geniřletilmiř Özet

Hemřirelik, insanlık tarihi kadar eski, insan hayatının her döneminde gereksinim duyulan ve bazı dönemlerde daha fazla gündemde olan bir meslek olmasına rađmen, hemřirelerin rollerinin hala yeterince anlařılmadıđı ve hemřirelerin imajlarının hak ettikleri konuma gelmediđi görölmektedir. Olumsuz profesyonel imaj, hemřirelerin benlik saygısının azalmasına, profesyonel kimlik geliřtirememelerine, öđrenci hemřirelerin ve mesleđi seçecek gelecek nesillerin meslek algılarının bozulmasına neden olabilmektedir. Hemřirelik imajı ve onu etkileyen faktörler hakkında bilinenler küçük gruplarda çok yerel sonuçları olan çalıřmalarla sınırlıdır. Bu çalıřmaların sonuçları hemřirelik imajının düşük ve orta düzeyde yođunlařtıđını göstermektedir. Yakın zamana kadar hemřireliđin bir kadın mesleđi olması, doktor yardımcısı olarak görölmesi, tıp mesleđinin baskın konumu, hemřirelerin mesleki özerkliđinin zayıf olması ve hemřireliđin medyaya yansımaya biçimi mesleđin olumlu bir imaj geliřtirmesini engellemiřtir. Olumlu bir imaj için hemřirelerin uygulamalarında bilgilerinin, yaratıcılıklarının, özünüklüklerini, mesleki özerkliklerini, mesleki yönlerini ve liderlik davranıřlarını daha net ortaya koymaları gerekmektedir. Birçok ölkede hemřirelere bađımsız farmakolojik reęeteler yazma yetkisi verilmiřtir. Reęete yazmanın hemřirelerin benlik saygısını ve iř doyumunu artırdıđı, hemřireliđin imajını ve profesyonelliđini olumlu yönde etkilediđi saptanmıřtır. Türkiye’de yasal olarak hemřirelerin reęete yazma yetkisi bulunmamaktadır, ancak hastaya bakımıyla ilgili bireyselleřtirilmiř, yazılı ve imzalı reęete formatında hazırlanan belgelerin verilmesinin önünde bir engel bulunmamaktadır. Aksine bu yazılı belgeler, önerilerin anlařılmasına ve gerektiđinde yeniden okunmasına olanak sađlayan yazılı kayıtlardır. Bir belgenin imzalı olması belgeyi verenin sorumluluk aldıđının bir göstergesidir ve belgeyi verene güven duyulmasını sađlar. Bu nedenle hemřire tarafından hastaya verilen ve bakıma yönelik önerilerin yer aldıđı bakım reęetelerinin hemřirelik imajını olumlu yönde etkileyebileceđi düşünölmektedir. Bu çalıřma, bakım reęetelerinin hastaların algıladıkları hemřirelik imajına etkisini deđerlendirmek amacıyla yapılmıřtır. Yarı deneysel olarak yapılan çalıřmaya bir hastanenin kardiyoloji kliniđinde tedavi gören 40’ı deney, 40’ı kontrol grubunda yer alan 80 gönüllü hasta dahil edilmiřtir. Veriler Hasta Özellikleri Bilgi Formu, Hasta Deđerlendirme Formu, Hemřirelik İmaj Ölçeđi ve Bakım Reęetesi kullanılarak toplanmıřtır. Arařtırma kriterlerini karřılayan ve kontrol grubuna alınan hastalara kliniđe yatıřlarından bir gün sonra arařtırma hemřiresi tarafından ön test olarak Hemřirelik İmaj Ölçeđi uygulanmıřtır. Arařtırmacı hemřire hastaları deđerlendirdikten sonra belirlediđi hemřirelik tanıları dođrultusunda hastaya önerilerde bulunmuřtur. Kontrol grubundaki hastalara herhangi bir giriřimsel uygulama yapılmamıř ve yazılı bir belge verilmemiřtir. İkinci gün hastalar tekrar ziyaret edilerek sorunları dinlenmiř ve önerilerde bulunulmuřtur. Üçüncü gün, Hemřirelik İmaj Ölçeđi son test olarak yeniden uygulanmıřtır. Deney grubuna dahil edilen hastalara kliniđe yatıřlarından bir gün sonra aynı arařtırma hemřiresi tarafından ön test olarak