

Professionalism among Nurses: A concept analysis

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Abstract: Nursing has progressed from the pre-Nightingale years, where simple tasks were executed to the present day technologically advanced entity. Nurses are expected to perform in a way which reflects on all nurses and is appropriate for the profession. The professionalism behaviour gives nurses and nursing the advantage of a professional status. Professionalism is defined as the attitudes and behaviours which are considered to be suitable to a particular occupation. Research has identified different attributes of professionalism among nurses. Antecedents of this construct include personal factors and social and physical work environment. Professionalism is linked with quality patient outcomes and improved commitment, performance and job satisfaction among nurses. Nurses do encounter a number of barriers in the work environment which could hamper these positive behaviours. However, it is imperative to maintain professionalism in everyday practice and achieve the goal of a professional status for nurses and positive health outcome for patients.

Keywords: Professionalism, nurses, personal factors, social and physical work environment.

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I. INTRODUCTION

There have been continuous and rapid changes in the health care industry across the globe. The speedy changes in the societal value system have resulted in nurses encountering further ethical and moral challenges in client care practice. Consumers demand cost effective, safe, competent and high quality health care services [1, 2]. The gratification of these demands necessitates services of not just experienced but highly professional nurses [3]. Hence nurses have great responsibility to acquire and update the competences regularly [4] and demonstrate professionalism in their routine practice as it influences patient satisfaction and health outcomes [5]. They need to take responsibility for their actions, initiative to understand and master the changing work situations and yet, keep up with the increasing demands and changes in the health care practice [6].

II. PROFESSIONALISM IN NURSING

Professionals are defined in the context of a particular body of knowledge which is obtained through formal education, expanded level of skills, type of certification proving their entry into the profession, a set of behavioral norms called professionalism and attitudes representing high levels of commitment to and identification with a specific profession [6]. Professional behaviour, a reflection of professionalism can be classified into professional behavior towards one-self, towards clients, towards other professionals/peers and towards public [7]. "Professionalism is the set of attitudes and behaviours that are believed to be appropriate to a particular occupation" [8]. It is a multidimensional construct which includes intrapersonal, interpersonal and public components [9]. It is also defined as the conceptualization of attributes, interactions, obligations, attitudes, and behaviors required of professionals in relation to clients and society as a whole. It refers to the conduct, goals or qualities that define a professional person or a profession. Professionalism is related to the quality of practice [10]. Health-care providers display professionalism through their knowledge, attitudes and behaviours reflecting a multifaceted approach related to the principles, regulations and standards essential to successful clinical practice [11]. Nurses are one among the largest and most diverse workforce and the strongest pillars in the health care system. The expanding and changing role of this resource involves delivery of safe, affordable and quality services to the consumers at diverse levels of health care system [12]. Nursing services aims to provide competent, safe and ethical care which also includes comfort, compassion, and collaboration with clients, family, community and the health care team. The focus is on comprehensive care which includes prevention of disease, promotion of health and therapeutic care across all the health care settings [13].

Miller [14] developed the "Wheel of Professionalism in Nursing Model" demonstrating the significance of a scientific background for nursing professionalism. In this model, the centre of the wheel symbolizes education at a university and scientific nursing background. The spokes reveal eight other

characteristics that define nursing professionalism: 1) research development, use and evaluation; 2) publication and communication; 3) participation in professional organizations; 4) competence and continuing education; 5) theory development, use and evaluation; 6) community service orientation; 7) self-regulation and autonomy and 8) adherence to the ANA Code of Ethics. According to Registered Nurses Association, Ontario [1], the attributes of nursing professionalism include “knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and visionary, collaboration and collegiality and ethics”. Hwang. et. al. [15] documented that nursing professional practice is “commitment to compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for insightful practice; demonstrating a spirit of collaboration and flexibility”. Çelik & Hisar [16] identified properties of nursing professionalism as “competence and continuing education, research, publication, improvement of nursing practice and theory, and autonomy”. Yang. et. al. [6] recognized “educational preparation, research and scholarship participation in professional organizations, community service, competence and continuing education, the code of nurses, theory, and autonomy” as the essential attributes of professionalism which distinguish professionals from other workers.

Nursing professionalism focuses on the expansion of nurses’ role in the rapidly changing and varied healthcare environment. It reflects the approach in which nurses analyse their work and serves as a guide for their practice behaviors towards ensuring client safety and quality care [17]. Professionalism mandates that nurses demonstrate professional standards in all their roles, from provision of patient care to collaboration with members of the health care team [1]. The professionalism demonstrated by nurses and the resultant image is significantly imperative in attracting clients [6].

