

Evaluating the Behaviors of Nurses Regarding Professionalism According to the Hospital: Descriptive and Cross-Sectional Study

Hemşirelerin Profesyonelliğe İlişkin Davranışlarının Hastane Türüne Göre Değerlendirilmesi: Tanımlayıcı ve Kesitsel Çalışma

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ABSTRACT Objective: Professionalism is high degree of expertise, knowledge, skills, attitudes and form of behaviors in a certain area. This descriptive and cross-sectional study aims to evaluate nurses' professionalism behaviors according to hospital type. **Material and Methods:** The universe of the study included a total of 2,204 nurses working in 4 training and research hospitals, 2 state hospitals, 2 private hospitals and 1 university hospital in the Asian side of İstanbul; these hospitals were all general hospitals with a bed capacity of 200 and over. The calculation sample has reached to 1,163 nurses by using sample formula with a known universe. However, the study finally enrolled 1,034 of the nurses because 129 of them couldn't be contacted because they did not volunteer to participate or they were on annual leave or sick leave. **Results:** It was observed that most of the nurses participating in the study were between the ages of 31-40 (34.7%) and had a bachelor's degree (36.3%). The total professionalism score of the nurses was found to be 4.20 [standard deviation (SD)=3.40]. The highest professional behavior score of nurses was 5.47 (SD=3.80) in private hospitals, and the lowest 3.72 (SD=3.15) in education and research hospitals. Professionalism behavior scores were found to be higher 4.35 (SD=3.48) in female nurses and 4.77 (SD=3.23) in the 18-25 age group nurses. **Conclusion:** According to the results of the research; it is suggested that nurses should choose professional behavior and be informed and important.

Keywords: Hospitals; nursing; professionalism

ÖZET Amaç: Profesyonellik, belirli bir alanda yüksek derecede uzmanlık, bilgi, beceri, tutum ve davranış biçimidir. Bu tanımlayıcı ve kesitsel çalışma hemşirelerin profesyonellik davranışlarını hastane türüne göre değerlendirmeyi amaçlamaktadır. **Gereç ve Yöntemler:** Araştırmanın evrenini, İstanbul ili Anadolu Yakasında tam teşekküllü, 200 ve üzeri yatak kapasitesine sahip olan 4 eğitim ve araştırma hastanesi, 2 devlet hastanesi, 2 özel hastane ve 1 üniversite hastanesinde çalışan 2.204 hemşire oluşturmaktadır. Örneklemi ise evreni bilinen örneklem formülü ile hesaplanarak hemşire sayısı 1.163 olarak belirlendi. Araştırmaya gönüllü olarak katılmak istemeyen, izinli, raporlu olan 129 hemşireye ulaşılamayarak, 1.034 hemşire ile çalışma gerçekleştirildi. **Bulgular:** Araştırmaya katılan hemşirelerin çoğu 31-40 yaş arasında (%34,7), lisans mezunu (%36,3) olduğu görülmüştür. Hemşirelerin toplam profesyonellik puanı 4,20 [standart sapma (SS)=3,40] olarak bulundu. Hemşirelerin profesyonel davranış puanı en yüksek 5,47 (SS=3,80) özel hastanelerde, en düşük 3,72 (SS=3,15) eğitim ve araştırma hastanelerinde görüldü. Kadın hemşirelerde 4,35 (SS=3,48) ve 18-25 yaş grubundaki hemşirelerde 4,77 (SS=3,23) profesyonellik davranış puanı daha yüksek bulundu. **Sonuç:** Araştırma sonuçlarına göre hemşirelerin profesyonel davranış konusunda bilgilendirilmesi ve bunların öneminin benimsenmesi önerilmektedir.

Anahtar Kelimeler: Hastaneler; hemşirelik; profesyonellik

Professionalism is "high degree of expertise, knowledge, skills, attitudes and form of behaviors in a certain area". Barber, who assesses professionalism

in terms of behavior, defines it as orientation to community interest rather than individual interest and high degree of general and systematic knowledge.¹

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Professional people are “those who know about their profession well and have proven it around, keep their knowledge up to date”. At the same time, they are individuals who “draw their careers; are attentive to their personal qualities, the quality of their job, and quality of his relations with others”. Professional people are “those who are enthusiastic and excited about their jobs, support the profession, conform to the ethics of the profession, and fulfill a number of duties that the profession requires.”²

Today, nurses fulfill many duties in terms of professionalism, such as doing research, developing theories, participating in professional organizations and political activities, creating an information society, as well as providing health care. Only professional nursing education can ensure the performance of all of these activities. Professional nursing education focuses on cultural and professional knowledge, clinical and conceptual skills, and the individual’s value system.^{3,4}

Professionalism in nursing is based on a special set of criteria that are presented in a model designed for nursing profession by Miller et al.⁵⁻⁷ Miller’s “Model of Professionalism in Nursing” is in form of a wheel (Figure 1). This study was conducted within the scope of this model.

