

Professionalism among Nurses Working at Different Government and Private Hospitals of Province 1

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ABSTRACT

Background: Professionalism is the conceptualization of attributes, interactions, obligations, attitudes, and behaviours required of professionals in relation to clients and society. The objectives of the study were to identify the five specific attitudes of professionalism; belief in self-model, belief in public service, a sense of calling to the field of study, a feeling of autonomy, and the importance of professional organization and to examine the relationship of selected variables with the attributes of professionalism.

Methods: The cross-sectional study design was used. The self-administered questionnaire consisted of Hall's Professional Inventory as revised by Snizek was used for data collection, which includes 25 items. The sample size was 316 nurses from seven government and four private hospitals of province 1. Descriptive statistics were used to find frequencies, percentages, means, SDs, and ranges. Multivariate analysis was performed using a linear regression model.

Results: The mean score of the total professionalism was 87.54 (SD=7.99) and the highest score was on attitude towards the sense of calling (Mean=18.86, SD=2.66). Nurses with master's degree education had the high autonomy ($\beta=-0.193$, $p=0.004$), Matron ($\beta=2.109$, $p=0.036$) and the membership of Nursing Association of Nepal ($\beta=0.200$, $p=0.004$), current salary of the senior nurse ($\beta=-0.172$, $p=0.037$), and matron ($\beta=-2.501$, $p=0.013$) had a positive relationship with self-regulation. The experienced nurses ($\beta=-0.296$, $p=0.010$) had a more positive attitude towards a sense of calling.

Conclusions: The professionalism status of nurses was not seen adequate in this study. The present study concluded that the Master's degree in Nursing education, administrative position such as matron, incharge, good salary, sufficient working experience, membership in a professional organization, adequate training, job satisfaction, research and publication are the most important factors of professionalism for nurses.

Keywords: Government hospitals; hall's professional scale; nurses; private hospitals; professionalism

INTRODUCTION

Professionals are identified by a specific body of information acquired through formal education, a higher level of expertise, a certification demonstrating admittance into the profession, and a set of behavioural norms known as professionalism.¹ Nurse must adhere to high professional standards of conduct, which are critical to the advancement of professional nursing worldwide. Nurses must actively participate in the advancement of professional standards of behaviour and conduct in their sector as leaders.²

Advanced practice nurses e.g. midwives, nurse anaesthetists, are achieving social recognition as providers of cost-effective health care.³ In Nepal, there

are various professional issues related to autonomy, professional standards, access to higher posts, research activities so it is needful study. The main objective of this study is to find out the existing status of professionalism among nurses, the factors associated, and the level of professionalism among nurses working at government and private hospitals of Province 1, Nepal.

METHODS

The cross-sectional design was used to examine the status of professionalism using five attitudinal attributes, levels of professionalism, and the associated factors among nurses working at different government and private hospitals of province 1, Nepal. Considering the geographical and population representativeness, 7

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Governmental hospitals, 5 from Terai and 2 from hilly region and 4 large Private hospitals were selected purposively. The data was collected from 15 August 2020 to 12 March 2021. The ethical approval was obtained from the Ethical Review Board of the Nepal Health Research Council (160/2020P) on 13 August 2020. Written informed consent was taken from all participants. All nurses who had completed a Proficiency Certificate Nursing or above and were working as staff nurses or in leadership positions such as ward incharge and nursing administrator in their hospitals were included in this study. The sampling method was purposive sampling technique because inclusion criteria was staff nurse and above level. The sample size of the study was 316 nurses, among them 156 nurses from government hospitals and 160 nurses from private hospitals. The structured self-administered questionnaire was used for data collection. The 25-item Hall's Professionalism Scale ⁴, which was amended by Snizek ⁵, uses a 5-point Likert scale was used to evaluate a total score for professionalism as well as subscores on five characteristics of professionalism. The Professionalism Scale has a total score range of 25 to 125, with higher values indicating greater professionalism.⁶ Statistical test in SPSS version 16 was used to analyse the data. Descriptive statistics were used to find frequencies, percentages, means, SDs, and ranges. Multivariate analysis was performed using a linear regression model. A 0.05 level of significance was established for all hypothesis testing.