Nurses who value professionalism focus on achievement of competence and maintain practice standards. However, despite their crucial role, nurses remain as an invisible workforce in the health care delivery system [12]. Nursing professionalism faces a number of challenges such as swift changes in nursing practice, membership, communication, diversity in the population, lack of leadership skills and autonomy, health care risks, long working hours, emotional load, lack of recognition by society, shortage of nurses and limited professional opportunities [18] educational preparation, nature of the job, societal norms and expectations, changes in the health care system and organizational structures [19]. These challenges are a major hurdle in the development of nursing profession [12].

In the 21st century, the focus is towards the delivery of quality care, improvement in patient satisfaction, transformation in the public image and achievement of the health related indicators in the Millennium Developmental Goals [20], effective collaborative practice among the team, optimal patient outcomes and job satisfaction [1]. Professionalism is the basis towards the achievement of the fundamental goals in any health care delivery settings [21]. Nurses need to communicate their professionalism and contribution in the healthcare system to the public. This is essential for the success and development of nursing profession [22]. Professionalism is about what nursing practice means to nurses, how they strive to appreciate what is expected of them as licensed members of a regulated profession, the way they conduct their practice, and subsequently what it feels and looks like to those around them [23]. It is the essence of nursing resulting in the image which then becomes acknowledged by patients, their families, media, public, colleagues, and nurses themselves [21].

III. REVIEW OF LITERATURE ON PROFESSIONALISM IN NURSING

The available literature review on nursing professionalism revealed that most of the research done across nations is descriptive and only determines the level of professionalism among nurses. Most of these studies were conducted in government settings. There is inadequate and inconclusive literature on determinants influencing professionalism.

In a single case cross-sectional study Baumann. et. al. [24] used administrative data to examine the impact of the Nursing Graduate Guarantee (NGG) policy on the full-time position and retention among new nurses before and during the policy implementation. The study hospital, in Canada, leveraged a government employment policy which was designed to encourage workforce stability and enhance professionalism among nurses. Using “The Professionalism and Environmental Factors in the Workplace Questionnaire”, new nurses hired in the study hospital (n=107) were compared with those hired in other health-care setting (n=598). There was significant rise in full-time employment and decline in part-time employment among the study hospital nurses. There was a decline in the newly hired nurses leaving the hospital from 26% pre-policy to 5% during policy implementation. Also, the study hospital nurses’ scores were significantly higher on five out of thirteen subscales of professionalism as compared to the scores of nurses in other health-care settings.

In a Turkish hospital, Dikmen et. al. [17] determined professionalism using a descriptive exploratory study among nurses (n=89) employed in a public hospital. Data were collected using demographic questionnaire and “Behavioral Inventory Form for Professionalism in Nursing” (BIPN). The findings indicated low level of professionalism among nurses (mean =5.07; SD=3.47). Highest scores of professionalism were identified in

areas of competence and continuing education (mean=1.88; SD=0.34) and the lowest scores were in autonomy (mean =0.06; SD=0.34), publication (mean=0.10; SD=0.25), and research (mean=0.25; SD=0.60). There was significant difference between the overall professionalism scores and the education level and the work experience of nurses. This study discussed the possibility of negative factors impacting professionalism among nurses such as; excessive workloads, long working hours, inadequate resources, differences in educational levels, community perception about nursing profession, hierarchical structure of hospitals, focus on nursing tasks, lack of personnel, low salaries, insufficient job security and weak organized labour.

Hassandoost. et. al. [25] in a cross-sectional study examined Iranian nurses (n=133) level of professionalism and the associated factors. Professionalism was assessed using “Hall's Professionalism Inventory” (HPI) scale. Results revealed a moderate level of professionalism. Higher scores were identified in autonomy and lower in sense of calling. Nurses’ age and years of experience were significantly related to the level of professionalism. This study recommended similar further studies in developing countries.

Yang.et. al. [6] investigated and analysed professionalism among 500 nurses working in a public hospital in Rizhao using demographic questionnaire and “Behavioral Inventory Form for Professionalism in Nursing” (BIPN). Results showed low scores of nurses on BIPN (mean=5.67; SD=±3.01). The highest score was in continuing education (1.99±0.98) and lowest in autonomy and research (0.11±0.05). A significant difference was found between the total scores on BIPN and the education level of nurses.