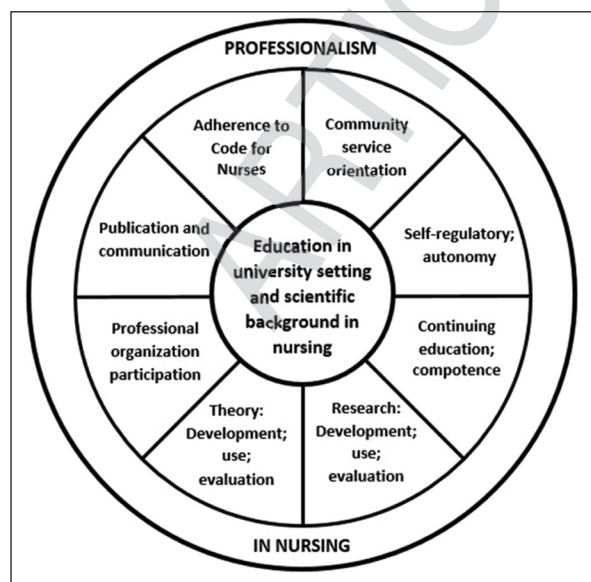


FIGURE 1: Model of professionalism in nursing.⁷

Basic features of the profession are in the center of the wheel, and supportive behaviors are placed on the edge of the wheel. The model contains widely accepted and used features of professionalism. The basic features of professionalism are accumulation of scientific knowledge, applying theory in practice, sharing of social values, ethical codes, focusing on issues of vital value, owning a Professional organization and autonomy. Miller aimed at assessing the professionalism behaviors of nurses using this model.⁷ Having the knowledge of behaviors related to professionalism lets nursing acquire a Professional status.⁶

There are very few original researches into professional behaviors of nurses in Türkiye.^{5,6} Therefore, the aim of this study is to assess the professionalism behaviors of nurses in Türkiye according to the hospital type.

MATERIAL AND METHODS

This is a cross-sectional study aimed at determining nurses’ behaviors in terms of professionalism. The universe of the study included a total of 2204 nurses working in 4 Training and Research Hospitals, 2 State Hospitals, 2 Private Hospitals and 1 University Hospital in the Asian side of İstanbul; these hospitals were all general hospitals with a bed capacity of 200 and over. There were 615 nurses from the Training and Research Hospitals, 216 nurses from the State Hospitals, 190 nurses from the Private Hospitals, and 142 nurses from the University Hospital. The calculation sample has reached to 1,163 nurses by using “sample formula with a known universe”. However, the study finally enrolled 1,034 of the nurses because 129 of them couldn’t be contacted because they did not volunteer to participate or they were on annual leave or sick leave. The response rate of the survey is 88.9%. The data was collected between December 25, 2009-February 23, 2010. Data were collected face to face. It took 8-10 minutes to fill out the data collection form.

Research data were collected by means of “A Behavioral Inventory for Professionalism in Nursing (BIPN)”, which was developed by Miller et al., and Cronbach’s alpha was 0.82-0.87. BIPN adapted into

Turkish language by Karadağ et al., and the Cronbach alpha coefficient was calculated as 0.78-0.87.^{6,7} The scale consists of 38 items. Each question investigates whether nurses exhibit professional behaviors or not.

The BIPN consists of nine sub-scales. These are educational preparation (1 item), publication (3 item), research (4 item), professional organization (5 item), community service (2 item), competence and continuing education (9 item), code of ethics for nurses (1 item), theory (4 item), autonomy (9 item).

Each behavior related to professionalism is assigned scores of 0.5-3 points. The total max score of each of the nine sub-scales is 3 and the Total Possible Weighted Score for the inventory is 27. Written permission was obtained from Karadağ for the use of the inventory. Permission was granted from The Clinical Research Ethics Board No. 3 in İstanbul (date: December 25, 2009; no: 2009-KK-055); The Ministry of Health İstanbul City Health Directorate for the training and research hospitals and the state hospitals; and the administrations of the private hospi-

tals and the university hospital. In every phase of this study, the Declaration of Helsinki was adopted. Also, verbal consent was received from the nurses in the study. Data were collected face to face. It took 8-10 minutes to fill out the data collection form. SPSS 15.0 package program was used to evaluate the data. Statistical analyzes were performed by using descriptive statistics (frequency, percentage, mean, standard deviation) as well as parametric (one-way analysis of variance, t-test for independent groups) and nonparametric (chi-square test, Kruskal-Wallis test) according to the type of research. The results were evaluated at 95% confidence interval and $p < 0.05$ at significance level.

