The Professional Behavior of Nurses: A Sample from Turkey*

Hemşirelerin Profesyonel Davranışları: Türkiye'den Bir Örnek

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ABSTRACT

Aim: The aim of study conducted was to define the level of professionalism of nurses through descriptive study design.

Materials and Methods: It was carried out between July 2015 and January 2016 at nine hospitals in the center of a province. The study population was 1358 nurses, of which 718 nurses volunteered to join the study. The Behavioral Inventory Form for Professionalism in Nursing was utilized as a data collection tool. It has nine subscales.

Results: Nearly all participants were female staff nurses, and fifty percent of them worked at state hospitals. Nearly half of them had a baccalaureate degree. Their clinical experience was mostly in medical-surgical nursing. Overall, the nurses' professionalism scores were low in this study. Theory development use and evaluation, competence, and continuing education subscales were highest, and publication, research development, use and evaluation had the lowest scores. There was a statistically significant difference between education levels, hospitals where the nurse works, age, working experience, and current position with the total score of professionalism.

Conclusions: Having a master's degree in nursing, being between age 26-30, and having more working experience positively affected professionalism.

Keywords: Professionalism, Nurses, Turkey

ÖZET

Amaç: Bu çalışma, tanımlayıcı araştırma tasarımı olarak, hemşirelerin profesyonellik düzeylerini belirlemek amacıyla yapılmıştır.

Gereç ve Yöntem: Araştırma; Haziran 2015-Ocak 2016 tarihleri arasında, bir il merkezindeki dokuz hastanede yapılmıştır. Araştırmanın evrenini 1358 hemşire oluşturmaktadır. 718 hemşire çalışmaya katılmaya gönüllü olmuştur. Verilerin toplama aracı olarak "Hemşirelikte Profesyonelliğe İlişkin Davranışsal Envanter" kullanılmıştır. Envanterin dokuz alt boyutu vardır.

Bulgular: Araştırmaya katılan hemşirelerin tamamına yakını kadın olup, yarısı devlet hastanesinde çalışmaktadır. Hemşirelerin yarısı lisans eğitimine sahiptir. Hemşireler çoğunlukla dâhili-cerrahi kliniklerde çalışmaktadırlar. Hemşirelerin genel olarak profesyonellik puanları düşüktür. Teori geliştirme, kullanma ve değerlendirme, yeterlilik ve sürekli eğitim alt boyutları en yüksek, yayın, araştırma geliştirme, kullanım ve değerlendirme alt boyutları en düşük puanı almışlardır. Hemşirelerin Profesyonellik puanı ile yaş, eğitim düzeyi, çalıştıkları hastane, çalışma deneyimi ve mevcut pozisyonları arasında istatistiksel olarak anlamlı bir fark bulunmuştur.

Sonuç: Hemşirelikte yüksek lisans derecesine sahip olma, 26-30 yaşları arasında olma, daha fazla iş tecrübesine sahip olmanın profesyonelliği olumlu etkilediği belirlenmiştir.

Anahtar Kelimeler: Profesyonellik, Hemşireler, Türkiye

INTRODUCTION

In the past, the nursing profession focused on basic care activities. Nowadays, nursing care requires complex caring activities. The latest advancements in science and technology have revolutionized the role and practice of nurses into a specialized field. Scientific studies have provided a basis for ensuring that nursing care is carried out on stronger foundations. One of the ways of self-expression in a profession is professionalism. Thus, professionalism is a key component.

Professionalism in nursing was first examined by Abraham Flexner in 1915 (1). He had made some criteria to validate the concept of professionalism: intellectual endeavor, body of research knowledge, practical application, specialized education, internal organization structure, and altruistic member (2). The concept of professionalism was examined by Flexner, Bixler and Bixler, Hall, Pavalko, and a pharmacy Task Force on Professionalism (1, 3). In nursing, Kelly and Miller made important contributions to this concept. All models of professionalism have some similarities and differences due to their founders' interest area (3).

