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Araştırma Makalesi

The Current Status of Professionalism among Primary Health Care Nurses: A Cross-Sectional Survey

Birinci Basamakta Çalışan Hemşireler Arasında Profesyonelliğin Durumu: Kesitsel Bir Araştırma

Öğr. Gör. Dr. Nazan Koştu¹ 

Dr. Öğr. Üyesi Sümeyye Arslan¹ 

¹ Pamukkale Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, Denizli, Türkiye

Yazışmadan sorumlu yazar Eposta: nkostu@pau.edu.tr

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Abstract:

Aim: The aim of this study is to evaluate the level of professionalism among primary health care nurses.

Methods: A cross-sectional study was conducted with the participation of 156 primary health care nurses in a Turkish province. Data were collected using Personal Information Forms and Behavioral Inventory Forms for Professionalism in Nursing.

Results: The level of professionalism of primary health care nurses was low. A statistically significant difference was found between the levels of education, the number of worked years at the actual position of the participants, and the mean of total score scale.

Conclusions: The study showed that primary health care nurses have low professionalism levels. It was found that the level of professionalism was higher amongst participants with more education. On the other hand, as the number of working years in the current position increased, professionalism scores decreased. In line with these results, nurses can be supported with continuous in-service training. It is recommended to carry out studies and arrangements for the development of professional behaviors of nurses.

Key Words: Professionalism; primary health care; nurses.

Özet:

Amaç: Bu çalışmanın amacı, birinci basamak sağlık hizmetlerinde çalışan hemşirelerin profesyonellik düzeyini değerlendirmektir.

Yöntem: Bu araştırma, Türkiye’de bir il merkezinde birinci basamakta aile sağlığı merkezlerinde çalışan 156 hemşirenin katılımıyla gerçekleştirilen kesitsel bir çalışmadır. Veriler, Kişisel Bilgi Formu ve Hemşirelikte Profesyonellik için Davranış Envanter Formu kullanılarak toplanmıştır.

Bulgular: Araştırmada birinci basamakta aile sağlığı merkezlerinde çalışan hemşirelerin profesyonellik düzeyi düşük bulunmuştur. Hemşirelerin eğitim düzeyleri ve mevcut pozisyonda çalışma süreleri ile profesyonellik düzeyleri arasında istatistiksel olarak anlamlı fark bulunmuştur.

Sonuç: Bu çalışma, birinci basamakta aile sağlığı merkezlerinde çalışan hemşirelerin profesyonellik düzeylerinin düşük olduğunu göstermiştir. Eğitim seviyesi arttıkça profesyonellik düzeyinin arttığı görülmüştür. Ayrıca şimdiki pozisyonda çalışma süreleri arttıkça profesyonellik düzeylerinin azaldığı belirlenmiştir. Bu sonuçlar doğrultusunda hemşireler sürekli hizmet içi eğitimlerle desteklenebilir. Hemşirelerin profesyonel davranışların geliştirilmesine yönelik çalışma ve düzenlemelerin yapılması önerilmektedir.

Anahtar Kelimeler: Profesyonellik; birinci basamak sağlık hizmeti; hemşireler.

Introduction

Professionalism is a must have quality in all disciplines. Professionals in any given field have the autonomy to act and behave the way they see fit. Their decisions are, no doubt, influenced by the values they share as well as their educational background. Professionalism can be described as the aims, attitudes or qualifications that characterize or identify the properties of an occupation or a professional person. ⁽¹⁾ Professionalism is a process which includes the internalization of knowledge, skills, professional identity characteristics, values, and norms acquired by a person and a professional group. ⁽²⁾ Professionalization in nursing starts during

the basic educational programs in which the professional identity and occupational standards are internalized and developed. Internalization process continues with professional nursing practices in professional life. ⁽¹⁾

The value of a service that is provided by a professional to the population and the commitment of this occupational member is an important indicator of professionalism, therefore, an important criterion of professionalization. ^(1,3) In the literature, the criteria that determine the basic characteristics of a profession include accumulation of scientific knowledge, using theory in practice, sharing social values, ethical codes, focusing on vital issues, having a professional organization, and autonomy. ^(1,4,5)

In the literature, there are a lot of definitions and criteria for professionalism, but nursing professionalism was mainly evaluated by Flexner, Pavalko, Kelly and Miller. ⁽¹⁾ The values of professionalism specific to nursing have been first described in a model developed by Miller, Adams, and Beck. According to Miller et al. (1993), professional values in nursing are educational preparation, research, and community service, participation in professional organizations, ethical codes of nursing, theory development, autonomy, and continuous education. ⁽³⁾