RESULTS

It was found that the 86.6% of the nurses were women, 34.7% of the nurses were between 31-40 years of age, 35.3% of the nurses participating in the study had a 1-5 years of work experience, 36.3% of the nurses have nursing bachelor's degree (Table 1).

TABLO 1: Distribution of nurses according to their descriptive characteristics.

Nurse's descriptive characteristics		Groups				Total n (%)
		The training and research hospital n (%)	The state hospital n (%)	The private hospital n (%)	The university hospital n (%)	
Gender	Female	451 (85.3)	163 (81.1)	167 (92.3)	114 (92.7)	895 (86.6)
	Male	78 (14.7)	38 (8.9)	14 (7.7)	9 (7.3)	139 (13.4)
Age	18-25	98 (18.5)	42 (20.9)	64 (35.4)	17 (13.8)	221 (21.4)
	26-30	163 (30.8)	65 (32.3)	78 (43.1)	15 (12.2)	321 (31)
	31-40	186 (35.2)	70 (34.8)	35 (19.3)	68 (55.3)	359 (34.7)
	41-50	82 (15.5)	24 (11.9)	4 (2.2)	23 (18.7)	133 (12.9)
Education	Correspondence school	206 (38.9)	62 (30.8)	53 (29.3)	15 (12.2)	336 (32.5)
	Associate degree in nursing	86 (16.3)	61 (30.3)	18 (9.9)	56 (45.5)	221 (21.4)
	License degree in nursing	192 (36.3)	52 (25.9)	90 (49.7)	41 (33.3)	375 (36.3)
	License degree in another field	31 (5.9)	10 (5)	8 (4.4)	2 (1.6)	51 (4.9)
	Master in nursing	8 (1.5)	2 (1)	6 (3.3)	9 (7.3)	25 (2.4)
	Master in another field	5 (0.9)	12 (6)	6 (3.3)	0 (0)	23 (2.2)
Working experience	Doctorate in nursing	1 (0.2)	2 (1)	0 (0)	0 (0)	3 (0.3)
	1-5 years	170 (32.1)	72 (35.8)	89 (49.2)	34 (27.6)	365 (35.3)
	6-10 years	107 (20.2)	51 (25.4)	53 (29.3)	11 (8.9)	222 (21.5)
	11-15 years	98 (18.5)	39 (19.4)	30 (16.6)	32 (26)	199 (19.2)
	16-20 years	73 (13.8)	17 (8.5)	5 (2.8)	17 (13.8)	112 (10.8)
	21-25 years	59 (11.2)	15 (7.5)	0 (0)	26 (21.1)	100 (9.7)
26 years and over	22 (4.2)	7 (3.5)	4 (2.2)	3 (2.4)	36 (3.5)	
Total		529 (100)	201 (100)	181 (100)	123 (100)	1034 (100)

The nurses' total professionalism score was determined to be 4.20±3.40. The scores for the subscales of professionalism were 0.51±0.66 for educational preparation, 0.05±0.33 for publication, 0.27±0.60 for research, 0.22±0.45 for professional organizations, 0.25±0.78 for community service, 0.98±0.81 for competence/continuing education, 0.25±0.83 for code of ethics for nurses, 1.45±1.14 for theory and 0.17±0.43 for autonomy (Table 2).

The study found that the highest total professionalism scores 5.47±3.80 were received by those nurses working in the private hospitals (p=0.000). When the highest scores from all sub-dimensions are considered; the highest score in the educational

preparation subscale was 0.68±0.68 (p=0.001) for nurses working in The private hospitals, the highest score in the professional organizations subscale was 0.33±0.54 (p=0.000) for nurses working in the university hospital, the highest score in the community service subscale was 0.48±1.03 (p=0.004) for nurses working in the university hospital, the highest score in the competence/continuing education subscale was 1.30±0.79 (p=0.000) for nurses working in the private hospitals, the highest score in the code of ethics for nurses subscale was 0.43±1.05 (p=0.016) for nurses working in the private hospitals, the highest score in the theory subscale was 1.79±1.12 (p=0.000) for nurses working in the private hospitals, the highest score in the autonomy subscale was 0.23±0.55 (p=0.044) for nurses working in the private hospitals (Table 3).

