The professional self-image of home nurses in Flanders (Belgium): a cross-sectional questionnaire survey

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N.B.: When citing this work, cite the original article.

Original Publication:

De Vlieghe, K., Milisen, K., Wouters, R., Scheepmans, K., Paquay, L., Debaillie, R., Geys, L., Okerman, F., Van Deuren, I., Dierckx de Casterlé, B., representing the Belimage Homecare group*. (2011). The professional self-image of registered home nurses in Flanders (Belgium): a cross-sectional questionnaire survey. *Applied Nursing Research*, 24 (1), 29-36.

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The professional self-image of home nurses in Flanders (Belgium): a cross-sectional questionnaire survey

Journal: Applied Nursing Research

Kristel De Vliegher

Nursing Department of the Wit-Gele Kruis van Vlaanderen, Brussels, Belgium

Prof. Dr. Koen Milisen

Centre for Health Services and Nursing Research, KU Leuven – University of Leuven, Belgium

Department of Geriatrics Medicine, University Hospitals of Leuven, Belgium

Renild Wouters

Nursing Department of the Wit-Gele Kruis van Vlaanderen, Brussels, Belgium

Kristien Scheepmans

Nursing Department of the Wit-Gele Kruis van Vlaanderen, Brussels, Belgium

Louis Paquay

Nursing Department of the Wit-Gele Kruis van Vlaanderen, Brussels, Belgium,
Academic Centre for General Practice, Katholieke Universiteit Leuven, Belgium

Roseline Debaillie

Nursing Department of the Wit-Gele Kruis van Vlaanderen, Brussels, Belgium

Ludo Geys

Wit-Gele Kruis van Vlaanderen, Brussels, Belgium

Frieda Okerman

Solidariteit voor het Gezin, Gent, Belgium

Ingrid Van Deuren

Department of Health and Welfare of the Diensten voor Thuisverpleging van de
Socialistische Mutualiteiten, Brussels, Belgium

Prof. Dr. Bernadette Dierckx de Casterlé

Centre for Health Services and Nursing Research, Katholieke Universiteit Leuven,
Belgium

*Belimage Homecare group: Luc Bijmens, Kristel De Vliegher, Roseline Debaillie,
Bernadette Dierckx de Casterlé, Ann Dobbelaere, Ilse Gorissen, Koen Milisen, Frieda

Okerman, Louis Paquay, Myriam Polfliet, Kristien Scheepmans, Ingrid Van Deuren,
Ingrid Vanweert

Kristel De Vliegheer
Wit-Gele Kruis van Vlaanderen, Nursing Department
Frontispiesstraat 8, bus 1.2
1000 Brussels, Belgium
Tel.: 32.2.739.35.11
Fax: 32.2.739.35.99

ABSTRACT

Despite their necessity and relevance, studies examining the professional self-image of nurses, as well as instruments to measure this professional self-image in the homecare setting are scarce. This study highlights both the positive self-image of home nurses and the existence of a delicate balance between the large degree of autonomy that home nurses have and the need to feel supported in their professional role and responsibility. The practice environment, including time pressure, workload and insufficient support, needs to be addressed in order to keep it from having a negative impact on the professional self-image of home nurses in the long-term.

Keywords: home nursing, nursing shortage, professional self-image, teamwork, work environment

1. INTRODUCTION

Home healthcare today is challenged by a shift from an acute to a chronic healthcare model, moving the focus of care from the hospital to the homecare setting (Jansen et al., 1996; McCorkle et al., 2000). This trend increases the demand not only

for more active registered home nurses, but also for more qualified homecare personnel. However, studies in several different countries have shown a significant shortage in the numbers of active registered nurses in recent years (Beckmann et al., 1998; McVicar, 2003, Siebens et al., 2006). The current nursing shortage is the result of a complex set of factors, including an ageing nursing workforce, the new fields now open to women, and the fact that nurses today are suffering from a fragile sense of self-confidence and professional self-worth (Cowin, 2001). Several studies have been focusing on important employment factors such as job (dis)satisfaction, stress and burnout to address this nursing shortage and more specific the nurse retention and recruitment problem (Jansen et al. 1996; Cowin, 2001; Flynn, 2005; Ellenbecker et al., 2006). For example, Flynn (2005) stated that characteristics of the work environment in home health care, such as appropriate programs, resources, strengthening interpersonal relationships, are the primary contributors to home nurses' job satisfaction and retention. However, the way nurses perceive themselves within their working environment is an important factor in explaining the personnel crisis in nursing (Fabricius, 1999). Within this context, new insight into the professional self-image of nurses is needed to better understand the crisis in the nursing profession (Siebens et al., 2006).