Using critical and analytic thinking, conducting research activities, following the literature, constructing a knowledge body, and checking of evidence obtained from research validate and develop the practice of nursing care. Additionally, nurses actively use critical thinking and decision-making in the nursing process. All this helps patients get access to better nursing care. Nursing requires communication, such as sharing information with patients, with colleagues, and with health care team members. Nurses need to care for patients/clients with different conditions and in various clinical areas. Nurses are required to do this in accordance with the principles of professionalism. The process of becoming a nursing professional involves the attendance of a specialized training program to attain the required knowledge and skills (4). The education given in nursing schools corresponds to this criterion. The first nursing research studies emphasized nurses' education in general (5). Then, it shifted to content and the nature of nursing knowledge. Nowadays, research generally focuses on the nursing practice. Nursing puts patients' health first by providing high standards of care. As a nurse, regardless of the personal cost, they are expected to do what is considered right. Autonomy is independence at work and is one of the critical components of professionalism. It has been defined by the American Nurses Association (ANA) as the capacity to determine one's own actions through free selection, including demonstrating competence, within the full scope of nursing practice. (6). It is the right to decide and take control. Nurses have specific nursing knowledge and develop nursing care competencies based on this knowledge. When this is accomplished, nurses can then practice nursing. It is easily obtainable through authority and legal regulations. Each country has its own rules and regulations that govern the nursing practice. Professional organizations have important roles in the developmental process of the profession, one of which is bringing members together. It empowers professionals, facilitates achieving golden professional standards, and provides leadership. Long working hours, shift work, health care risks, and the increased emotional load due to dealing with people in different stages of life, from birth to dying, influence the professionalism of nurses as the nature of nursing practice. Despite a lot of works and research studies done to validate nursing, studies have continued to examine the professionalism of nursing in our country and in the world in the last decade.

Aim

This descriptive study aims to assess the level of professionalism of nurses in a province in the western region of the country. Conditions undergoing change are thought to contribute with the related literature.

Research questions

The research questions of this study were

(1) What is the level of professionalism of nurses? and

(2) What are the factors affecting the level of professionalism of nurses?

MATERIALS AND METHODS

Design
This study was a descriptive study.

Participants
This descriptive study was conducted at nine hospitals (a university hospital, two public ones, and six specialized hospitals) in a province center with 1358 nurses. 718 nurses participated in the study. The response rate was 52.8%. The inclusion criteria of study was that the participant was working as a nurse and volunteered to participate in the research.

Data Collection
Data were collected between October 2015 and January 2016. Data were gathered by a sociodemographic form that was developed by the authors and The Behavioral Inventory for Professionalism in Nursing (BIPN). The sociodemographic form was developed by the authors and consisted of 7 questions. Miller, Adams, & Beck developed The Behavioral Inventory for Professionalism in Nursing (BIPN) in 1993 (7). The behavior questions' scores ranged between 0.5 and 3 points. The maximum score that could be obtained from the inventory was 27. The inventory comprised of 9 subscales (education, publication, research, participation in professional organization, community service, competence and continuing education, code for nurses, theory, autonomy). Karadağ et al. did the Turkish reliability and validity of inventory (Cronbach's α = 0.87, r= 0.78;) (8). Cronbach's alpha value of scale was found as 0.71 in this study. It consists of questions aiming to measure the professionalism level of nurses.

The data collection forms were delivered to the nurses, and they filled the form themselves. Before the forms were filled, the verbal consent of the nurses was taken by expressing the aim of the research. Then, they were asked to fill out the forms by themselves.

Data analysis
The data were analyzed using the SPSS statistical software package version 22. Continuous variables were given as mean, standard deviation, and median. Categorical variables were given as frequencies and percentages. In the statistical evaluation, Student's t-test, Mann-Whitney U, One-way ANOVA, and Kruskal Wallis test analysis (95% confidence interval, $p < 0.05$ significance level) were used.

RESULTS

The demographic features of nurses are presented in Table 1. Almost all the participants are women (90.9%). One-third of the participants are between the ages of 18-25 (36.1%). Half of them work at a state hospital, and nearly half of them had a baccalaureate degree in nursing. Most of the participants are staff nurses.