In a qualitative study, in Iran, Dehghani et. al. [26] explored and described factors affecting professional ethics in nursing practice through conventional content analysis approach. Using purposive sampling technique, thirty nurses having minimum 5 years experience were selected. Semi-structured interview was used for data collection and analyzed using thematic analysis. The findings revealed that internal factors such as communication challenges and individual character and responsibility and external factors like educational and cultural development, organizational preconditions and support systems affect professional ethics in nursing practice. The study concludes that knowledge of professional ethics and the contributing factors might help nurses and other healthcare professionals to provide better patient services.

Solomon et. al. [18] conducted a study on professionalism and its predictors among 332 nurses working in a Public Hospital in South West Ethiopia using a questionnaire adapted from RNAO guidelines to measure professionalism, Nursing Assessment Survey (NAS) to measure organisational culture and Self-image questionnaire to measure professional self image. The study identified high level of professionalism among these nurses which was associated with gender, experience, marital status, qualification, self image and organizational culture.

Stewart [23] in a focused ethnography discovered nursing students understanding and definition of nursing professionalism. Focus group discussions as well as one to one interviews were conducted with eight fourth year nursing students. The data was examined for emerging patterns and description. The experience of professionalism was expressed in terms of relationships with self, with colleagues, with patients and families and with the public. This study recommends further research to; a) identify professionalism among nurses with different levels of experience in variety of clinical settings and b) evaluate internal and external factors influencing professionalism among nurses.

Tanaka. et. al. [27] compared professionalism in nursing among nurse leaders in United States of America and Japan using the “Behavioral Inventory for Professionalism in Nursing”. The Mean total score on BIPN, as well as scores in areas of community service, education preparation, self-regulation, theory development and autonomy were high among nurses in U.S.A. However, scores on research development, publication and communication were high among Japanese nurses. This study recommends that nursing professionalism should be further compared with findings at international level.

Konukbay. et. al [28] in a descriptive cross-sectional study determined professional behavior of nurses (n = 115) working in an educational-research hospital in Ankara (Turkey) using “Behavioral Inventory for Professionalism in Nursing (BIPN)”. In this study, nurses obtained overall low scores on BIPN. Higher scores were received in the areas of competence and continuing education, education, research, use of theory, nursing code and social services and low scores in the areas of publishing, professional organization and autonomy. Higher level of education was identified as the most important factor influencing professionalism in nursing.

Tanaka, et. al. [11] conducted a national cross-sectional survey on professionalism among Japanese nurses (n=1501) using “Behavioural Inventory for Professionalism in Nursing” and identified that these nurses scored low levels of professionalism. Highest score was found in ‘competence and continuing education’, and lowest was in ‘publication and communication’. Professionalism scores were related to their experience educational level and current position. This study recommends correlation research which would help in discussing strategies to raise the level of professionalism in nursing from policy, leadership and education perspective.

In another study, Tanaka , et. al. [29] examined the perception of professional behaviours and the factors contributing towards professionalism among nurse managers (n=525) representing 15 Japanese nursing

facilities using “The Behavioural Inventory for Professionalism in Nursing”. Nurse Managers scored highest on professional behaviours in the areas of ‘competence and continuing education’ and lowest on ‘publication and communication’. The results reveal that higher professionalism in nursing is significantly related to higher nursing experience, higher educational levels and position as nurse administrator. This study concludes that one important implication for nursing management is obtaining awareness about the extrinsic professional factors which will help to maintain professionalism among nursing.

Akhtar-Danesh. [30] used Q-methodology to identify viewpoints about professionalism among nursing faculty and students. Viewpoints such as humanists, facilitators, portrayers and regulators emerged from this exploration. Humanists view reflected that professional values include personal integrity, respect for human dignity, protection of patients from harm and protection of patient privacy. Portrayers were of the belief that professionalism is evident through one’s attire, image and expression. Whereas, facilitators expressed that professionalism involves personal beliefs and values as well as standards and policies. Regulators held the view that professionalism gets fostered in a workplace where suitable standards and beliefs are communicated, accepted, and implemented. The differences in the views indicate the probability of numerous contextual variables affecting individual’s perceptions of professionalism.

Çelik & Hisar [16] investigated the influence of nurses’ professionalism behaviour on job satisfaction using “BIPN and the Minnesota Satisfaction Questionnaire”. Data was collected from nurses (n=531) employed in university, private and state hospitals. The mean score for professionalism was low and on job satisfaction was medium. There was a significant positive relationship between job satisfaction and professionalism.