TABLE 2: Nurses' professionalism and score average for sub-dimensions.

Professionalism and sub-dimensions	Minimum	Maximum	$\bar{X}\pm SD$
Educational preparation	0.00	3.00	0.51±0.66
Publication	0.00	3.00	0.05±0.33
Research	0.00	3.00	0.27±0.60
Professional organizations	0.00	2.50	0.22±0.45
Community service	0.00	3.00	0.25±0.78
Competence/continuing education	0.00	3.00	0.98±0.81
Code of ethics for nurses	0.00	3.00	0.25±0.83
Theory	0.00	3.00	1.45±1.14
Autonomy	0.00	3.00	0.17±0.43
Total professionalism	0.00	21.50	4.20±3.40

SD: Standard deviation.

DISCUSSION

The process of education and depth of knowledge in educational process is one of the basic qualities that distinguish professions from jobs. Professions emerge after becoming involved in a thorough training process and as a result of a systematic accumulation of knowledge. This duration is acknowledged to be undergraduate study at minimum.⁸ It was found in our study that majority of nurses have nursing bachelor's degree. Researches indicate that there is a linear connection between nurses' educational

TABLE 3: Analysis of sub-dimensions of nurses' professionalism inventory according to the hospital.

Professionalism and sub-dimensions	The training and research hospital	The state hospital	The private hospital	The university hospital	F	p value
	\bar{X} (SD)	\bar{X} (SD)	\bar{X} (SD)	\bar{X} (SD)		
Educational preparation	0.46 (0.59)	0.46 (0.69)	0.68 (0.68)	0.56 (0.82)	5.709	0.001*
Publication	0.04 (0.29)	0.04 (0.28)	0.08 (0.39)	0.09 (0.47)	1.279	0.280
Research	0.25 (0.59)	0.26 (0.57)	0.34 (0.64)	0.29 (0.65)	1.064	0.363
Professional organizations	0.18 (0.42)	0.19 (0.39)	0.32 (0.53)	0.33 (0.54)	7.208	0.000***
Community service	0.20 (0.72)	0.22 (0.72)	0.26 (0.80)	0.48 (1.03)	4.560	0.004**
Competence-continuing education	0.85 (0.78)	0.91 (0.79)	1.30 (0.79)	1.19 (0.87)	17.707	0.000***
Code of ethics for nurses	0.20 (0.76)	0.20 (0.76)	0.43 (1.05)	0.24 (0.82)	3.441	0.016*
Theory	1.33 (1.15)	1.37 (1.11)	1.79 (1.12)	1.62 (1.03)	8.326	0.000***
Autonomy	0.16 (0.40)	0.11 (0.38)	0.23 (0.55)	0.19 (0.42)	2.706	0.044*
Total professionalism	3.72 (3.15)	3.81 (3.12)	5.47 (3.80)	5.04 (3.67)	15.971	0.000***

F: Analysis of variance; p: Significance level (*p<0.05, **p<0.01, ***p<0.001); SD: Standard deviation.

background and professional behavior scores.^{5,7,9} Aiken et al. found that every 10% increase in the ratio of nurses with undergraduate degrees in hospitals was associated with a 7% reduction in mortality.¹⁰ A research which was carried out in Belgium found that hospital mortality after cardiac surgery was significantly lower in hospitals with a higher proportion of nurses with bachelor's education.¹¹ Evidences show that bachelor's education for nurses is associated with low hospital mortality.¹²⁻¹⁶

When the total professionalism maximum scores that can be taken from the scale were examined, the mean scores of the nurses participating in our study were found to be quite low. Adıgüzel et al. have found that nurses' professional behavior is not sufficient with their nurses' work and that they should be developed.¹⁷ Similar findings were found in the studies of Kavaklı et al., Wynd, Zakari et al. that the professional behavior score of nurses was low.^{9,18,19} Demir and Kocaman Yıldırım, Açıköz and Çelik and Hisar found that the professionalism behavior was low they have.²⁰⁻²² Adıgüzel et al. found that the level of professionalism of nurses was moderate in their study with nurses.¹⁷ According to Miller's model of professionalism in nursing, it is necessary to have at least a bachelor's degree in nursing education, and it is also necessary for nurses to publish, conduct research, join professional organizations, participate in continuing education, use nursing ethics codes, use nursing theories in care, and have a say in decisions about themselves determines professionalism. Missing one or more of these criteria reduces the professionalism of nurses. The results of a limited number of studies conducted in certain periods of time in Türkiye and around the world also show that nurses' total professionalism scores are low, similar to our study.