Several components, including historical, cultural, and social perspectives, play major roles in the process of professionalism. ⁽⁶⁾ During the process of professionalization, the discipline of nursing has shown a slow development and a lot of factors such as advances in science and medicine, politics, technology, wars, and economics have affected this development. ⁽⁷⁾ Differences in nursing education, policy-related problems, wages inequality, problems in the field of practice and obscurities are some of the impediments to the process of professionalization of nurses. ^(2,4,6,8-13) These obstacles have significantly slowed down the development of nursing to become a scientific discipline. ⁽⁴⁾ Therefore, the situation regarding the professional status of nursing is constantly debated.

Despite all these obscurities, the nurses keep on providing care, conducting research, developing theories, participating in professional organizations, and political activities.⁽⁷⁾ In addition, nurses have professional behaviors and values such as objectivity, scientific thought and attitude, sensitivity to patients.⁽¹⁴⁾

Professionalism offers nurses personal and occupational opportunities for development and it contributes to the development of professional identity.⁽¹⁵⁾ Professionalism in nursing directly affects nursing practices. Nurses play critical roles in health care, especially in the quality of care, patient satisfaction, and patient outcomes.^(15,16) It has been reported that nurses with strong professional identities are more satisfied with their carrier and are more competent in developing clinical expertise. In addition, they have reduced levels of burnout, lower rates of quitting their jobs, they increase patient satisfaction and positively affect patient care quality.^(8,11-13,15-17) Therefore, development of professional identity in nurses is crucial.

It is important to develop the professionalism levels of nurses working in primary health care services in terms of increasing the quality of primary health care.⁽¹⁸⁾ Primary health care services staff deal with preventive, therapeutic and rehabilitative care. They also provided holistic, family-based, and community-oriented health services. In primary health care, nurses are the first touchpoints for the individuals-families-communities with different needs.⁽¹⁹⁾ Since an extensive health care is provided at these health care centers, the professional development of the nurses is essential for the improvement of the quality of care. Besides their general nursing skills, nurses should be aware of the environment they operate in and have analytical skills. They also should be autonomous and impartial while conducting research. They are required to contribute to social development while continuing to develop professionally.

In the literature, many studies focus on identifying professionalism in nursing.^(6,11,13,17,20-23) These studies aim to determine the levels of professionalism of nurses who work in various hospitals and clinics and to reveal the factors which affect professionalism. To the best of our

knowledge, no studies have investigated the levels of professionalism of nurses working in primary health care services in Turkey. Therefore, this study was designed in order to determine the levels of their professionalism and the factors affecting the professional behaviors of nurses working in primary health care services.

The results of this study may contribute to the development of professional nurse practices by bringing about new regulations. The researchers according to results of this study also hope to get to more predictable outcomes and attain consistency across primary health care centers.

The research questions of this study were (1) What is the professionalism level of primary health care nurses? and (2) What are the factors affecting the level of professionalism of primary health care nurses?

Material and Methods

Aim

This study intends to evaluate the professional behavior of primary health care nurses.

Design

This study is a cross-sectional descriptive study.

Participants

This study focuses on primary health care in Family Health Centers. The study targeted 156 primary health care nurses working in 51 different Family Health Centers across Denizli, Turkey. All available primary health care nurses in those family health centers were approached. Out of those 156 staff, 142 individuals agreed to take part in the study. The response rate was 91%.

Data Collection

For data collection, questionnaires were used, and the forms were gathered between October 2016 and January 2017. In data collection, socio-demographic characteristics form created by the researchers and Behavioral Inventory for Professionalism in Nursing (BIPN) were used. ⁽³⁾

Socio-demographic form and BIPN were given to every primary health care nurses. The nurses filled out the forms individually.

Data Collection Tools

Sosyo-Demographic characteristics form

Each Socio-demographic characteristics form has a total of seven questions about nurses' defining characteristics, working conditions, professional features, thoughts, and satisfaction about their profession.

Behavioral Inventory for Professionalism in Nursing Form (BIPN)

“The Behavioral Inventory for Professionalism in Nursing (BIPN)” was developed by Miller, Adams & Beck (1993).⁽³⁾ Current reliability study in Turkey was done by Karadağ, Hisar & Özhan Elbaş (2004).⁽²⁴⁾ Turkish form's Cronbach alfa value is 0.78-0.87. Cronbach's alfa value of scale was found as 0.75 for this study.