Table 1. Demographic characteristics of participants (n = 718)

Characteristic	n	%
Gender		
Women	653	90.9
Men	65	9.1
Age		
18-25	259	36.1
26-30	113	15.7
31-40	218	30.4
41 +	128	17.8
Institution		
State Hospital	377	52.5
Private Hospital	214	29.8
University hospital	127	17.7
Education preparation		
Vocational high schools in nursing	10	1.4
Associate degree in nursing	230	32.0
Baccalaurate in nursing	335	46.7
Baccalaurate in another field	128	17.8
Master's degree in nursing	5	0.7
Master's degree in another field	7	1.0
PhD in another field	3	0.4
Years of experience		
0-5 years	280	39.0
6-10 years	118	16.4
11-15 years	97	13.5
15-20 years	101	14.1
21 + years	122	17.0
Present position		
Administrator	25	3.5
Staff nurse	643	89.6
Certified nurse	50	7.0
Number of years in present position		
0-5 years	367	51.1
6-10 years	143	19.9
11-15 years	67	9.3
15-20 years	61	8.5
21 + years	80	11.1
Major practice experience area		
Community health	16	2.2
Medical/surgical	262	36.5
Obstetrics/gynaecology	58	8.1
Operation room	83	11.6
Paediatric	36	5.0
Critical care	155	21.6
Emergency room	100	13.9
Psychiatry	8	1.1
Total	**718**	**100.0**

In Table 2, the distribution of the mean scores of the nurses obtained from subscales of BIPN is presented. 4.25±3.22 was the mean score of nurses. The areas with the lowest mean scores were publication (0.03±0.22) and research development use and evaluation (0.09±0.29). The highest were in theory development, use and evaluation (1.61±1.20), and competence and continuing education (0.90±0.91).

Table 2. Subscales of professionalism (n = 718)

Professionalism subscales	Minimum	Maximum	Mean*	SD
Education preparation	0.00	3.00	0.60	0.52
Publication	0.00	3.00	0.03	0.22
Research development, use and evaluation	0.00	3.00	0.09	0.29
Participation in professional organizations	0.00	2.50	0.10	0.33
Community service	0.00	3.00	0.32	0.83
Competence and continuing education	0.00	3.00	0.90	0.91
Adherence to the Code of Ethics	0.00	3.00	0.46	1.08
Theory development, use and evaluation	0.00	3.00	1.61	1.20
Self-regulation and autonomy	0.00	3.00	0.11	0.36
Total score**	**0.00**	**16.50**	**4.25**	**3.22**

* Possible range 0–3. **Possible range 0–27. *n*: number of sample. SD: Standard deviation.

There was a statistically significant difference between age, institution, education level, education preparation, years of experience, present position, and number of years in the present position with the total score of BIPN (p<0.05) (Table 3). There is no statistically significant difference between the gender of the participants and their major practice experience area (p>0.05).

Table 3. Differences in mean scores and significance (n = 718)

Variable	Mean*	SD	Min	Max	Significance
Age					
18-25	4.45	3.31	0.0	16.5	
26-30	5.58	3.61	0.0	14.5	*F* =12.944
31-40	3.99	3.16	0.0	13.0	**p<0.001**
41 +	3.13	2.17	0.0	9.5	
Institution					
State Hospital	4.42	3.51	0.0	16.5	
Private Hospital	4.36	2.98	0.0	15.0	*F*=3.323
University hospital	3.59	2.58	0.0	12.5	p=0.037
Education preparation					
Vocational high schools in nursing	2.60	2.96	0.0	10.0	
Associate degree in nursing	3.32	2.83	0.0	13.0	
Baccalaureate in nursing	4.96	3.43	1.0	16.5	
Baccalaureate in another field	3.88	2.75	0.5	14.5	x^2 =58.600
Master's degree in nursing	8.20	2.70	5.0	11.5	p<0.001
Master's degree in another field	7.21	3.05	2.0	11.5	
PhD in another field	5.50	1.80	4.0	7.5	
Years of experience					
0-5 years	4.33	3.30	0.0	16.5	
6-10 years	5.42	3.54	0.0	14.5	
11-15 years	4.77	3.34	0.0	14.5	*F*=10.710
15-20 years	3.78	3.00	0.0	12.0	p<0.001
21 + years	2.93	2.11	0.0	9.5	
Present position					
Administrator	6.52	4.24	1.0	16.5	
Staff nurse	4.15	3.14	0.0	15.0	x^2 =9.267
Certified nurse	4.46	3.31	0.0	16.5	p=0.010
Number of years in present position					
0-5 years	4.55	3.39	0.0	16.5	
6-10 years	4.93	3.41	0.0	14.5	
11-15 years	3.61	2.81	0.0	12.0	*F*=7.702
15-20 years	3.34	2.67	0.0	12.0	p=0.000
21 + years	2.96	2.02	0.0	9.5	