RESULTS

The study sample consisted of 316 nurses, all of whom were female. In total, 74.4% were between the ages of 19 and 28, Unmarried nurses made up 54.43%, Only 2.21% master's degree in nursing, whereas 58 % Certificate Nursing, 66 % had less than five years of job experience, only around 4% had more than sixteen years, 74.7% were staff nurse, 14.6% held the position of senior nurse, 8.5 % nursing officer, and only 2.2 % nursing administrator (matron), 68.35 % of nurses were employed on a contract basis, while 31.64 % permanent, 50 % satisfied with their jobs and 50% dissatisfied, only 35.75 % were life members of the Nursing Association of Nepal, only 39.87 % (126) had training opportunities, more than 60% (191) nurses had a current salary of less than 25000 thousand and only 1.3% (4) had more than 40,000 thousand monthly salaries (Table 1).

Table 1. Demographic Characteristics of Nurses.

Variables	Frequency	Percentage
Age		
19-28 Years	235	74.4
29-38 Years	66	20.9
39-58 Years	15	4.74
Working Experience		
<10 Years	270	85.44
11-15Years	34	10.75
16 Years or above	12	3.79
Education Status		
PCL Nursing	185	58.54
Bachelor Nursing	124	39.24
Master Nursing	7	2.21
Position		
Staff Nurse	236	74.7
Senior Nurse	46	14.6
Nursing Officer	27	8.5
Matron	7	2.2
Workplace		
Government	156	49.36
Private	160	50.63
Employment Type		
Permanent	100	31.64
Contract	216	68.35
Job Satisfaction		
Yes	158	50
No	158	50
Membership in NAN		
Yes	113	35.75
No	203	64.25
Current Salary		
<30000Rs	277	87.65
31000-35000Rs	26	8.2
36000-40000Rs	9	2.8
>40000Rs	4	1.3

The mean score of the total professionalism was 87.54 (± 7.99). The subscale score was lowest in autonomy was 15.64 (± 2.60), public service was 16.80 (± 2.90), self-regulation was 17.80 (± 2.54), the professional organization was 18.32 (± 2.26) and the highest score

was the attitude towards the sense of calling that was 18.86(±2.66) (Table 2).

Table 2. Mean Scores for the Professionalism Scale among Nurses (N = 316).

Variables	Mean	Standard Deviation	Range
Professional Score	87.54	7.99	59-112
Subscale Scores			
Professional Organization	18.32	2.26	10-24
Public Service	16.89	2.90	9-24
Autonomy	15.64	2.60	7-23
Self-regulation	17.80	2.54	10-25
Sense of Calling	18.86	2.66	6-25

The mean in four attributes of professionalism was slightly higher in private hospitals than in government hospitals and the attitude towards the professional organization was comparable in a professional organization (Table 3).

Table 3. Comparison of Professionalism Status between Government and Private Hospitals (N = 316).

Variables	Government/ Mean	Private/ Mean	Total Mean
Autonomy	15.50 ±2.59	15.79 ±2.61	15.64 ±2.60

Professional Organization	18.48 ±2.33	18.17 ±2.19	18.32 ±2.66
Self-Regulation	17.55 ±2.39	18.05 ±2.66	17.80 ±2.54
Sense of calling	18.25 ±2.75	19.46 ±2.44	18.86 ±2.66
Public Service	16.54 ±2.79	17.23 ±2.98	16.89 ±2.90

In government hospitals, autonomy was higher in Bachelor and Master completed nurses (p=0.026, p=0.001) than only PCL completed nurses. Matron and Nursing officers had higher autonomy (p=0.044, p=0.033) than other positions. Attitude toward the professional organization was higher among senior nurses (p=0.001), nurses having job satisfaction (p=0.004), and nurses having more than forty thousand salaries per month (p=0.000) than fewer salaries. Attitudes towards self-regulation were higher to those nurses having job satisfaction (p=0.030) and the salaries more than forty thousand. The sense of calling was higher in nurses with 11-15 years of working experience (p=0.003). Attitude towards public services was higher in nurses with master’s degrees (p=0.001), nurses officers (p=0.035) than others (Table 4).

Only the attitude toward self-regulation was seen higher in nurses who have membership of (p=0.014), Matron (p=0.031), and the salary (p=0.014) scale more than forty thousand (p=0.047) (Table 5).