When the scores from the sub dimensions are sorted from high to low, the ranking is as follows: theory, competence/continuing education, educational preparation, research, code of ethics for nurses and community service, professional organizations, autonomy and publication. Çelik and Hisar found similarly high scores in theory, competence/continuing education and educational preparation sub-scales.²² The highest level of professional behavior

of the nurses who participated in the research conducted by Can is the theory; while the lowest level of professional behavior was identified as publication, nursing codes and research.²³ Demir and Kocaman Yıldırım, Açıköz and Çelik and Hisar found that the highest level of professionalism behavior was the theoretical dimension and the lowest scores were the publication, research and nursing codes.²⁰⁻²² In Kavaklı et al. study, the nurses received high scores in competence/continuing education sub-scale.⁹ Studies show that nurses receive high scores in theory and competence/continuing education sub-dimensions, but low scores in research and publication sub-dimensions, as in our study.

The study found that the highest total professionalism scores were received by those nurses working in the private hospitals. Similarly, in Çelik and Hisar's study, the highest professionalism score was received by the nurses working in private hospitals. The findings from our study and those in Çelik and Hisar's study display a parallelism in this sense.²² It is thought that the reason for this is that the nurses working in private hospitals are younger, newly graduated, have fresh knowledge, have a professional organization, and are more willing to do research and publications. It is also thought that private hospitals have adopted continuing education more within the scope of accreditation studies.

Considering the scores of all the sub-dimensions of nurses, it was found that the nurses who were working in private hospitals had significantly higher mean scores in educational preparation, competence-continuing education, code of ethics for nurse, theory and autonomy than the nurses working in other hospitals; it was determined that the professional organizations and community service sub-dimension mean scores of the nurses working in university hospitals were significantly higher than the nurses working in other hospitals ($p < 0.05$). When the scores of the nurses were comparison taken from all sub-dimensions, there was no statistically significant difference between the subscales of publication and research sub-dimension scores ($p > 0.05$). Educational meetings can improve professional practice and healthcare outcomes for the patients.²⁴ Educational meetings can result in small to moderate improve-

ments in professional practice and, as would be expected, smaller improvements in patient outcomes.²⁵ Autonomy is defined as the freedom of making decisions in training and applications. Factors like having adequate theoretical knowledge, getting involved in quality-improvement activities, undertaking tasks in ethical committees and getting involved in self- or peer-evaluation activities increase nurses' autonomy.⁷ Nursing codes are the body of ethical principles recognized by members of the profession. In addition to ethical behaviors, these principles involve members' responsibilities for the profession, colleagues, individuals served, co-workers, professional organization and themselves.

CONCLUSION

Raising the level of health of the community is possible with a good health policy and good provision of preventive and curative health services. Nurses have an important role in implementing these services. Successful presentation of nursing services; It is possible to have a wide perspective on the applications in the health care system, to conduct researches, to follow scientific developments, and to be qualified professors. They defend the rights and interests of nurses, act in unity and solidarity, and hold political power to find solutions to problems. This power plays an important role in motivating us in difficult working conditions, providing quality service and professionalism.

In our study, which examined the professionalism levels of nurses according to hospital type, we found that nurses working in private hospitals generally benefit from more nursing theories while caring for their patients than nurses working in other hospital types, and that they have more access to adequate/continuous training required to maintain the knowledge obtained during the basic education period and to follow new developments have attended, graduated from a minimum undergraduate level education, made appropriate ethical decisions to protect themselves and their patients and demonstrated appropriate ethical behavior in their practices, and have a say in the decisions to be made regarding themselves and their patients; it was found that nurses

working in university hospitals were more successful in meeting the changing health needs of the society and were more willing and active in participating in professional organizations than nurses working in other types of hospitals. It was seen that nurses working in the training and research hospital and the state hospital received the lowest scores in almost all professionalism criteria.

According to the results of the research; the first step of professionalism in nursing is an education at least at the undergraduate level, and then, within the framework of the criteria of conducting research and publishing, participating in professional organizations, serving on social issues, benefiting from adequate and continuous training for professional development, following nursing codes, developing theories and being autonomous. It is recommended that first of all, all nurses working in the training and research hospital and the state hospital nurses be informed and supported about what professional behavior is.

In addition, hospital management and managers provide all kinds of support and motivation in the professionalization process of nurses by planning qualified training programs, ensuring that nurses participate in scientific programs at least once a year, accessing the application guides created and used to increase theory-based practices, and making the necessary systematic arrangements to reflect them in patient care is expected and recommended.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

All authors contributed equally while this study preparing.

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