*Possible range 0–27. *n*: Number of sample, SD: Standard deviation, *F*: One-way ANOVA test, *x*2: chi-square (Kruskal Wallis Test), *p*: probability.

Table 4 shows the significant relationship between the subscales of the BIPN and some variables (p<0.05).

Table 4. Details of professionalism subscales by different variable

Variable		Professionalism Subscales*									Total**
		EP	PC	RD	PO	CS	CE	ET	TD	SR	Total**
Age	F	10.959	0.369	3.099	1.873	3.395	4.417	10.606	5.080	0.715	12.944
	p	**0.000**	0.776	**0.026**	0.133	**0.018**	**0.004**	**0.000**	**0.002**	0.543	**0.000**
Institution	F	8.055	0.596	1,421	1.621	1.095	3.531	19.377	3.216	11.536	3.323
	p	**0.000**	0.551	0.242	0.198	0.335	**0.030**	**0.000**	**0.041**	**0.000**	**0.037**
Education level	x^2	717.000	1.784	6.504	5.602	6.746	16.137	20.278	7.708	13.601	58.600
	p	**0.000**	0.938	0.369	0.469	0.345	**0.013**	**0.002**	0.260	**0.034**	**0.000**
Years of experience	F	8.167	0.747	2.031	1.879	3.911	6.885	4.913	3.996	2.365	10.710
	p	**0.000**	0.560	0.088	0.112	**0.004**	**0.000**	**0.001**	**0.003**	0.052	**0.000**
Present position	x^2	4.309	8.324	5.427	2.596	1.319	3.240	3.551	9.337	14.301	9.267
	p	0.116	**0.016**	0.066	0.273	0.517	0.198	0.169	**0.009**	**0.001**	**0.010**
Number of years in present position	F	4.522	0.411	2.415	0.882	4.915	4.493	6.043	1.593	0.022	7.702
	p	**0.001**	0.801	**0.048**	0.474	**0.001**	**0.001**	**0.000**	0.174	0.999	**0.000**
Major practice experience area	x^2	22.316	5.667	6.344	6.615	30.147	15.227	22.411	2.959	4.187	12.002
	p	**0.002**	0.579	0.500	0.470	**0.000**	**0.033**	**0.002**	0.889	0.758	0.100

F: One-way ANOVA test. *x*2: chi-square (Kruskal Wallis Test); *P*: probability.

*Professionalism Subscales: EP. Education preparation; PC. Publication; RD. Research development. use and evaluation; PO. Participation in professional organizations; CS. Community service; CE. Competence and continuing education; ET. Adherence to the Code of Ethics; TD. Theory development. use and evaluation; SR. Self-regulation and autonomy.

**Total. BIPN total scale.

DISCUSSION

This study aims to assess the professional behavior of nurses in a province in Turkey. The mean BIPN scores of nurses in this study were low. The results of other studies in the literature are in accord with our own results. The studies that evaluated professional behavior of Japanese and Turkish nurses showed that the mean BIPN scores of nurses were low (9, 10). In a study conducted in USA, by using the BIPN, the mean composite scores of nurse practitioners were 16.70 (1). Çelik & Hisar conducted a study in Turkey for evaluating the level of professionalism of nurses working in specialized, university, and public hospitals (11). The mean BIPN score was found as 7.16.

