

Professional/Technical Tasks. Figure 4 displays, for grades in each DAFSC category, the computed estimates of percent time spent on "professional" tasks as opposed to "technical" tasks, based on codings provided by the Nursing Resources Study Group. The graphs are generally similar to those in Figure 3, since most tasks coded "professional" were also coded "cognitive"; and most tasks coded "technical" were also coded "manual."

Insert Figure 4 about here

As in Figure 3, upward trends are seen as grade increases; the Administrative Nurses rank highest on "professional" as they did on "cognitive"; and Flight Nurse jobs change more radically than those of any other category. (An even greater change in job content occurs, apparently, when a nurse acquires an Administrative AFSC after having been, say, a General Nurse in the grade of Captain) The Nurse Anesthetists' jobs are again shown to change little with increasing grade. Except for the Nurse Anesthetists', most of the plotted data points are about 10 points lower on the scale than they were in Figure 3. This shift reflects the fact that certain tasks coded "cognitive" were also categorized as "technical" rather than "professional." Examples are "Orient new patients to hospital rules and facilities," and "Refer patients to outpatient clinic." Again,

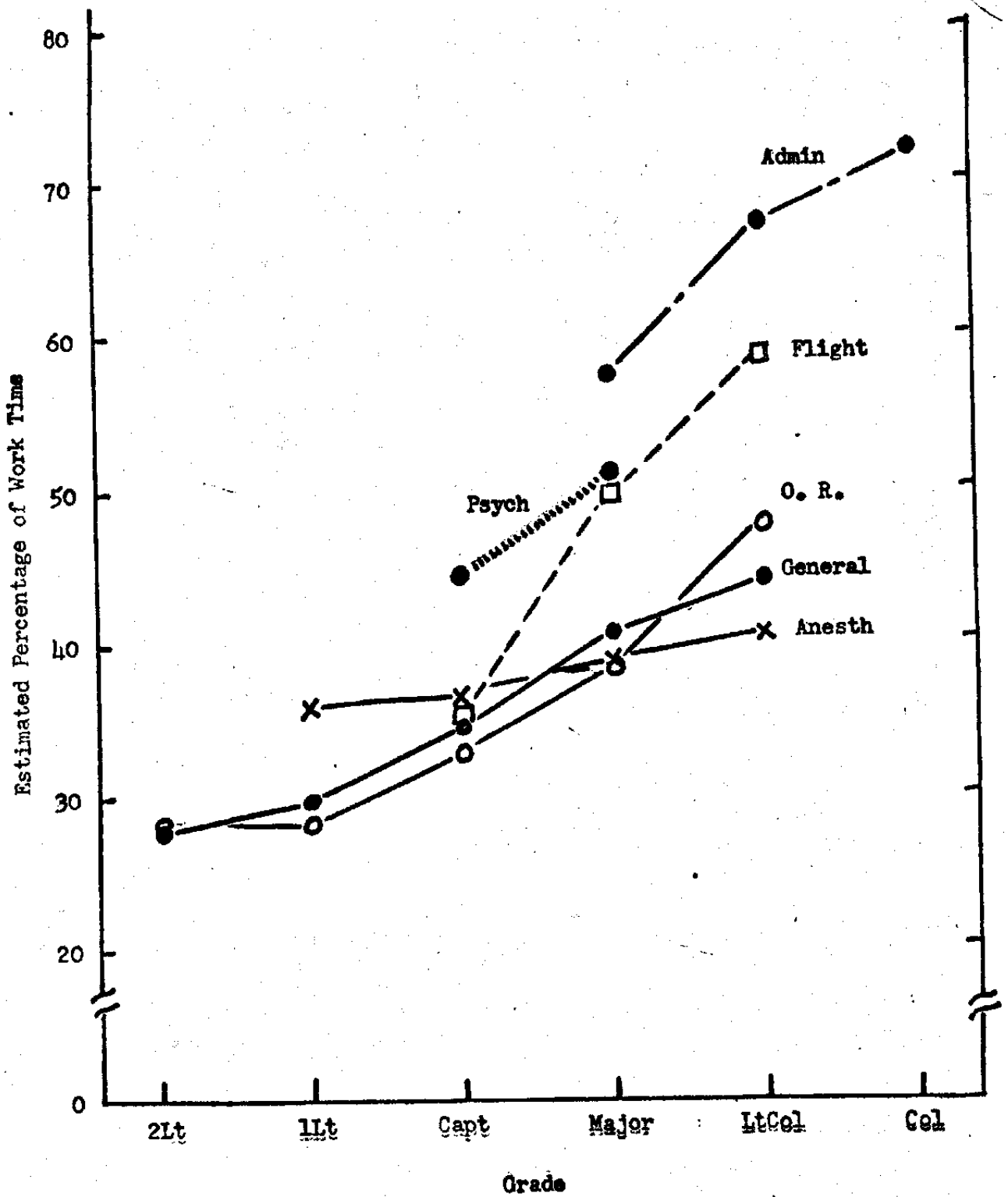


Figure 4 . Estimated Percent Time Spent on 'Professional' Tasks, by Grades Within DAFSCs

the computed time-spent values are partly a function of the codings. The graphed configurations are believed to be reasonably accurate.