Despite their necessity and relevance, studies examining the professional self-image of nurses, as well as instruments to measure this professional self-image in the homecare setting are scarce. A literature search carried out by Siebens et al. (2006) demonstrated that articles on the self-image of nurses in the hospital setting exist but that they are rare, that the concept and definition of the professional self-image of nurses are at best unclear, and that the existing instruments were not specifically developed for nurses practicing in a Belgian cultural context. Their literature search

resulted in the development of an instrument for assessing the professional self-image of Belgian hospital nurses: the Belimage -instrument. This instrument measures three dimensions of professional self-image: competence, nursing care and team functioning. It also collects and processes information concerning the practice environment, along with a few demographic data (Siebens et al., 2006; Milisen et al., 2006).

In light of the relevance of the study by Siebens et al. (2006) and Milisen et al. (2006) of the professional self-image of nurses in the hospital setting and the limited generalization of these results to other settings, the idea arose to repeat the Belimage -study in the Flemish homecare setting. Belgium is composed of three major linguistic/political regions or communities (the Flemish, the French and the German) and home nursing is provided either by a private organization for home nursing, which has about the same structure as a hospital (director-nursing management-head nurses-basic nurses) or by independent nurses. Furthermore, professional home nursing is part of the social security system, being financed by the Federal Institute for Illness and Invalidity insurance (*RIZIV*) and home nursing is reimbursed for patients who are insured. This insurance is obligatory in Belgium and the reimbursement is in accordance with the interventions included in the “nomenclature” (coded list of home nursing activities in which every code corresponds with an honorarium or reimbursement fee).

The ultimate aim of this study was to gain insight into the professional self-image of home nurses and into the singularity of home nursing: how do home nurses perceive their role, position and contribution in healthcare, the work environment in which they practice, and the impact of this environment on their work and job satisfaction?

2. METHODOLOGY

The concept of the professional self-image of home nurses was defined as “the way in which home nurses perceive themselves within their working environment” (Cowin, 2001, p.313; Siebens, et al., 2006, p.73). First, in view of the absence of an existing instrument to measure the professional self-image of home nurses, a qualitative pre-study, using the technique of focus groups, was performed in the period October 2003-May 2004 by the *Wit-Gele Kruis van Vlaanderen*, an organization for home nursing in Flanders, Belgium, to adapt the Belimage - instrument (Milisen et al., 2006; Siebens et al., 2006) for use in the homecare setting. The adapted instrument¹ was field-tested by four experts in research and home nursing and by nine basic home nurses. This resulted in the addition of a question concerning the image home nurses themselves have of their profession and of a question concerning their skill in using the nomenclature. The final version of the instrument contained 51 questions and was called “the Belimage Homecare Instrument”(Belgian professional self-image instrument for home nurses). Second, a survey was conducted using this instrument to examine the professional self-image of home nurses in Flanders (Belgium). This paper reports on the results of the questionnaire survey.

3.1 Survey

3.1.1 Design

This descriptive, quantitative, cross-sectional study was performed by the *Vlaamse Federatie van Diensten voor Thuisverpleging*, which is an umbrella organization for three home nursing organizations in Flanders: *Wit-Gele Kruis van*

¹ For more information about the revised instrument: kristel.de.vliegheer@vlaanderen.wgk.be

Vlaanderen, Solidariteit voor het Gezin and the *Diensten voor Thuisverpleging van de Socialistische Mutualiteiten*. Home nurses were eligible to participate in the study if they were employed within this umbrella organization for home nursing and if they were registered nurses under Belgian law, and in direct patient contact for the majority of their work time.

A random sample of 1000 home nurses was drawn from an alphabetically ordered list of all personnel via SAS V8.0. All selected home nurses received the questionnaire, including a letter explaining the purpose and design of the study and a form with instructions for completing the questionnaire.