Hemřirelik İmaj Ölçeđi uygulanmıřtır. Hasta deđerlendirildikten arařtırma hemřiresi tarafından belirlenen hemřirelik tanıları dođrultusunda hastaya eđitim amaçlı önerilerde bulunulmuř, bu öneriler hastaya yazılı ve imzalı bakım reęetesi olarak verilmiřtir. İkinci gün hasta tekrar ziyaret edilmiř ve talimatlar yazılıp imzalanarak reęete olarak yeniden verilmiřtir. Hastaların aldıđı reęeteleri okuması veya gözden geçirmesi beklenmemiř, hemřirenin reęeteyi yazıp imzaladıđını görmesi sađlanmıřtır. Deney grubundaki hastalara üçüncü gün son test olarak Hemřirelik İmaj Ölçeđi tekrar uygulanmıřtır. Arařtırmacı reęete yazarak verdiđi eđitim yönergeleri dışında hastaların bakımında yer almamıřtır. Deney ve kontrol grubundaki hastaların rutin hemřirelik bakım hizmetleri klinik hemřireleri tarafından sađlanmıřtır. Çalıřmaya katılan hastaların yař ortalaması deney grubunda 62.75 ± 8.43 , kontrol grubunda 61.60 ± 10.77 olarak bulunmuřtur. İki grubun yař ortalamaları arasında istatistiksel olarak anlamlı fark saptanmamıřtır ($p>0.05$). Deney grubundaki hastaların %57.5’inin, kontrol grubundaki hastaların %70.0’ının erkek olduđu, deney grubundaki hastaların %55.0’inin okuma yazma bilmediđi, kontrol grubunun %50.0’inin ilkokul mezunu olduđu belirlenmiřtir. Eđitim düzeyi arasındaki fark gruplar arasında istatistiksel olarak anlamlı bulunmuřtur. Çalıřmada deney grubundaki hastaların Hemřirelik İmajı Ölçeđi ön test puan ortalaması 62.65 ± 6.30 , son test puan ortalaması 72.80 ± 2.69 olarak belirlenmiřtir. Deney grubunun ön test ve son test puan ortalamaları arasındaki fark istatistiksel olarak anlamlı iken, kontrol grubundaki hastaların Hemřirelik İmajı Ölçeđi ön test ve son test puan ortalamaları arasında fark istatistiksel olarak anlamlı bulunmamıřtır.

Çalıřmaya dahil edilen hastaların Hemřirelik İmajı Ölçeđi alt boyut ve toplam puan ortalamaları deney grubunda anlamlı olarak artarken, kontrol grubundaki hastalarda artış olmamıřtır. Deney grubundaki artışın arařtırmacı tarafından yazılı ve imzalı olarak verilen bakım reęetesinden kaynaklandıđı düşünölmektedir. Bakımla ilgili bilgi ve talimatları içeren imzalı belge, hastaya onu yazan hemřirenin bilgi ve sorumluluđu konusunda güvence verir. Bu güven, hastanın hemřirelik imajını olumlu yönde etkileyebilir. Çalıřmamızda hemřire tarafından hastaya “bakım reęetesi” olarak verilen yazılı ve imzalı bu belge ile hemřirenin bilgi, özerklik ve sorumluluk yönünün vurgulandıđı, dolayısıyla hemřirelik imajının olumlu yönde etkilendiđi söylenebilir. Çalıřmaya dahil edilen deney grubu hastalarının eđitim düzeyi kontrol grubuna göre anlamlı olarak düşüktü. Hemřirelik İmajı Ölçeđi ön test puan ortalamasının deney grubunda daha düşük olmasının nedeni grupların eđitim düzeyleri arasındaki farkla ilişkilendirilmiřtir. Çalıřmada hemřirenin hastalara verdiđi bakım reęetesinin hastaların algıladıkları hemřirelik imajını olumlu yönde etkilediđi sonucuna ulařılmıřtır. Bu nedenle hemřirelerin daha olumlu bir imaj oluřturmak için bakıma yönelik hazırladıkları yazılı ve imzalı belgeleri “bakım reęetesi” olarak hastaya vermeleri önerilmektedir. Deney ve kontrol grubunun randomizasyonla ayrılmaması ve grupların eđitim düzeyi bakımından benzer olmaması bu arařtırmanın sınırlılıđı olarak deđerlendirilmiřtir.