Fahtun et.al [31] studied the levels and attributes of nursing professionalism in Mekelle public (Government) Hospitals, North Ethiopia using a questionnaire developed from RNAO guidelines. Level of professionalism was high among nurses (n=210) with highest mean scores on ethics, knowledge and advocacy and lowest mean scores for innovation and visionary and autonomy. The mean scores differed for nurses in different work settings and different qualification and experience. Nurses having most years of experience and diploma qualification had higher scores on professionalism. The attitude on concept of professionalism differed among groups and most had moderate attitude towards professionalism.

Zakari et. al. [32] studied the relationship between professionalism and perceptions of conflict among randomly selected nurse managers and bed side nurses (n=346). Data was collected using “The Perceived Conflict Scale” and “The Valiga Concept of Nursing Scale”. The participants demonstrated low level of professionalism and the correlation between intra-group/other department conflict and perception of professionalism was significant. The study presumes that workplace, nurses’ personal background, personal interest in the profession, consumers’, family’s and society’s views of the profession might explain perception of professionalism among nurses.

Baumann & Kolotylo [33] developed and psychometrically evaluated “the Professionalism and Environmental Factors in the Workplace Questionnaire”. The development and testing involved three phases: generation of items, pretesting and pilot testing. A representative sample was conveniently obtained for the pre-test (n=46) and the pilot test (n=848). Mailed survey was used in both pre-test and pilot test. Psychometric testing revealed the instrument validity and reliability and factor analysis indicated stable factors that reflected the conceptual basis in the questionnaire. The questionnaire provides scope for nurses to reflect on their practice. It also serves as an opening point to discuss, plan and implement methods that might support professionalism and healthy work environments. It is recommended that confirmatory factor analysis be conducted to validate the results and test the instrument in different settings.

Hwang et. al. [15] compared factors that influence job satisfaction among Korean (n= 593) and Chinese (n=693) nurses. Professionalism was found to be the common factor which influenced job satisfaction among both the groups. Also, nurses in both the groups demonstrated positive attitude towards professionalism and job satisfaction. Other factors associated with job satisfaction for Korean nurses were job characteristics and demographics whereas; Chinese nurses had higher education and work experience in medical or surgical departments.

Karadag et. al. [34] conducted a descriptive study to determine the professionalism level of nurses in Turkey using BIPN. Clinical nurses including nursing instructors (n=1,019) from university hospitals, state hospitals and a social security hospital were selected using stratified sampling. The findings revealed low level of professionalism with a highest mean score among nurses with graduate degree. The highest level of professionalism was observed with regard to community service and code for nurses and lowest in autonomy and education. Nursing instructors scored higher as compared to ward nurses.

Cohen & Koh [35] explored the relationship between professionalism in nursing and organisation citizenship behaviours among Israeli nurses (n=1035) from public hospitals and identified only a modest relationship which suggests that professionalism is not a main determinant of OCB. Dimensions of professionalism were significantly related to perceptions of justice which were further strongly related to OCB. Nurses with higher qualification had stronger relationship between professionalism and OCB.

Wynd [36] studied factors contributing to nursing professionalism in a descriptive comparative design (N = 774) using the Professionalism Inventory Scale. Professionalism was related significantly to years of experience, higher education, membership in organizations, position and specialty certification

Manojlovich & Ketefian [37] performed secondary analysis of a project data to identify the effect of personal sense of accomplishment and organizational culture on nursing professionalism. Organizational culture was identified as a significant predictor (16% of variance) of professionalism, but personal sense of accomplishment was not related. This study recommends investigation of role of work environment and its impact on professional nursing practice.

Adams et. al. [38] explored professionalism behaviors among middle managers (n=135) and hospital nurse executives (n=144) in 10 western states using the professionalism inventory based on Miller’s Wheel of Professionalism and identified that nurse executives exhibited higher scores except in the areas of autonomy and knowledge related to Code for Nurses.

Brooks [39] conducted a study to find the relationship between nursing professionalism and the critical thinking abilities among senior nursing students in four different types of nursing educational programs. Fifty students were conveniently selected from each type of program. “Health Care Professional Attitude Inventory” was used to measure professionalism and “Watson-Glaser Critical Thinking Appraisal” was used for identifying general critical thinking abilities among the sample. Low to moderate correlations were identified between critical thinking and professionalism for individual programs. Upper division seniors scored the highest in the measure of professionalism and critical thinking abilities.

Twigg [40] used the phenomenological approach to describe perceptions of professionalism of clinical nurses and compared the findings with the perceptions in published literature. Six common themes were identified: a) expertise based on sound education, clinical skill and continued learning; b) caring including communication skills, holistic discriminatory care and mutual trust and respect; c) an image portraying professional persona, commitment and expertise; d) expertise recognition by other health workers and public; e) unity supported through professional organisations; and f) autonomy. These themes were also found in the review of literature related to perceptions of professionalism.