3.1.2 Ethical issues

The executive board of each of the three participating organizations for home nursing gave their consent to the nurses, working in these organizations, to participate in the study. Regarding informed consent it was sufficient to specify to potential respondents that participation was voluntary, that the study procedures assured an anonymous analysis of the data, and that the act of returning the completed survey form in itself constituted informed consent.

3.1.3 Data collection and analysis

The study was conducted from December 2004 through February 2005. All completed surveys were returned to a central processing site for data entry by electronic scanning (Teleform 7.0). To maintain data quality and integrity, we visually inspected the surveys for potential scanning problems, validated the scanned images against the original survey and corrected errors. Of the 1000 questionnaires, 758 were returned (response rate = 75.8%), determined to be valid, and used to comprise the data for statistical analysis with SAS version 8.0. Normative and tabular summaries were used to describe the findings.

4. RESULTS

4.1 Sample characteristics

Most of the respondents were women (97%). The respondents had a mean age of 36.7 years ($SD=8.8$), were married or living with a partner (83.3%), and had an associate degree in nursing (63.7%). A post-baccalaureate degree was obtained by 26.7%. Most respondents were employed as basic home nurses (95.7%) and 4.2% were in supervisory roles. The position of resource nurse (specialized nurse in a specific domain of care, such as diabetes, wound care; they educate patients and colleagues and they give advice to patients and colleagues when asked for) is relatively new in Flemish homecare, though 15.7% of the respondents already reported having this position.

Most of the respondents had a permanent employment contract (95.8%) and worked part-time (68.5%). Furthermore, most of the respondents graduated between 15 and 20 years ago (21.8%), had total work experience of between 15 and 20 years (24.7%), and had between 15 and 20 years professional experience in home nursing (23.4%).

4.2 The professional self-image of home nurses

4.2.1 Education and competence

On a 5-item scale from incompetent to very competent, 90.8% of the respondents rated themselves “competent” (71.6%) to “very competent” (19.2%), and nobody felt incompetent in daily practice. In general, in order to be able to work as a

competent home nurse, the respondents gave the highest priority to “practical and technical skills” (44.7%) followed by “social skills” (33.8%).

More specifically, the respondents felt most competent (Table 1) in “possessing a caring attitude” (50.5%), and “working autonomously” (50.3%), followed by “physical nursing care skills” (48.1%), and “the ability to organize and plan the home nursing round” (44.7%). The respondents rated themselves as least competent (incompetent + rather incompetent) with respect to “the use of the nomenclature” (12.5%), and “the nursing process” (8%).

The most important skill for home nursing (Table 1) was “working autonomously” (53.2%), followed by “skills for communicating with patients” (48.6%), and “physical nursing care skills” (43.6%). “Logistic skills” (11.3%), “the use of the nomenclature” (11.2%), and “the nursing process” (10.9%) were ranked as least important.

Furthermore, the majority of the respondents agreed that continuing education contributed to a higher level of quality of care (94.4%), that it was an important source of satisfaction as a nurse (93.8%), that it was perceived as a priority (84%) and that it was the most important domain of extra investment.

4.2.2 Home nursing care

“Striving for patients to be cured of their illness” (45.4%), “adjusting care to individual patients” (40.5%), “accepting patients as they are and guiding them through their illness/ rehabilitation” (36.1%), and “providing strictly essential physical care” (33.7%) are perceived as prior characteristics of home nursing care (Table 2). The findings in Table 2 highlight the central position of the patient in home nursing.

Furthermore, “a positive working relationship with colleagues” (37.6%), “taking care of the same patients on a regular basis” (25%), and “discussing care problems with colleagues” (24%) were rated as priorities in good home nursing practice (Table 3).

4.2.3 Team functioning

Home nurses reported feeling responsible for the nursing actions they delegate to others (99.2%) and for good team functioning (98.4%). Most respondents expressed the importance of the feeling of belonging to a nursing team (97.7%), they reported being seen as an equal partner in the multidisciplinary team (96%), that the informal caregiver respects their contribution to healthcare (95.3%), and that the team has to be led by a supervisor with vision (94.7%). The majority of the respondents felt that home nursing management should be in touch with daily care delivery operations (98%), that team functioning depends on the leadership qualities of the supervisor (92.1%), that regular feedback from nurse managers contributes to the quality of their work (91.8%), and that nursing administrative leadership and strategy supported them (81%). On the other hand, home nurses were not convinced of the presence of teamwork among home nurses and physicians (55.5%), of the fact that management is in touch with daily delivery operations (47.7%), of the fact that the top-down information flow needs a lot of work (34.4%) and that home nurses are initiators of multidisciplinary consultations (28%).

