Professionalism among Nurses in a Developing Country: A Multisource Feedback

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Abstract: Professionalism is a key trait that mirrors the nurses' approach and facilitates the analysis of their function. It serves as a lead in the practice towards ensuring patient safety and quality care. This study aimed at identifying the level of professionalism among nurses using multisource feedback from nurses themselves, their supervisors and peers. In a cross sectional design, data was collected as self reports from randomly selected sample of 850 registered nurses and as multisource feedback from conveniently selected supervisors and peers using the Nurse Professional Scale (NPS). Results indicate high level of professionalism among nurses. Higher level is seen in communication and interpersonal relations followed by professional responsibility and accountability, nursing practice, value for human being, professional advancement and lowest in management. Mean and standard deviation and paired sample 't' test indicate a significant difference between self and supervisor rating, peer and supervisor rating but not between self and peer rating. ANOVA test show that age, marital status, qualification, employment type, experience and sector of organization are associated with professionalism among nurses but not area of work. NPS can be considered as a valid and reliable tool to measure professionalism. MSF data can be used for self-reflection and as a source of formative feedback for progressive improvement among nurse professionals.

Keywords: professionalism, code of professional conduct, multisource feedback, nurses, supervisors, peers

Introduction

Professionalism is a key trait that mirrors the nurses' approach and facilitates the analysis of their function. It serves as a lead in the practice towards ensuring patient safety and quality care (Dikmen, et al., 2016; Alidina, 2013). Al-Sudani et al. (2013) defined professionalism as a multidimensional construct which includes intrapersonal, interpersonal and public components. Fantahun et al. (2014) defined it as the conceptualization of attributes, interactions, obligations, attitudes and behaviors required of professionals while interacting with clients and society as a whole. Health-care providers display professionalism through their knowledge, attitudes and behaviours which is the reflection of a multifaceted approach related to the principles, regulations and standards essential to successful clinical practice (Tanaka, Yonemitsu, & Kawamoto, 2014). It is a keystone in the relationship between the nurse, patient and the multidisciplinary team towards the achievement of healthy patient care outcomes and offers opportunities for nurses' personal and professional growth (Alidina, 2013).

Researchers in developed countries have evaluated professionalism among nurses using Miller's Model or the 'Wheel of Professionalism in Nursing' which is an extension of Hall and Friedson's works. Miller also used "The Social Policy Statement, Code for Nurses with Interpretative Statements and recommendations and policies from the American Nurses Association" as a basis for the behaviors represented in the Wheel. This instrument served as a guide for nurses in monitoring their professional behaviors. Subsequently, Miller, Adams & Beck (1993) developed an evaluative "Behavioral Inventory Form for Professionalism in Nursing" (BIPN) based on the Model which is widely used to evaluate professionalism among nurses (Dikmen, et al., 2016; Çelik, & Hisar, 2012; Cerit, & Dinç, 2013; Konukbay, et al., 2014; Tanaka, et al., 2016; Yang, Li, & Li, 2016).

Other nurse researchers (Fantahun, et al., 2014; Solomon, Beker, & Belachew, 2015) explored professionalism using RNAO-BPG questionnaire, an adaptation of Registered Nurses Association, Ontario Best Practice Guidelines (2007), while some (Cohen, & Kol, 2004; Hassandoost, et al., 2016) used "Hall's Professionalism Inventory" scale. "The Professionalism and Environmental Factors in the Workplace Questionnaire" (Baumann, & Kolotylo, 2009) was developed based on literature, code of ethics and jurisdictional practice standards. It was used in identifying areas of alarm to nurses and as an opening point for discussion.

Professional code of conduct and ethics is viewed as a professional legitimacy for considering nursing as a profession. It is an essential tool that facilitates nurse practice while handling ethical challenges (Balang, & Burton, 2014). Every nurse is expected to share the responsibility of self-regulation and practice in accordance with the professional code and standards (Balang, & Burton, 2014; Murphy, 2012). RNAO-BPG and Wheel of Professionalism in Nursing' by Miller, serve as directives to the adherence to code which define values and beliefs in nursing profession. The national code provides assistance in clinical settings while managing the complex roles in the health care system within the country. It serves as a culturally-adapted guidance which helps nurses in immediate ethical decisions (Zahedi, et al., 2013). Following review of literature on professionalism among different professions and across countries, the national "Code of Professional Conduct for Nurses in India", framed by the Indian Nursing Council consisting of 38 items and six dimensions, was identified as a comprehensive measure to evaluate professionalism among nurses and was developed as "Nurse Professionalism Scale (NPS) based on the steps outlined by Boateng et al. (2018).