The questionnaire form consisted of 46 questions. Questions 1 to 7 asked about the demographic features of nurses. Questions 8 to 46 were about professional behaviors. Every question intended to investigate whether nurses showed professional behaviors or not. BIPN has nine subgroups: (i) education preparation, (ii) publication, (iii) research development, use and evaluation, (iv) participation in professional organizations, (v) community service, (vi) competence and continuing education, (vii) adherence to the code of ethics, (viii) theory development, use and evaluation, (ix) self-regulation and autonomy. Each professional behavior question was given a score between 0-3. Total score of each nine sub-group is three, total possible weighted score that can be taken from the inventory is 27 (9x3=27). The higher score indicates an increase in professional behavior.

Data Analysis

Data were analyzed using SPSS 22.0 software (Statistical Package for Social Science; Chicago, IL, USA). In the statistical analysis of data, frequencies, percentages, means, standard deviations, and Kruskal-Wallis test were used. A p-value less than 0.05 was considered significant.

Ethical Consideration

The study was approved by the TR Pamukkale University Medical Research Ethics Committee (Registration Number: 60116787-020/8513) and institutional (Registration Number: 23030800/770) written permissions were granted. For the usage of the Turkish version of scale, the permission was taken from Ayişe Karadağ by email. Verbal consents of primary health care nurses were taken upon explaining the goal behind the research and their roles in the study. Participants in this study were explained that they were free to decide to participate or not, that they could choose their level of participation, and that the information they provide would be kept confidential and would not be used anywhere outside of the study. The rules specified in the Helsinki Declaration were all observed in the data collection phase.

Results

The age of the participants ranged from 18 to 52 (36.2 ± 4.2) years. More than half of the participants were between 31-40 years of age (63.4%) and the majority (98.6%) were females. 55.6% of participants had a bachelor's degree. Almost half of the nurses (42.3%) have been working for 6-10 years in their current position. More than half (59.9%) have 11-20 years of working experience. All the participants had most of their experience (85.9%) in public health service. The demographic characteristics of the participants are shown in Table 1.

Table 1: Demographic Characteristics of Samples (n = 142)

| Characteristic | n | % |
|--|------------|--------------|
| Gender | | |
| Women | 140 | 98.6 |
| Men | 2 | 1.4 |
| Age | | |
| 18-25 | 7 | 4.9 |
| 26-30 | 7 | 4.9 |
| 31-40 | 90 | 63.4 |
| 41-50 | 33 | 23.2 |
| 51 + | 5 | 3.5 |
| Education level | | |
| Associate (2-year diploma) | 61 | 43.0 |
| Baccalaureate (4-year diploma) | 79 | 55.6 |
| Master's degree | 2 | 1.4 |
| Present position | | |
| Supervisor | 1 | 0.7 |
| Staff nurse | 7 | 4.9 |
| Certified nurse | 1 | 0.7 |
| Family health staff | 133 | 93.7 |
| Number of years in present position | | |
| 0-5 years | 19 | 13.4 |
| 6-10 years | 60 | 42.3 |
| 11-20 years | 50 | 35.2 |
| 21 + years | 13 | 9.2 |
| Years of experience | | |
| 0-5 years | 7 | 4.9 |
| 6-10 years | 7 | 4.9 |
| 11-20 years | 85 | 59.9 |
| 21 + years | 43 | 30.3 |
| Major practice experience area | | |
| Community health | 122 | 85.9 |
| Medical/surgical | 8 | 5.6 |
| Obstetrics/gynaecology | 3 | 2.1 |
| Operation room | 3 | 2.1 |
| Paediatric | 4 | 2.8 |
| Critical care | 2 | 1.4 |
| Total | 142 | 100.0 |

The mean scale score of professionalism and subgroups of participants are shown in Table 2. The scale mean score was 4.16 (SD=2.65). The areas that have the highest mean scores of scale subgroups are 'competence and continuing education' as 1.03 (SD=0.71) and 'theory development, use and evaluation' as 1.75 (SD=1.16). The areas with the lowest mean scores

are ‘research development, use and evaluation’; 0.09 (SD=0.34), ‘publication’; 0.01 (SD=0.12), and ‘self-regulation and autonomy’; 0.03 (SD=0.13).