4.3 Practice environment

4.3.1 Factors related to the workplace

In general, 73.6% of the respondents felt that, given the current work environment, they could provide the care they wanted to provide.

More specifically, most respondents felt that they could ‘often’ to ‘always’ take the necessary initiative (97.9%), work autonomously as a home nurse (97%), and justify their care decisions (93.8%) On the other hand, home nurses could ‘rarely’ to ‘never’ spend time on working with students (61.6%), on guiding and supporting the informal caregiver (50.7%), and on discussing ethical problems in the (multidisciplinary) team (41%). Furthermore, most respondents indicated that they have control over their own practice (96.9%), that they do not have to do things against their own professional judgment (87.7%), that continuity of care is based on patient allocation (87.1%) and that they have the autonomy to make important decisions with regard to patient care and their professional work (81.4%). But home nurses were not convinced that the work environment permits them to provide good quality of care in the available time to all patients (69.8%), that time and opportunities were sufficient to discuss patient problems with colleagues (45%), that supporting services make it possible for them to spend more time with the patients (41.6%) and that there are enough qualified home nurses to provide quality of patient care (37.3%). It can be concluded that ‘time’ has an important, negative, influence on daily home nursing practice. Nevertheless, home nurses rated the quality of care provided both by themselves and by the overall organization as good (68.3% and 72.5%, respectively) to excellent (29.6% and 19.8%, respectively). Finally, the feeling of being powerless as a result of traffic problems (53.3%), of the lack of cooperation from the hospital setting (40.9%), of being disturbed by colleagues in their free time (35.3%) and of the lack of cooperation from the physicians (26.6%) are notable examples of workplace constraints.

4.3.2 Image of home nursing

The respondents had a positive image of their own profession (97.6%): home nursing is a profession with a great responsibility (72%), home nursing is hard work

(68.2%) and a home nurse works autonomously (55.3%). With regard to the image of the society of home nursing, they reported that the society has a positive (72.4%), but rather incorrect (62.5%) image of their profession: home nursing is washing and toileting (59.5%), a home nurse is inferior to a hospital nurse (54.2%) and home nursing is to be considered a calling (28.9%). This resulted in the fact that 35.8% of the respondents felt disturbed by society's view of nursing.

4.3.3 Professional satisfaction

In general, home nurses reported they were proud to be a nurse (97%), they would again choose nursing as a career (77.3%) and they would recommend the nursing studies to family or friends (75.8%). Furthermore, the respondents indicated that they preferred working in the homecare setting rather than in the hospital setting (95.3%) and that they felt appreciated as a home nurse by individuals in their immediate environment (92.2%).

Home nurses reported being satisfied with their current work (90.6%, with 22.6% being "very satisfied"). They also reported being satisfied as a nurse when working conditions were left aside (92.7%, with "very satisfied" increasing to 45.3%). So, the work conditions do seem to have an important, negative, impact on home nurses' satisfaction. Most of the respondents felt tired but satisfied at the end of a shift (64.1%). Furthermore, 43.8% of the home nurses perceived their current work situation as stressful. However, most respondents did not have the intention to change their work situation within the year (71%) and 62% were sure they would be working in the nursing profession until the end of their career.

5. DISCUSSION

5.1 The professional self-image of home nurses

Home nurses have a positive professional self-image. The qualitative pre-study confirmed the results of Ellenbecker et al. (2006): the fact of being a guest in the patients' home, of giving care in a face-to-face relationship with the patients and of being able to provide patient-centred and family/informal caregiver-centred care in the familiar surroundings of the patient, exert a great attraction on home nurses. The analysis of the demographic data showed that there is little difference in the number of years since graduation, the total work experience and the overall professional experience of the different respondents. This finding indicates that most respondents started working in home nursing just after graduation and are still working there, supporting our finding that homecare nurses like their work. Furthermore, home nurses regard themselves as competent professionals and they get great satisfaction out of their job.