The cultural and societal value system determines the perception and creates a variation in the understanding of the concept 'professionalism' across settings (Mendonça, et al., 2016). It is further influenced by local, contextual and organizational factors (Modi, Gupta, & Singh, 2014). Professionalism has been explored across professions and across countries. Limited literature in certain domains and few discussions related to professionalism in medicine are identified in Indian setting. Although the contribution of Indian nurses across the globe is creditable, no research publication has been identified on nurse professionalism in India. Hence, this study aims to identify the level of professionalism among nurses and compare the self rated professionalism with supervisor and peer rating obtained as multisource feedback.

Multisource feedback (MSF), also termed as peer-grease or 360-degree evaluation has been the strong basis in gathering comprehensive performance evaluation from multiple groups engaged in varied roles within the individual's professional environment (Nurudeen, et al., 2015). The goal of MSF is to analyze professional performance from a range of perspectives. Using MSF technique, based on the evaluation gathered from groups with whom the professional interacts on a daily basis, an accurate, fair, valid and reliable assessment can be made rather than based on just a solitary source (Overeem, et al., 2012; Donnon, et al., 2014). While self rating promotes increased engagement and adds self-reflection to the evaluation process, comparison with the assessment of those with whom he/she interacts helps in evaluating the incongruity or alignment of self-assessment (Lockyer, et al., 2009).

Materials and Methods

This cross-sectional study aimed at identifying professionalism among nurses working in the private, government and autonomous sector hospitals within the state of Goa. Proportionate random sampling technique was used to select the main sample of 850 registered nurses of nurses using lottery method. Convenience sampling method was used for selecting their respective supervisors and peers for the purpose of obtaining multisource feedback (MSF) regarding the professionalism behaviour of registered nurses.

In the process of development of the Nurse Professionalism Scale (De Braganca, & Nirmala, 2020) the Code of Professional Conduct for Nurses in India was initially reviewed by

four nursing faculty, four clinical nurses and three management faculty for readability, comprehensiveness, redundancy and appropriateness of the items. Based on the feedback, few items were re-worded and reframed using simpler vocabulary without changing the meaning. The six point scale was content validated by 15 experts from nursing and health care management for relevance and clarity on a 4-point rating scale. Score of one and two was considered as zero and score of three and four were considered as one while calculating content validity indices (Zamanzadeh, et al., 2015). Changes were incorporated based on the suggestions and the tool was revalidated. The calculated item content validity index was between 0.86 and 1, dimension content validity index was between 0.87 and 1 and the scale content validity index was 0.94. The reliability of the scale was tested for internal consistency and was found to be 0.87.

The final nurse professionalism scale was a six point rating scale consisting of 38 items on six dimensions with the minimum possible score of 0 and the maximum possible score of 190. The scores were classified further as low professionalism (scores from 0 to76), satisfactory professionalism (scores from 77 to 114) and high professionalism (scores from 115 to 190).

Ethical approval was sought from the ethical committees and the management of hospitals prior to the process of data collection. Written consent was obtained from every respondent after due explanation and confidentiality assurance.

This study used the multisource feedback method to evaluate professionalism among nurses and to compare the self rating with the supervisor and peer, thus ensuring clarity and validity of data. Pilot study was conducted by conveniently selecting 50 nurses, 10 supervisors and 10 peers to test the feasibility. The tool was administered to 850 registered nurses to obtain data on professionalism through self reports and to their respective supervisors and peers for obtaining the multisource feedback about the professionalism among the main sample of registered nurses. Clear and complete explanation regarding the filling of the data sheets was provided to the sample. The data was obtained as 831 self reports, 721 supervisor and 805 peer feedback responses. Data were examined for completeness, entered into SPSS version 25 and checked for missing responses and outliers. The usable self reported data sheets were 749 and the complete MSF sets of self-supervisor-peer responses were 644. Reliability of the tool was tested for internal consistency using data obtained from multiple sources. The Cronbach's alpha value using data from multiple sources indicate the reliability of the tool as shown in Table 1.