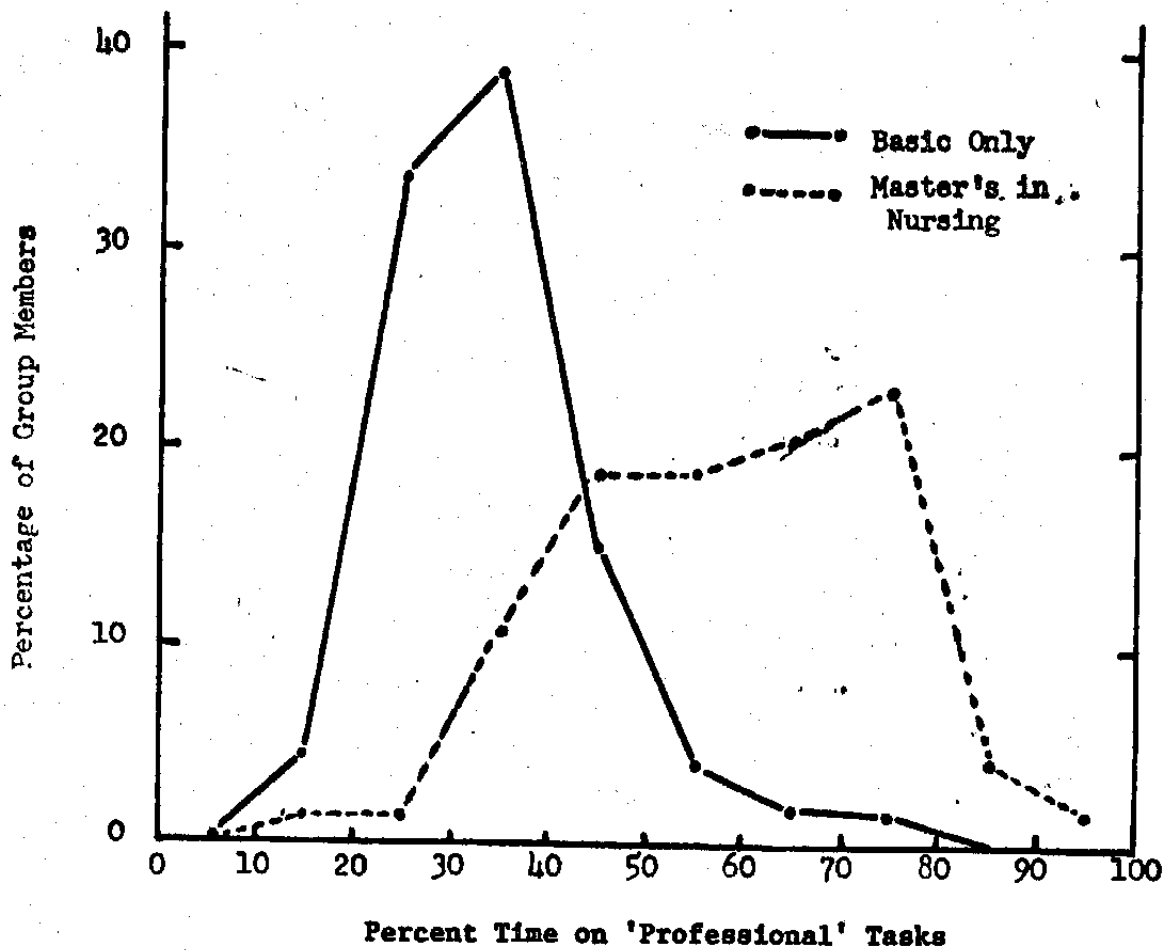
Distinctions between "professional" and "technical" nursing have been drawn in the nursing literature as general concepts, in describing actual nursing practice and in proposing re-definitions of nursing roles and educational standards. A major distinction is sometimes based on educational background. For example, the American Nurses' Association (1965) stated that "minimum preparation for . . . technical nursing . . . should be associate degree education in nursing [p. 2].", and that "minimum preparation for . . . professional nursing . . . should be baccalaureate degree education in nursing [p. 2]."