Table 2: Subscales of Professionalism (n = 142)

| Professionalism subscales | Minimum | Maximum | Mean [†] | SD |
|---|-------------|--------------|-------------------|-------------|
| Education preparation | 0.00 | 3.00 | 0.59 | 0.54 |
| Publication | 0.00 | 1.00 | 0.01 | 0.12 |
| Research development, use and evaluation | 0.00 | 3.00 | 0.09 | 0.34 |
| Participation in professional organizations | 0.00 | 2.00 | 0.22 | 0.46 |
| Community service | 0.00 | 3.00 | 0.26 | 0.77 |
| Competence and continuing education | 0.00 | 3.00 | 1.03 | 0.71 |
| Adherence to the code of ethics | 0.00 | 3.00 | 0.14 | 0.65 |
| Theory development, use and evaluation | 0.00 | 3.00 | 1.75 | 1.16 |
| Self-regulation and autonomy | 0.00 | 1.00 | 0.03 | 0.13 |
| Total score[‡] | 0.00 | 15.00 | 4.16 | 2.65 |

† Possible range 0–3. ‡ Possible range 0–27. SD, standard deviation.

There is a statistically significant difference was between participants’ level of education and years of work experience in the current position, and total score of professionalism (p<0.01) (Table 3). There is no statistically significant difference between participants’ age, work experience, clinical work experience, current position, and total score of professionalism (p>0.05).

Table 3: Differences in Mean Scores and Significance (n = 142)

| Variable | Mean [†] | SD | | |
|--|-------------------|-------------|--------------------|-----------------|
| Education level | | | <i>K-W=18.635</i> | p= 0.000 |
| Associate | 3.17 | 1.96 | | |
| Baccalaureate | 4.70 | 2.54 | | |
| Master | 13.50 | 2.12 | | |
| Number of years in present position | | | <i>K-W= 15.089</i> | p= 0.002 |
| 0-5 years | 5.52 | 3.02 | | |
| 6-10 years | 4.75 | 2.69 | | |
| 11-20 years | 3.32 | 2.13 | | |
| 21 + years | 2.76 | 2.32 | | |
| Total | 4.16 | 2.65 | | |

† Possible range 0–27. SD, standard deviation; K-W, Kruskal Wallis Test

A significant relationship was found between the age, education level, working years, working time in current position, the area where most clinical experience had, current position of nurses-midwives, and some subgroups of professionalism scale (p<0.05) (Table 4).

Table 4: Details of Professionalism Subscales by Different Variable

| Variable | | Professionalism Subscales [†] | | | | | | | | | Total [‡] |
|-------------------------------------|------------|--|--------------|--------------|--------|--------------|-------|--------------|--------------|--------------|--------------------|
| | | EP | PC | RD | PO | CS | CE | ET | TD | SR | |
| Age | <i>K-W</i> | 9.121 | 8.689 | 12.941 | 3.753 | 0.742 | 2.331 | 11.589 | 4.989 | 12.866 | 8.564 |
| | <i>p</i> | 0.058 | 0.069 | 0.012 | 0.440 | 0.946 | 0.675 | 0.021 | 0.288 | 0.012 | 0.073 |
| Education level | <i>K-W</i> | 141.000 | 23.483 | 18.319 | 1.745 | 16.551 | 5.727 | 5.830 | 3.512 | 8.308 | 18.635 |
| | <i>p</i> | 0.000 | 0.000 | 0.000 | 0.418 | 0.000 | 0.057 | 0.054 | 0.173 | 0.016 | 0.000 |
| Present position | <i>K-W</i> | 3.341 | 25.130 | 2.574 | 7.137 | 1.378 | 2.878 | .495 | .800 | 7.182 | 1.386 |
| | <i>p</i> | 0.342 | 0.000 | 0.462 | 0.068 | 0.711 | 0.411 | 0.920 | 0.850 | 0.066 | 0.709 |
| Number of years in present position | <i>K-W</i> | 20.334 | 4.043 | 2.659 | 4.742 | 4.285 | .332 | 12.367 | 16.617 | 1.216 | 15.089 |
| | <i>p</i> | 0.000 | 0.257 | 0.447 | 0.192 | 0.232 | 0.954 | 0.006 | 0.001 | 0.749 | 0.002 |
| Years of experience | <i>K-W</i> | 6.128 | 7.006 | 1.874 | 2.670 | 1.798 | 1.086 | 11.811 | 3.862 | 2.121 | 5.414 |
| | <i>p</i> | 0.106 | 0.072 | 0.599 | 0.445 | 0.615 | 0.781 | 0.008 | 0.277 | 0.548 | 0.144 |
| Major practice experience area | <i>K-W</i> | 4.554 | 19.655 | 4.550 | 10.649 | 9.248 | 6.721 | 6.741 | 8.246 | 12.461 | 9.417 |
| | <i>p</i> | 0.473 | 0.001 | 0.473 | 0.059 | 0.100 | 0.242 | 0.241 | 0.143 | 0.029 | 0.094 |