Table 1. Reliability of Nurse Professionalism Scale. n=644

Scale	No. of Items	Cronbach's Alpha
Nurse Professionalism Scale (Self)	38	.903
Nurse Professionalism Scale (Supervisor)	38	.931
Nurse Professionalism Scale (Peer)	38	.936

The data were analyzed using descriptive statistics and inferential statistics. Level of professionalism was evaluated based on mean and standard deviation. MSF data was compared using mean and standard deviation, and paired sample 't' test. Association of demographic variables with professionalism was evaluated using analysis of variance (ANOVA).

Result and Discussion

Table 2. Mean and Standard Deviation showing dimension wise and overall level of professionalism among nurses n=644

Dimensions	No. of items	Range of score		Mean	SD
		Possible	Sample		
Professional Responsibility & Accountability	9	0-45	18 – 45	39.49	4.24
Nursing Practice	7	0-35	16 – 35	30.17	3.52
Communication & Interpersonal Relations	4	0-20	9 – 20	17.76	2.12
Value for Human Being	4	0-20	5 – 20	17.14	2.42
Management	9	0-45	5 – 45	34.47	6.43
Professional Advancement	5	0-25	4 - 25.	19.31	4.15
Overall Scale	38	0-190	57 – 190	158.36	18.29

Data in Table 2 indicate that nurses demonstrate overall high level of professionalism (Mean=158.36; SD=18.29). The highest level of professionalism is seen in the dimension Communication and Interpersonal Relations (Mean=17.76; SD=2.12) followed by Professional Responsibility and Accountability (Mean=39.49; SD=4.24), Nursing Practice (Mean=30.17; SD=3.52), Value for Human Being (Mean=17.14; SD=2.42), Professional Advancement (Mean=19.31; SD=4.15) and lowest in the dimension Management (Mean=34.47; SD=6.43).

Table 3. Comparison of self-rated level of professionalism with supervisor and peer Feed back n=644

Dimensions	Self Rating		Supervisor Rating		Peer Rating	
	Mean	SD	Mean	SD	Mean	SD
Professional Responsibility & Accountability	39.49	4.23	37.83	4.96	38.56	4.96
Nursing Practice	30.17	3.52	29.03	4.09	29.99	3.88
Communication & Interpersonal Relations	17.76	2.11	16.86	2.45	17.31	2.47
Value for Human Being	17.14	2.42	16.64	2.36	16.81	2.54
Management	34.47	6.42	32.95	6.67	35.13	6.76
Professional Advancement	19.31	4.15	18.87	3.93	19.76	3.93
Overall Scale	158.36	18.29	152.20	20.71	157.58	20.63

Data in Table 3 indicate the rating of nurses and supervisors and peers with respect to the dimensions as well as the overall level of professionalism. On the overall scale the self rating (Mean=158.36; SD=18.29) is higher than supervisor (Mean=152.20; SD=20.71) and peer (Mean=157.58; SD=20.63) feedback. Also there was higher self rating as compared to supervisor and peer feedback on the dimension Professional Responsibility and Accountability, [self (Mean=39.49; SD=4.23); supervisor (Mean=37.83; SD=4.96) and peer (Mean=38.56; SD=4.96)], Nursing Practice [self (Mean=30.17; SD=3.52); supervisor (Mean=29.03; SD=4.09) and peer (Mean=29.99; SD=3.82)], Communication & Interpersonal Relations [self (Mean=17.76; SD=2.11); supervisor (Mean=16.86; SD=2.45) and peer (Mean=17.31; SD=2.46)] and Value for Human Being [self (Mean=17.14; SD=2.41); supervisor (Mean=16.63; SD=2.36) and peer (Mean=16.81; SD=2.53)]. Whereas the peer feedback was higher than self rating and supervisor feedback on the dimension Management [peer (Mean=35.13; SD=6.76), self (Mean=34.47; SD=6.42) and supervisor (Mean=32.95;

SD=6.67)] and Professional Advancement [peer (Mean=19.76; SD=3.93), self (Mean=19.30; SD=4.15) and supervisor (Mean=18.87; SD=3.93)].