Table 4. Factors Associated with Professionalism in Government Hospital Nurses (N = 316).

Model		Autonomy		Professional Organization		Self-Regulation		Sense of Calling		Public Services	
		β	P	β	P	β	P	β	p	β	p
Year of experience	<5 years	0.290	0.240	-0.027	0.771	-0.372	0.146	-0.255	0.297	-0.105	0.680
	6-10 years	-0.044	0.816	0.068	0.777	-0.329	0.096	-0.260	0.167	-0.235	0.232
	11-15 years	0.000	0.998	-0.081	0.662	-0.076	0.641	-0.374	0.018*	-0.080	0.624
	16yrs and above	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Level of education	PCL	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
	Bachelor	-0.219	0.026*	-0.024	0.798	-0.023	0.824	0.123	0.206	-0.272	0.008
	Master	-0.329	0.001*	0.008	0.930	0.095	0.337	-0.080	0.395	-0.340	0.001*
Membership NAN	Yes	-0.025	0.792	-0.064	0.570	-0.144	0.225	0.022	0.815	-0.002	0.985
	No	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Workplace	Government	0.129	0.166	-0.026	0.771	0.034	0.724	0.057	0.533	-0.017	0.860
	Private	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Current position	Matron	0.183	0.044*	-0.008	0.928	-0.013	0.888	0.161	0.073	0.116	0.216

	Nursing officer	0.242	0.033*	0.126	0.254	0.040	0.734	-0.074	0.507	0.248	0.035*
	Senior Nurse	0.077	0.430	0.311	0.001*	0.132	0.195	0.143	0.142	0.062	0.544
	Staff Nurse	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Job satisfaction	Yes	-0.080	0.319	0.229	0.004*	0.182	0.030*	0.244	0.003*	0.045	0.588
	No	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Type of employ	Permanent	0.102	0.374	-0.064	0.570	-0.144	0.225	-0.137	0.227	-0.033	0.779
	Contract	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Current salary	<250000	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
	26000-30,000	0.066	0.513	-0.021	0.835	0.051	0.625	0.017	0.867	0.138	0.191
	31000-35000	-0.164	0.180	-0.076	0.527	-0.192	0.131	-0.055	0.653	0.000	1.000
	36000-40,000	-0.047	0.601	0.013	0.884	-0.131	0.158	-0.129	0.147	0.111	0.231
	>40,000	0.071	0.439	-0.319	0.000*	-0.202	0.034*	-0.170	0.061	-0.027	0.778

Statistically significant at p -value ≤ 0.05 *: Significant association in multivariable linear regression. β ; Standardized beta coefficient, Ref; Reference group

Table 5. Factors Associated with Professionalism in Private Hospital Nurses (N = 316).

Model		Autonomy		Professional Organization		Self-Regulation		Sense of Calling		Public Services	
		β	P	β	P	β	P	β	p	β	p
Year of experience	<5 years	-0.059	0.563	0.068	0.776	0.020	0.146	-0.225	0.296	-0.101	0.650
	6-10 years	-0.073	0.692	0.032	0.741	0.020	0.838	-0.005	0.955	0.065	0.526
	11-15 years	0.290	0.240	-0.185	0.292	-0.332	0.064	0.083	0.633	0.002	0.992
	16yrs and above	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Level of education	PCL	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
	Bachelor	0.040	0.687	-0.043	0.648	-0.125	0.189	-0.175	0.061	-0.124	0.203
	Master	0.017	0.915	0.050	0.737	-0.061	0.687	0.005	0.971	-0.220	0.159
Membership in NAN	Yes	0.056	0.560	0.152	0.098	0.230	0.014*	-0.061	0.500	0.058	0.515
	No	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Workplace	Government										
	Private	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Current position	Matron	0.020	0.931	0.326	0.145	0.493	0.031*	0.013	0.952	0.033	0.885
	Nursing officer	-0.111	0.310	-0.191	0.066	-0.083	0.934	-0.135	0.191	0.078	0.472
	Senior Nurse	0.143	0.121	0.154	0.080	0.132	0.139	0.105	0.226	0.032	0.725
	Staff Nurse										
Job satisfaction	Yes	0.055	0.553	0.004	0.963	0.017	0.848	0.028	0.747	0.053	0.562
	No	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Type of employ	Permanent	0.083	0.356	0.100	0.247	0.023	0.791	0.155	0.071	0.026	0.775
Current salary	<250000	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
	26000-30,000	-0.018	0.853	-0.169	0.064	-0.087	0.345	-0.169	0.062	0.053	0.577
	31000-35000	0.089	0.459	0.173	0.131	0.027	0.817	0.001	0.995	0.087	0.461
	36000-40,000	0.075	0.523	-0.065	0.560	-0.144	0.206	0.030	0.787	-0.163	0.163
	>40,000	-0.011	0.955	-0.132	0.465	-0.367	0.047	-0.124	0.490	0.181	0.337