Modern nursing started with Florence Nightingale. Studies of her in Turkey, throughout the Crimean War, led to the start of the modern nursing in Turkey (12). Nursing has come a long way through this process. Professionalism studies in nursing started with Miller et al. laying the groundwork for the Model of Professionalism in Nursing (7). The aim of the model was to define the extent of professional behavior of nurses. Miller et al. developed the BIPN. There are various studies related with professionalism using the BIPN (3,9-11,13-21). The level of professionalism of Turkish nurses has been found as low in some studies conducted in Turkey (10-11,13-14,16). Our study results confirmed the findings of these other studies. There are lots of factors affecting professionalism in nursing, like the level of education, the number of years of nursing experience, a nurse's current position (staff, administrator, etc.), membership to professional organizations, and the working conditions, (22, 23). Basically, it could mainly be affected by nursing education since the nursing curriculum did not address professionalism in the past as much as it does today. Furthermore, factors such as nursing education, laws related with health and health

care services, hospital environment, and patient profile can also be among the factors that affect nurses' perceptions of professionalism. It is thought that examining the health care systems of countries with high professionalism may offer practical tips.

Miller thought that showing behaviors related with professionalism was important (2). The BIPN has subscales: "education preparation," "publication," "research development, use, and evaluation," "participation in professional organizations," "community service," "competence and continuing education," "adherence to the code of ethics," "theory development, use, and evaluation," and "self-regulation and autonomy."

One of the most important criteria contributing to professionalism is education. In Turkey, modern nursing education was found by physician Besim Omer Pasa as a 6-months nurse training course (12). Now, nursing education is given as a baccalaureate degree in Turkey. This is guaranteed by the Nursing Law in 2007 (24). In our study, the scores for education preparation were found as 0.60. When we look at the nurses who have a baccalaureate degree, their educational preparation score is 4.96. For holders of a master's degree in nursing, it is 8.20 (Table 3). The broader and more comprehensive postgraduate education is, the better enhanced the professional development of nurses are and the more nurses understand the many social, cultural, and political issues that affect patients and health care. Similarly, the study conducted by Tanaka et al. had similar findings (9). They found education preparation mean score as 0.55. The study carried out with nurses working at a different hospital had similar scores (11). Other studies in the literature support our findings (13-16). Although education is one of the key factors affecting professionalism, missed points in nursing education can negatively affect professionalism. Publication in nursing started with the American Nursing Journal in 1900 (25). It allowed researchers to communicate about their studies and share ideas, expertise, and the nursing knowledge on different platforms. Additionally, it created an opportunity to disseminate evidence and develop nurses' own knowledge and skil-

ls. All these things provide a scientific basis to the nursing science. In our study, the publication subgroup score of nurses is 0.03. It is considered as a low score when we compare our results with other studies (9,13-15). Our findings show a lot of similarities and go in parallel with other studies. The nurses who are administrators have higher education and preparation subscale scores. When we look at the literature, we see similar results (9, 11, 20).

Research is an essential part of science in the production of scientific information. In nursing, producing scientific information is necessary to ensure competent, high-quality care and to provide evidence-based care. It requires research and evaluation of new information and combines the new information into the clinical decision-making process (25). Nurses conduct research using different scientific methods and different settings. Conducting research requires research knowledge. The International Council of Nurses (ICN) highlights the importance of nursing research. In Turkey, The Society for Research and Development in Nursing (http://hemarge.org.tr/) was founded in 1996 as a scientific society (26). At the same time, it has a peer reviewed journal with the same name. The society arranges scientific meetings, courses, and symposiums about nursing research. Nurses in our study had low scores in research & development, use, and evaluation. Kavaklı et.al express that nurses in their study participated in research, but they did not take part of the reporting phase (14). In a study evaluating research conditions for working nurses in both Eastern and Western Turkey, nurses answered as follows: lack of ease in accessing research articles in the field of nursing, non-comprehensible suggestions for nursing practices in research articles, failure to write statistical analyses clearly in research articles, failure to present nursing research in a clear and understandable language, not being able to evaluate the quality of research themselves, lack of interest in research by nurses, shortage of time for conducting a study, and having little belief that research will benefit them (5). Other studies (9-10,13,15,20) support our findings. The literature supports the idea that nurses who are between the

age of 26-30 (16), who are administrators (20), and have worked for 11-15 years had higher subscale scores.