Comparisons of various educational groupings in terms of percent time spent on tasks designated "professional" were made to determine the measurable effects, if any, of nursing educational background on actual tasks performed by Air Force Nurses. Figure 5 shows the differences between the two most distant educational subgroups: nurses who reported that they had completed only a "basic nursing program other than baccalaureate" and nurses reporting a "master's degree in nursing." On the abscissa are computed estimates of time spent on professional tasks. On the ordinate the original data, "number of nurses," have been converted to "percentage of group members" so that the area under each curve is taken to represent 100% of the nurses in each subgroup.

Insert Figure 5 about here

Considerable differences between these two subgroups are evident. The modal values of "percent time spent on professional tasks" are 35% and 75% for the two groupings. The mean values are respectively 34% and 59%. Roughly speaking, the master's degree nurse jobs could be called "about twice as professional." The different widths of the distributions show that basic program nurses' jobs vary relatively little in terms of time spent on professional activities, but that the jobs held by master's degree nurses vary greatly.

Similar data were developed for four other mutually-exclusive education subgroups: (a) nurses who completed a basic nursing program and who later obtained a bachelor's degree in nursing, (b) nurses who completed a basic nursing program and who later obtained a bachelor's degree in ^a non-nursing field, (c) nurses with a bachelor's degree in nursing, ^{only} and (d) nurses with a master's degree in a non-nursing field. The distributions of "percent time spent on professional tasks" for all four groups were intermediate between those shown in Figure 5. The three distributions for nurses having bachelor's degrees were all more or less similar to the one for basic program nurses -- that is, all three peaked at a time-spent value of 35%, as did the group of basic program nurses; but the bachelor's degree groups each had larger proportions of members working at the higher



**Figure 5 . Time Spent on Professional Tasks by Nurses
Who Completed A Basic Program Only, and Those
With a Master's Degree in Nursing**

professional levels. Of the four nurse groups below the master's level, the one spending the largest proportion of time (on the average) on "professional" tasks was the nurses who had completed a basic nursing program and who had later obtained a bachelor's degree in nursing. The percentages of time spent on "professional" tasks by nurses with a master's degree in a non-nursing field were widely dispersed. Means, standard deviations, and sample sizes for the six education groups are shown in Table 17. The groups are listed in ascending sequence of time spent on professional tasks.

Insert Table 17 about here

It must be recognized that the above educational groupings represent only a "first cut" of the data. The groups were defined purely on educational variables and cut across all specialties and grade levels. Since "time spent on professional tasks" is known to increase with grade level, it must also increase generally with length of service and with other grade-related variables. The differences shown between educational groupings therefore cannot be attributed solely to educational differences. For example, the "Basic plus BSN" group may do more professional work than "BSNs Only," not because of differences in education but because they have been in the service longer. A more thorough analysis of the effects of educational background on actual nurse roles would require control for such concomitant variables. Nevertheless, the

**TABLE 17. TIME SPENT ON 'PROFESSIONAL' TASKS BY NURSE
EDUCATIONAL SUBGROUPS**

<u>CODAP Report ID</u>		<u>Average Percent Time on 'Professional' Tasks</u>	<u>S.D.</u>	<u>N</u>
SPC123	Basic Program Only	34.29	11.21	1,690
SPC126	BSN Only	38.57	13.72	358
SPC125	Basic Program Plus			
	Bachelor's in Non-Nursing	41.72	13.78	33
SPC124	Basic Program Plus BSN	46.65	15.44	125
SPC128	Master's in Non-Nursing	54.03	19.54	30
SPC127	Master's Degree in Nursing	58.60	16.07	74

following conclusions are made, based on the present data: (a) There are wide differences among Air Force nurse jobs, when measured on a technical/professional continuum. (b) The differences are strongly associated with educational background. (c) The differences are generally in the expected direction.

Air Force Community Health Tasks. The Nursing Resources Study Group identified 98 tasks in the inventory as being performed by or appropriate for Air Force Community Health Nurses. The average percentage of time spent on these tasks by all surveyed nurses was 11.4%. Only 9 of the 2,494 surveyed active duty nurses were estimated to spend as much as 50% of their work time, and only one out of 2,494 nurses was estimated to spend as much as 75% of her time, on "Community Health" tasks. Since the task set necessarily included a number of activities, such as "Teach or supervise infant care," which are also done in settings other than Community Health, some of the work time reported was not ^{necessarily} spent in Community Health work. The computed estimates are therefore regarded as upper limits of the amounts of time actually spent in Community Health work. Apparently, at the time of the survey, there were few or no full-time Air Force Community Health Nurses.