Defining attributes of nursing professionalism

The most frequently and commonly studied attributes of professionalism in earlier research:

NO.	Attribute of Professionalism	BIPN*	RNAO**	HPI***	PEFWQ****
1	Educational preparation	✓			
2	Publication and communication	✓			
3	Research development, use and evaluation	✓	✓		
4	Participation in professional organization	✓		✓	
5	Community service	✓		✓	
6	Competence and continuing education	✓			✓
7	Adherence to the Code for nurses	✓	✓		
8	Theory development, use and evaluation	✓			
9	Self-regulation and autonomy	✓	✓	✓	✓
10	Collegiality and Collaboration		✓		✓
11	Advocacy		✓		✓
12	Innovation and Visionary		✓		
13	Profession-hood				✓
14	Commitment				✓
15	Accountability		✓		✓
16	Knowledge		✓		✓
17	Sense of calling		✓	✓	✓

BIPN*: Behavioural Inventory for Professionalism in Nursing

RNAO**: Registered Nurses Association, Ontario

HPI***: Hall professionalism scale

PEFWQ****: The Professionalism and Environmental Factors in the Workplace Questionnaire.

IV. ASSUMPTIONS, ANTECEDENTS/DETERMINANTS AND CONSEQUENCES

The following underlying assumptions can be made on the basis of the review of literature:

- 1) Nursing professionalism is determined by nurses’ personal factors.
- 2) Physical as well as the social work-place environment can have a strong influence on nursing professionalism.
- 3) Nurses’ personal and work-place environment can impact professional self efficacy among nurses which might further influence their professionalism.
- 4) Level of professionalism will vary across different cultures and settings.

The understanding of the antecedents/determinants influencing professionalism is an important step in supporting and enhancing professionalism behavior among nurses [5]. Based on previous research the following

antecedents/determinants of nursing professionalism are identified: a) Personal factors such as; age [25], qualification [6], gender, experience, marital status, self image and position in the organisation [18]; b) Physical environment which includes: excessive workloads, long working hours, inadequate resources, hierarchical structure of hospitals, focus on nursing tasks, lack of personnel, low salaries, insufficient job security and weak organized labor [17], communication challenges, organizational preconditions and support systems [26] and c) Social environment which constitutes consumers', family and society/community views/perception of nursing profession [17, 32] and setting [23].

Professionalism serves as a means of social control that unofficially approves, restricts, or forbids work behaviours. Professionalism is linked to turnover rates, intrinsic motivation, organizational and affective commitment, satisfaction, and performance [41]. Nurses are required to demonstrate professionalism in their routine practice as it determines consumer satisfaction, promote positive health outcomes and nurses personal and professional growth [5]. Higher levels of professionalism enhance recognition, improve autonomy and empowerment [42], promote job satisfaction [15], facilitate organisational citizenship behaviours [35] and improve quality of practice [10].

V. NEED FOR FURTHER EXPLORATION

Professionalism has been described by various disciplines. However, there is a need to explore the determinants that persuade professionalism among nurses. Several researchers have recommended the need to explore the influence of external work environment on nursing professionalism [17, 23, 5, 37]. A few researchers [17,32] indicate the possible influence of social environment which constitutes consumers', family and society's/community views/perception of nursing profession which needs investigation. Although, nurses are socialized towards professionalism during their qualifying days and are required to live the attributes of professionalism in their routine practice, little is known regarding this behaviour among nurses' from their supervisors' point of view. Also, comparison of nurses' professionalism across public and private settings in developing countries remains unexplored.

VI. CONCLUSION

When nurses are given the opportunity to exercise their professional knowledge and skills autonomously, these professionals will not only experience an advanced feeling of professional autonomy, moreover achieve enhancement in their professional worth and improved job satisfaction [43]. Research on the conditions that foster versus undermine positive human potentials has both theoretical import and practical significance because it can contribute not only to formal knowledge of the causes of human behavior but also to the design of social environments that optimize people's development, performance, and well-being [44]. Nursing profession evolves as a priceless public service. Positive aspects of professionalism among nurses need to be recognized to facilitate retention of experienced nurses and favour the entry of young people into this viable career. [36]. Maintaining professionalism is essential in the nursing profession. Nurses place themselves in situations based on trust each day, and hence, it is crucial that the people who depend on these professionals develop confidence related to their care and safety. As for nurses, they need to overcome the barriers towards their professionalism by working together and attaining a common goal.

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