K-W. Kruskal Wallis Test

[†] 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 evaluates the professional behaviors of primary health care nurses. The total mean score of professional behavior was 4.16 (SD=2.65). This score shows that the professional behaviors of nurses are low (Table 2). In different studies in the literature, professional behaviors of nurses were found to be low. (5,13,20-23)

Education level is extremely important in the transition of nursing to professional. According to the findings of our study, half of the nurses are undergraduate and almost half of them are associate degree graduates. It can be said that the low level of professionalism arises from the associate degree. With the increase in education year (associate degree is for two-year education, undergraduate degree is four-year in Turkey), the student gets more education and spends more time with the educators. This may be an important factor in gaining professional behavior and attitudes. In studies investigating the professionalism levels of nurses, it is stated that there is a significant relationship between education level and professionalism. Professionalism scores increase significantly as the level of education increases. (2,4,6,9,11,15-

17,20,21,23) Increasing the education level of nurses contributes to the development of the

profession by increasing scientific research. This situation is important for gaining professionalism.

In this study, the subgroups of professionalism; ‘theory development, use and evaluation’, ‘competence and continuing education’ have highest mean score. Subgroups of ‘publication’, ‘self-regulation and autonomy’, ‘research development, use and evaluation’ have the lowest mean score (Table 2). The nursing practice consists of a set of applications based on information, theory, and models. These theories provide guidelines for nursing practices by ensuring basic nursing knowledge. Applying the nursing process, and the nursing theories insure the development of the nursing profession. Theories guide the nurses at the stages of diagnosis, planning, implementation, and evaluation of the nursing process. Nursing theories and models are the foundations of education, administration, application, and research in nursing. ^(14,25) In this context, theories give us the ability to assess the situation of the people whom nurses provide care for. A perspective based on theories provides systematic planning and implementation of the care for patients. Nurses who fulfill their duties in this manner are more effective. They also can be more autonomous and communicate more professionally as a team. Therefore, in nursing, scientific information, and the continuity of this information are important factors in development of the occupation and gaining professionalism. Foundation of information in nursing consists of observation; conversion of experience and intuition to information by testing the research. The more knowledge context accumulates, the deeper the profession is rooted. A profession based on scientific concepts, can easily expend its load of information with continuous researches. In this sense, the researches that will be executed in the working environment will be scientific foundations of nursing applications. ⁽²⁶⁾ In another research, it was found that the majority of nurses don’t read scientific journals on a regular basis, and a large proportion of them don’t attend scientific activities. ⁽²⁷⁾ A different research states that the majority of nurses are not involved in scientific researches; do not participate in

scientific activities, and don't attend post-graduation course in research methodology. ⁽²⁸⁾

Likewise, in this study, nurses and midwives had low scores for publications and research. The lack of research information and awareness on the issue; the lack of interest to read professional resources can only be explained as they might have used the knowledge that they gained during their basic nursing education, when they faced with problems.

The results of this study have shown that, as the education level of the participants raised, the mean score of professionalism increased too. The difference between groups having varied levels of education was found statistically significant ($p=0.000$) (Table 3). In the statistical analysis conducted between education levels and subgroups of scale, there were significant differences between areas of 'education preparation', 'publication', 'research development, use and evaluation', 'community service', and 'self-regulation and autonomy' ($p=0.000$) (Table 4). Similarly, in the research done by Çelik & Hisar (2012), it was found that the mean score of professionalism levels varied according to education levels. ⁽¹³⁾ The highest scores were observed by master/doctorate degree nurses and midwives. Statistically significant differences between the groups were accepted as reasonable. It is stated that the professionalism score increased with the rise of education level of nurses in the research conducted by Tanaka et al. (2014). Additionally, it was stated that masters and PhD holding nurses had the highest professionalism mean score. ⁽²¹⁾ Other studies noted that the mean score of inventories increased with the education level rise and the difference between the groups was found statistically significant. ^(17,22,23,29)

The professionalism has a lot of features, but the education level is one of the basic criteria. ⁽³⁰⁾

Nowadays, bachelor's degree level education is one of the prerequisites for professionalism. ⁽²³⁾

When it comes to the history of nursing in our country Turkey; it can be clearly seen that the title of nurse was given with different levels of education and different lengths of education.