Civil society organizations have a significant role in solving professional problems by establishing cooperation and transferring information (27). Professional organizations are established to qualify professionals, to determine educational standards, to increase nurses' self-esteem, to establish the principles of a professional code of ethics, and to determine the principles necessary for implementation (27, 28). In Turkey, the structuring of nursing organizations began first in 1933 (12). Today, the Turkish Nurses Association is a member of the ICN. The results of a study conducted in Turkey showed that the number of nurses who are or are considered to be members of professional associations is quite low (29). Kahriman et. al conducted a study to gauge the opinions of pediatric nurses about professional associations (30). The results of the study showed that 79.4% of nurses knew about professional organizations, but just half of them were members of a professional organization. In our study, the nurses' mean scores related with this item were low and show a similarity with the literature (9,13-15,20).

Like all professions, nursing exists to meet the needs of the society. In the Nursing Law and the Regulation for Nursing in Turkey, it was stated that nurses are responsible for determining the healthcare needs of individuals, the family, and the community in all circumstances (24, 31). In our study, despite legal regulations, the scores of nurses in relation with this item were low. Demir and Kocaman Yıldırım's study results are similar to our findings (17). Despite these results, nurses cannot ignore the responsibility of community service. The study of Adıgüzel and et al. support the finding that nurses who are between 26-30 of age have higher subscales score (16).

The competence and continuing education scores of nurses were low. These are basic indicators of a lack of professionalism. Nurses need to refresh their professional nursing knowledge regularly and continuously. That is the only way nursing care can be provided with the highest standards based on the latest advancements. The World Health Organization has a publication named Global Standards for the Initial Education of Professional Nurses and Midwives. It states that one of the aims of this global standard is promoting the progressive nature of education and lifelong learning (32). In a study, nurses having a baccalaureate degree and working for 6-10 years had higher subscales score (17).

Nurses face different care-related issues every day. Some of these issues present ethical dilemmas. Responsible nurses behave according to ethical principles. The nurses' adherence to the code of ethics' scores were low. Some studies support our findings (9, 14).

The nursing model and theories provide a framework for nursing care and knowledge and support professional communication. At the same time, they ensure systematic, purposeful, controlled, and effective care. The score of nurses related with this subgroup was 1.61. The results show a similarity with other study results (9,11,13-15,17). Nurses who are administrators, are 26-30 years of age, and work at state hospitals had higher subscale scores.

The developments and changes experienced in the health care system are also reflected in nursing care. Nurses have the responsibility to increase and develop their knowledge and skills so that these changes and developments can improve nursing care. Self-regulation and autonomy have a key influence on professionalism in terms of improving and developing nursing care. The score of nurses related with self-regulation and autonomy is low, like in other studies (11, 14).

Limitations

The study was only conducted in a province center. It does not include peripheral hospitals within the provincial borders. Community health nurses and other nurses working in different health care areas were excluded in the study. Therefore, the study results only being able to be generalized to the hospitals where the study was conducted is another limitation.

Conclusion

The study examined the professional behavior of 718 nurses working in nine different hospitals with nine subscales. Study results showed that these nurses had a low level of professionalism. The study findings revealed that the lowest obtained subscales scores were for publication, research development, use, and evaluation, and participation in professional organization. The results of the study show that the level of professionalism increases with the education level and position.

RECOMMENDATIONS

According to study results, the professionalism of nurses has not reached the required level. The underlying reasons need to be determined. All schools, civil societies, nursing organizations, and individual nurses should try to find solutions. They also need to find ways and implement them in different nursing settings.

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