Statistically significant at p -value ≤ 0.05 *: Significant association in multivariable linear regression. β ; Standardized beta coefficient, Ref; Reference group.

Regarding the level of professionalism, 93.4% of the respondents scored the moderate level of professionalism and only 6.6% (21) of respondents scored the high level of professionalism. This was based on the tertile analysis (Figure 1).

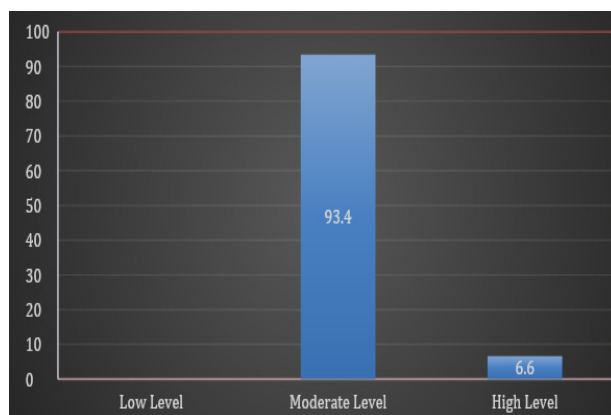


Figure 1. Level of Professionalism among Nurses.

DISCUSSION

The mean of professionalism score was 87.54 (SD=7.99). The study has shown the average mean of professionalism in which a higher score was seen in the sense of calling (18.86, SD= 2.66), and the lowest score was in autonomy (15.64, SD=2.60). A study report has shown mean HPI scores of two sets of Korean American nurses were (M=89.3), (M=89.54) which was comparable. When comparing these two groups, nurses in developed nations scored higher score than nurses in developing countries, with the exception of attitudes toward professional organizations.⁷ This is due to more specialization in nursing, advanced practice, job description, motivational factors and evidence based practice.

The current study discovered that those with a master's degree in nursing education had significantly higher autonomy than those with only a proficiency certificate or Bachelor's degree. Nurses who worked as matrons were more positive towards autonomy than those who worked as merely staff nurses. The study findings in Turkey was more similar to this study, the problem is exacerbated by the low educational level of nurses who do not conduct research and do not have regular access to publications.² This study didn't show the association of autonomy with the year of experience, membership, or salary scale, one study found that nurses with the least year of experience had the lowest autonomy scores, the negative perception of nursing, as in many other developing nations, and even among other health care professionals, was a major reason in participants'

motivation to advance their professional skills.^{8,9} Hence adequate educational opportunities and administrative responsibilities with authority must be provided to the nurses.

This study found that only nurses having senior positions and nurses with job satisfaction had seen more positive attitudes towards the professional organization. The current study revealed that only 35.75 percent of nurses were life members of the Nursing Association of Nepal, the findings moreover comparable to the study, 48% of the participants were members of a professional association.¹⁰ Similarly, a survey conducted in Ohio, USA revealed that 50% of respondents did not belong to a professional organization.³ Because of less membership in Nursing Association of Nepal, the efficiency of collective bargaining is frequently jeopardized, study revealed that although awareness of nursing associations and the percentage of nurses believing that association membership is important were very high, the low rate of participation in professional organizations is also an important issue in nursing profession.¹¹

Nurses who are members of the Nursing Association of Nepal had a positive attitude ($p=0.004$), as did senior nurse salaries ($p=0.037$) and matron salaries ($p=0.013$) towards self-regulation is a type of "self-control" in nurses' attitudes toward professionalization; only members of a profession have the authority and expertise to appraise their colleagues' performance. Only the individuals who belong to a profession have the right and specialty to judge their colleague's work and this is a sort of belief that does not commonly exist among Iranian nurses.¹² The study has evidenced that higher education, research, qualification, and continuing education are required for the development of self-regulation.