In comparison with the professional self-image of hospital nurses in Flanders,² the professional self-image of home nurses is somewhat more positive. Home nurses perceived a greater level of support by nursing management (81% vs. 53%) and they were more convinced that they could talk on a regular basis with their supervisors about professional problems (77.3% vs. 54.7%), which was a rather unexpected finding, considering the proximity of supervisors in the hospital setting. Furthermore, both home nurses and hospital nurses have a strong desire for autonomy, but home nurses reported more than hospital nurses that they had the autonomy to make important decisions with regard to patient care and their professional work (81.4% vs. 37.4%). This shows that working autonomously is very important in both settings, but

² Milisen et al. (2006) and Siebens et al. (2006) reported the results of the professional self-image of hospital nurses in Belgium (Flanders, Wallonia and the Brussels Capital District). Since the current study was conducted in the homecare setting in Flanders only, the comparison with the Belimage-study, made in the current discussion, regards only the results of the Belimage-study in Flanders (n=6718; Response rate =75%) and therefore these results can't be found in Milisen et al. (2006) and Siebens et al. (2006).

that hospital nurses feel limited in the scope of autonomy granted, while home nurses can put their desire into practice. Home nurses were also more convinced that they could provide the level of care they deemed desirable (73.6% vs. 65%), they were more proud to be a nurse (97% vs. 87.2%), they stated more frequently that they would again choose nursing as a career (77.3% vs. 61.5%), they would recommend the profession more to family and friends (75.8% vs. 51.7%), they reported less that the current work situation was stressful (43.8% vs. 60.2%) and they more often claimed to be “very satisfied” with their current job (22.6% vs. 13.4%) than did hospital nurses.

Furthermore, this study revealed several interesting findings about the self-perceived competence and skills of home nurses, the self-perceived understanding of the content of the home nursing profession and the impact of the practice environment.

Self-perceived competence and skills

First, in comparison with the hospital setting, the home nurses rated themselves more competent in ‘care’ (social-organizational-psychological) skills than in ‘cure’ (medical-technical) skills. Nevertheless, the respondents attached great importance to the medical-technical skills, but in relation to the perceived importance of these skills to the home nursing profession, the respondents rated themselves less competent. This finding is rather alarming, considering the shift from the acute to the chronic healthcare model, the more complex the homecare situations are becoming and the increasing demand for more professional and qualified homecare personnel. It also emphasises the necessity of further investment in “resource nurses”, since it is impossible for home nurses to be specialized in all areas of care. Second, home nursing depends for its financing on the correct use of the nomenclature. However,

this study revealed that home nurses rated themselves least competent in the use of the nomenclature (Belgian reimbursement system) and that they considered its use as least important to their profession. So, home nurses need to become aware of the importance of this instrument to their profession. Third, the *Vlaamse Federatie van Diensten voor Thuisverpleging* has invested heavily in the NANDA nursing diagnoses classification system of Gordon (McCloskey & Bulechek, 2002). The finding that the respondents rated themselves as least competent in this nursing process and that they rated the nursing process as least important to their profession, was somewhat surprising. Further investigation is necessary to better understand this finding. Fourth, the respondents attached great importance to continuing education. On the other hand, they reported that the contribution of continuing education to their current level of competency was moderate to low. It is necessary to further explore the needs and desires for continuing education within the homecare setting as well as the positive and negative aspects of the current offer. Furthermore, it is necessary to further explore the needs and desires for continuing education within the homecare setting as well as the positive and negative aspects of the current offer.