This situation is known to cause serious problems in the professionalization of nursing. In

Turkey, the nursing law was amended in 2007. This is to give the “title of nurse” to individuals with bachelor’s degree in nursing as stipulated by the legislation. Nursing staff who had the “nurse title” with different levels of education, before the law came into force, were given the right of keeping the nurse title. ⁽³¹⁾ The same law allowed schools of nursing offering high school degrees to continue education for an additional period of five years. Nevertheless, after the emergence of the law till today, it can be noticed that those nursing high schools offering nursing are continuing their nursing education. The duration of education and the depth of professional information during nursing education period are fundamental features that distinguish a profession from an occupation. The professionalization process requires systematic information related to scientific information and skills acquired through a long nursing education process. This can only be possible with a bachelor’s degree. ⁽²⁴⁾

It is found that a high rate such as 43.0% of nurses working at primary health care had associate degree education in this study. However, higher professional behaviors are common between the nurses with master’s degree. This reveals how important education is once again. Master’s degree programs might have influenced professional behaviors by increasing the autonomy of nurses. The researchers equally believe that educational programs may have boosted their autonomy through research, by following the media, dealing with professional organizations and social services, and attending additional courses and seminars. ^(4,22)

In this study, the mean BIPN score was the highest for the group who had been working for 0-5 years (5.52 ± 3.02) in their current positions and the lowest for the group working for 21 and over years (2.76 ± 2.32) in their current position. The difference between the subgroups was found statistically significant ($p=0.002$) (Table 3). In the statistical analysis carried out between working years in current position, and scale subgroups; ‘education preparation’, ‘adherence to the code of ethics’, and ‘theory development, use and evaluation’, there was a significant difference found between subgroups, and working years ($p=0.001$) (Table 4). It was noticed

that as the working years in current position increases, professional behaviors of nurses and midwives decreases. In contrary to the results of this study, like the research carried out with Japanese nurses ⁽²¹⁾, and other research by Kim-Godwin, Baek & Wynd (2010) ⁽²⁹⁾, it was found that professional behaviors increase as working years in current position increase. The result of this study points out that nurses who have just started working in their current positions give more importance to professionalism. As nurse work longer in the same place they tend to care less for research, adhere to nursing theories, promote autonomy, and value professional development. This is because they only fulfill the healthcare services that institutions expect from them and show no effort for vocational or professional development. This can be interpreted as a reason leading to the decline of professionalism in time.

Conclusion and Recommendations

In this study it is seen that nurses working in primary health care services have a low level of professionalism. It was found that as the level of education rises, professionalism score increases; and as the working years in the current position increases, professionalism score decreases. Primary health care nurses who graduated with associate degrees and the ones with 21 years or more work experience had the lowest professionalism score. Nurses have the highest scores from subgroups of professionalism; ‘theory development, use and evaluation’, and ‘competence and continuing education’, lowest scores from the subgroups of professionalism; ‘publication’, ‘self-regulation and autonomy’, and ‘research development, use and evaluation’. Making nurses win professionalism at nurses’ education should be given importance. Nurses should be encouraged to hold at least a bachelor’s degree and attend postgraduate education. Besides, encouraging nurses to participate in scientific activities, research, and becoming members of professional organizations can be very useful. Perspectives of nurses need to be investigated in order to determine the factors that hinder professional behaviors. Considering the above mentioned, a strategical plan intended to increase of professional behaviors can be

developed. Schools that graduate internationally recognized primary health care nurses should aim at raising graduates who adopt a lifelong learning style and care to improve occupational professionalism.

Limitations

The study was conducted at province's center, Denizli city. It does not contain collected data about nurses from the peripheral primary health care centers.

Author contributions

The authors contributed to this manuscript. All authors conceived and designed the study; N.K. analyzed and interpreted the data; all authors drafted and wrote the article; read and approved the final manuscript.

Conflict of Interest

No conflict of interest has been declared by the authors.

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