Those nurses with more experience year, the current position of nurses were seen to be associated with a sense of calling i.e. matrons and senior nurses had a more positive attitude towards a sense of calling to their profession. In relation to the employment type, permanent nurses have seen a higher sense of calling than contract. A high salary scale was also seen in a positive association with the sense of calling, Nurses' diploma graduates, on the other hand, had a greater sense of calling than bachelor's degrees and other higher degrees, the study finding ran counter to the findings of the study.¹³ When employees have a high level of organizational commitment, they have a strong belief and acceptance of the organization's goals and values and are willing to make considerable efforts and sacrifice to their organization.

Nurses with a Bachelor's or Master's degree had a positive attitude toward the importance of public services. Belief in public service provision requires a kind of altruism and a perspective where members view professionalism as a desirable characteristic rather than a negative trait, viewing it as something that is solely mechanical, inflexible, and routine that is practiced with emotion.⁸ According to another study, there can be seen significant changes in all professions as a result of rapid advances in science and the growth of new technologies in various fields. These changes have led to the presentation of novel viewpoints and the extension of knowledge regarding better care of people's health.¹⁴ Consumers are recognizing health care as a right in the healthcare setup rather than a privilege. The increased interest in examining health care practices makes it essential for nurses to evaluate the efficacy of their practices and to modify or abandon those practices for the sake of the public.

The greatest professional behaviours score was obtained in competence and continuous education, and the lowest in publication and communication. According to the study, increased nursing professionalism is linked to increased duration of nursing experience, higher educational preparation, and present employment as a nurse administrator.¹⁵ Greater levels of schooling in midwife nurses were linked to higher professionalization scores, according to a study.¹⁶

The study further compared professionalism and its associated factors in government and private hospitals nurses. In private hospitals, only the attitude toward self-regulation was seen higher in nurses who have membership of Nursing Association of Nepal, Matron Position and the salary scale more than forty thousand rupees. Study conducted in private hospitals has shown more quality and standards, patient satisfaction, and patient rights, in order to attract more customers, provide better quality units, and improve the existing units; in addition, private hospital organizations establish their objectives and policies by giving greater priority and importance to ethical behaviours.¹⁷ The findings indicate that the quality of services is maintained more in private hospitals but the motivation factors for nurses are more in government hospitals.

Only 6.6 percent of respondents scored the high level of professionalism, while 93.4 percent of respondents scored the moderate level of professionalism. The tertile analysis was used to arrive at this conclusion, similarly, 33.4 percent of nurses in Ethiopia's Jimma zone public hospital had a low level of professionalism, 36.2

percent had a moderate level of professionalism, and 30.3 percent had a high level of professionalism.¹⁸ These relate to the workplace itself, as well as the personal background of the nurses, which includes the personal interest in the nursing profession, as well as the family's, society's and consumer's views of the profession.¹⁹ The study found that nurses have few opportunities for training, particularly for new nurses, they do not feel safe, do not feel rewarded in terms of promotion and salary structure, there is no respect at work and no public respect, there is verbal abuse from doctors and nurses, low job satisfaction, and that lost their self-confidence.²⁰ There is no system for scheduling planned annual leave for nurses, nursing leaders lack autonomy and empowerment, there is a lack of understanding of nursing professional roles and responsibilities in general, and senior nursing leaders lack the most up-to-date managerial knowledge and skills.²¹

CONCLUSIONS

The present study concluded that higher educational degree and organizational position, attractive salary, sufficient working experience, membership in a professional organization, adequate training, and job satisfaction are the most important factors of professionalism for nurses. Most of the nurses had found a moderate level of professionalism and a few nurses had a high level of professionalism. In comparison, nurses in private hospitals was observed slightly more score in attribute of professionalism but government hospitals nurses were more influenced by the motivating factors provided to them. The professionalism status was not seen as adequate in this study. These results have implications for both nursing education and clinical nursing. This study should be conducted in all Provinces and in both clinical and academic areas.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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