Content of home nursing

First, it can be concluded that teamwork and the leadership idea are very important to most home nurses. However, home nurses reported that nursing management is not in touch with daily practice and that the top-down information flow needs a lot of work. Furthermore, the respondents were not fully convinced of the presence of teamwork among home nurses and physicians. An amelioration of this working relationship is only possible if both disciplines understand and set boundaries with regard to their tasks and responsibilities. Second, analogous with the results in the Belimage -study, ethical aspects of care were considered important to daily

practice, but they were not considered a priority. In general, nurses in healthcare are insufficiently aware of the ethical dimensions in the care they provide for their patients (Dierckx de Casterlé et al., 1997, Siebens et al., 2006, Milisen et al., 2006). In order to make sure that a caring attitude is supported by great know-how and professionalism, the lack of attention for the ethics in healthcare that are the foundation of nursing care needs to be addressed. Therefore, in an environment that is characterized by an increasing complexity of care situations in which ethical aspects are not (always) considered a priority, management has to become aware of the increasing need to support home nurses in their ethical task. Third, home nurses rated themselves as providing good to excellent quality care both as individuals and as team. Milisen et al. (2006) stated that such self-ratings are inevitably biased in a positive way (who would admit to providing inferior care?). The fact that the respondents indicated that they could provide the care they wished to give, supports this 'good to excellent' quality of care, but on the other hand, a non-negligible percentage of the respondents reported that the number of qualified nurses is insufficient to provide quality of care (37.3%), that the available time is insufficient to provide quality of care to all patients (69.8%), and that they seldom to never were able to adequately collect patient data (33.4%). This raises the question as to how home nurses define "quality of care". Milisen et al. (2006) point out that perhaps nurses emphasize safe care or predominantly physical/technical nursing care, not the comprehensiveness of professional nursing care that is espoused in theory and in principle.

Practice environment

First, time constraints have a negative impact on important aspects of home nursing practice, including the fact that home nurses could only provide the essential

physical care to patients, that they did not find the time to listen to patients and their concerns, and that they seldom to never found the time to support and guide the informal caregiver. This finding is rather alarming, considering the informal caregiver's crucial role in preserving the home situation. Workload/time pressure is a real problem both in the home setting and in the hospital setting, but the negative impact in the home setting is associated with aspects of care that are indirectly linked to the patient, while, in the hospital setting, it concerns aspects of care directly linked to the patient. Hospital nurses provide 'acute' care, while home nurses often provide care to patients for many years, which makes it easier to develop a personal relationship and to anticipate to the needs of the patients. Second, a lack of cooperation from hospitals and from the patient/informal caregiver/family, traffic problems and being disturbed in their free time by colleagues often gives home nurses a feeling of being powerless. This highlights the importance and necessity of having a team to support the home nurses in their face-to-face care. Third, an important factor to the job satisfaction of nurses is the image of their profession to themselves, to other disciplines and to society. The respondents indicated that they have a positive image of their profession and that they prefer working in the home setting rather than in the hospital setting. Furthermore, it seems that home nurses perceive themselves more as equal partners in the multidisciplinary team than do hospital nurses: a significant proportion of hospital nurses believed that physicians (25%) and allied health practitioners (20,1%) do not recognize the importance of nursing interventions, while this was reported by less than 15% of the home nurses. Finally, the respondents are convinced that society has a positive, but incorrect perception of what home nursing is. According to most respondents, society associates their profession with washing and toileting, with the perception that a home nurse is inferior to a hospital nurse and

that home nursing is a calling. How can society's "positive" image be linked to this negative description of home nursing and to the disturbed feeling that home nurses have in relation to society's image of their profession? Further research is needed to gain insight into society's perceptions of the home nursing profession. When the results of this study are compared with the results of the professional self-image of hospital nurses, it can be concluded that nurses in both settings love their profession, and that they are all confronted with constraints in their practice environment, but not in the same way and not at the same level. These constraints do not (yet) detract from the sense of satisfaction and the positive self-image that home nurses have, nor does it (yet) affect the core of their care (which seems to be happening in the hospital setting).

5.2 Strengths and limitations

A strength of the questionnaire is the systematic approach (focus groups, literature review, review by an expert panel, field-test) and the use of triangulation techniques by Siebens et al. (2006) for the selection of the dimensions and questions of the instrument providing an adequate degree of face and content validity. However, in comparison with other instruments that measure professional self-image, such as The Professional Self-Concept of Nurses Instrument (PSCNI) (Arthur, 1995), the Nurses Self-Concept Questionnaire (NSCQ) (Cowin, 2001) and the Porter Nursing Image Scale (PNIS) (Porter & Porter, 1991), the Belimage Homecare –instrument is not internationally used and it needs to be evaluated in greater depth with regard to its validity, reliability, and applicability in practice in order to evolve into both a research and a policy tool.

Study results may be generalized due to the large sample size of randomly selected nurses (n=758), representing almost 14% of all home nurse (about 5600 nurses) employed in the three largest home nursing organizations in Flanders . However, the study was limited to nurses working in an organization for home nursing. Further research is needed to gain insight into the professional self-image of independent home nurses in Flanders who work within a different organizational structure.

6. CONCLUSIONS

Home nurses in Flanders are loyal employees, they are satisfied with their job and they love their work. These aspects are very important in making the home nursing profession attractive in times of nursing shortage. However, this study highlights the existence of a delicate balance between the large degree of autonomy that home nurses have and the need to feel supported in their professional role and responsibility. The practice environment, including time pressure, workload and insufficient support, needs to be addressed in order to keep it from having a negative impact on the professional self-image of home nurses in the long-term. In times of nursing shortage, the image and the promotion of the home nursing profession needs to be addressed by the home nurses themselves, with the necessary support of the home nursing management and organization. This study has shown that home nursing is a profession with a future and home nurses have an important responsibility in giving shape to this future.

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TABLES

Table 1: Perceived competence and relevance regarding specific nursing skills

Home nursing skills	Perceived competence	Perceived relevance
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		Incompetent	Rather incompetent	Rather competent	Competent	Very competent	Less important	Important	Very important	Priority
Instrumental-Technical Skills										
	Physical nursing care skills	0.0%	0.0%	1.7%	50.2%	48.1%	0.4%	10.6%	45.4%	43.6%
	Therapeutic-diagnostic-technical skills	0.4%	4.9%	24.7%	59.8%	10.1%	0.5%	12.2%	53.4%	33.9%
	Documenting nursing care	0.0%	3.2%	23.3%	59.6%	14%	3%	31.7%	49.9%	15.5%
	Logistic skills	0.1%	3.5%	20.4%	60.8%	15.1%	11.3%	47.6%	35.5%	5.7%
	Taking prophylactic measures	0.0%	1.4%	16.3%	70.4%	12%	0.1%	25.2%	52.6%	22.1%
Intellectual-Cognitive Skills										
	Having a broad knowledge	0.0%	1.3%	23.6%	65.1%	10%	0.1%	19.3%	53.4%	27.1%
	Use of the nomenclature	1.2%	11.3%	37.2%	43.7%	6.6%	11.2%	40.2%	39.4%	9.2%
	Nursing process	0.5%	7.5%	37.7%	47.1%	7.2%	10.9%	40%	41.1%	8%
	Ability to transfer knowledge	0.0%	0.8%	23.1%	65.7%	10.4%	0.7%	26.1%	56.8%	16.4%
	Creativity	0.0%	1.2%	23%	62%	13.8%	1.2%	27.4%	55.3%	16.1%
	Flexibility	0.0%	0.3%	10.7%	66%	23%	0.5%	21.6%	52.5%	25.4%
	Working autonomously	0.0%	0.0%	3.5%	46.3%	50.3%	0.0%	6.3%	40.4%	53.2%
Organizational skills										
	Organising and planning the home nursing route	0.1%	0.3%	4%	50.9%	44.7%	0.5%	15%	51.5%	33%
	Delegating nursing care activities	0.7%	1.9%	15.3%	57.9%	24.2%	6.4%	28.6%	47.8%	17.2%
	Organising one's work for collaboration with other health workers	0.0%	1.7%	16.5%	67.6%	14.2%	2%	31.2%	54.3%	12.5%
	Organising one's work for collaboration with other colleagues	0.0%	0.3%	9.5%	68.7%	21.6%	1.1%	23.3%	56.5%	19.1%
	Organising one's work for collaboration with informal caregivers	0.0%	0.9%	14.8%	70.4%	13.9%	0.8%	31.2%	55.6%	12.4%
	Administrative skills	0.0%	2.6%	18%	59.7%	19.8%	3.8%	36.6%	49.3%	10.3%
	Setting boundaries	0.0%	4.3%	26.1%	55.8%	13.8%	1.8%	28.9%	51.5%	17.9%
	Referring to other health care workers	0.2%	1.6%	23.7%	59.8%	14.6%	1.6%	31.4%	54%	13%

Social and communication skills										
	Communicating with patients	0.0%	0.0%	2.1%	55.5%	42.4%	0.3%	7%	44.1%	48.6%
	Communicating with family/ informal caregiver	0.0%	0.0%	2.9%	63.9%	33.2%	0.3%	11.3%	56.8%	31.7%
	Communicating with nursing colleagues	0.0%	0.0%	4.4%	64.8%	30.8%	0.3%	10.6%	56.6%	32.5%
	Communicating with supervisors	0.1%	0.8%	16.2%	65%	17.9%	0.4%	21.8%	56.9%	20.9%
	Communicating with physicians	0.0%	2.4%	28.8%	59.4%	9.4%	1.1%	20.1%	56.6%	22.1%
	Communicating with other health professionals	0.0%	1.3%	18.8%	68.1%	11.8%	1.2%	30%	55.1%	13.7%
	Translating	0.1%	1.3%	20.9%	66.4%	11.2%	1%	25.4%	55.1%	18.6%
	Education and information exchange	0.0%	1.6%	23%	64.2%	11.2%	0.7%	24.7%	56.4%	18.2%
Professional attitude										
	Assuming responsibility for care delivered	0.0%	0.0%	3.9%	62.9%	33.3%	0.1%	10.5%	46.7%	42.7%
	Possessing a caring attitude	0.0%	0.0%	2.1%	47.3%	50.5%	0.1%	9.4%	52.4%	38.1%
	Having a professional relationship with patients	0.0%	0.4%	5.3%	56.8%	37.5%	0.3%	11.1%	56.1%	32.5%
	Maintaining the balance between a strong involvement and a professional distance	0.0%	1.2%	11.5%	68.1%	19.23%	0.3%	19.5%	60.3%	19.9%
	Ability to think critically	0.3%	1.3%	19.9%	69.3%	9.2%	1.2%	29.3%	58%	11.4%
	Adopting a scientific perspective	0.3%	5.9%	32.6%	56.5%	4.7%	1.4%	28.9%	55.3%	14.4%
	Promoting the organization	0.1%	3%	21.9%	58.6%	16.5%	5.1%	30.7%	48.2%	16.1%

Table 2: Perceived importance of nursing care aspects to professional home nursing (according to highest priority)

	Less important	Important	Very important	Priority
Striving for patients to be cured	0.1%	8.4%	46.1%	45.4%
Adjusting care of individual patients and his/her home situation	0.1%	6.8%	52.6%	40.5%
Accepting patients as they are and guiding them through their hospitalization/illness/ rehabilitation	0.0%	14.4%	49.5%	36.1%
Providing strictly essential physical care	1.2%	21.7%	43.4%	33.7%
Detecting care problems and potential complications	0.0%	10.8%	60.1%	28.8%
Providing care that enables patients to cope with their illness and treatment	0.3%	15.7%	55.2%	28.8%
Promoting patient well-being through a good care relationship	0.0%	15.7%	56.7%	27.6%
Executing orders, rules, guidelines, protocols	1.9%	26.8%	48.3%	23.0%
Serving as a confidant	0.8%	21.1%	55.3%	22.8%
Searching together with patients for answers to their concerns and problems	0.8%	18.7%	59.3%	21.2%
Patient advocacy relative to other disciplines and the organization	2.4%	25.7%	58.9%	12.9%
Supporting and guiding the family/ informal caregiver	1.9%	29.6%	57.1%	11.5%

Table 3: Relevance of conditions to good home nursing practice (according to highest priority)

	Less important	Important	Very important	Priority
Positive working relationship with nursing colleagues	0.4%	11.4%	50.6%	37.6%
Regularly taking care of the same patients	4.5%	21.0%	49.5%	25.0%
Discussing care problems with nursing colleagues	0.3%	15.8%	60.0%	24.0%
Positive working relationship with supervisors	1.1%	22.3%	53.2%	23.4%
Positive working relationship with physicians	0.9%	23.2%	55.0%	20.8%
Making decisions autonomously in the care	2.1%	28.2%	56.2%	13.6%
Interdisciplinary communication	1.7%	29.1%	56.4%	12.7%
Practicing in accord with one's ethical values	5.6%	33.8%	49.8%	10.8%
Discussing ethical problems	3.4%	36.9%	52.1%	7.6%