Table 4. Paired sample 't' test showing the difference between self rating and supervisor and peer rating on level of professionalism. n=644

Pair	Paired Differences					T	df	Sig*
	Mean	SD	Std. Error Mean	95% CI of the Difference				
				Lower	Upper			
Prof_Self - Prof_Sup	6.16	25.72	1.01375	4.16928	8.15060	6.076	643	.000
Prof_Self - Prof_Peer	0.77	26.70	1.05220	-1.29131	2.84100	.736	643	.462
Prof_Peer- Prof_Sup	5.38	27.63	1.08905	3.24656	7.52362	4.945	643	.000

Note: * 2-tailed level significance

Data in Table 4 show that there is a significant difference between self ratings and supervisor feedback (t=6.076; p<0.001); and peer and supervisor feedback (t=4.945; p<0.001). There is no significant difference between self rating and peer feedback (t=0.736; p=0.462).

Table 5. Association of demographic variables with professionalism among nurses using ANOVA. n=644

Variable	Sub-groups	N	Mean	F value	P value
Age in years	21-30	352	160.1591	3.492	0.015*
	31-40	166	157.5361		
	41-50	102	153.7255		
	51-60	24	157.3750		
Marital status	Married	373	156.6649	7.690	0.006*
	Single	271	160.6937		
Qualification	GNM (Diploma)	370	157.0243	3.419	0.033*
	B. Sc. Nursing	268	160.4067		
	M. Sc. Nursing	6	149.3333		
Area of work	Medicine	130	156.1231	1.553	0.158
	Surgery	136	155.9044		
	Obstetrics-Gynaecology	42	158.0476		
	Pediatric	88	159.5227		
	ICU-OT-Casualty	144	160.9861		
	Psychiatry	28	162.5714		
	Community	76	158.8816		
Employment type	Permanent	409	156.0147	18.935	0.001*
	Temporary	235	162.4426		
Experience	Novice (0-3 years)	197	161.9898	5.849	0.003*
	Competent(3-10 years)	234	157.2521		
	Expert (>10 years)	213	156.2207		
Sector of organisation	Private	151	164.1987	10.391	0.001*
	Government	479	156.6180		
	Autonomous	14	155.0000		

Mean professionalism among groups compared using ANOVA in table 5 indicate that there is significant association between age (F=3.492; p<0.015), marital status (F=7.690; p<0.006), qualification (F=3.419; p<0.033), employment type (F=18.935; p<0.001), experience (F=5.849; p<0.003) and sector of organization (F=10.391; p<0.001). There was no significant association between area of work (F=1.553; p<0.158) and professionalism among nurses.

Nurses in this study reported high level of professionalism. Similar findings are noted among nurses in North Ethopia (Fantahun, et al., 2014), US (Tanaka, et al., 2016) and China (Yang, Li, & Li, 2016). In South-West Ethopia one third nurses reported high level of professionalism while one third reported moderate kevel and the rest reported low level of professionalism (Solomon, Beker & Belachew, 2015). Moderate level of professionalism was revealed among Iranian (Hassandoost, et al., 2016) and Korean nurses (Kim-Godwin, Baek, & Wynd, 2010; Jang, Kim, & Kim, 2016). Contradictorily low professionalism was reported among Saudi Arabian (Zakari, Al Khamis, & Hamadi, 2010), Turkish (Dikmen, et al., 2016; Çelik, & Hisar, 2012; Cerit, & Dinç, 2013) and Japanese nurses (Tanaka, Yonemitsu, & Kawamoto, 2014).

This study found higher level of professionalism in area of communication and interpersonal relations followed by professional responsibility and accountability, nursing practice, value for human being, professional advancement and lowest level in management. Researchers using BIPN (Dikmen et al., 2016; Çelik, & Hisar, 2012; Cerit, & Dinç, 2013; Konukbay, et al., 2014; Yang, Li, & Li, 2016) revealed low scores on publication, autonomy and research and high on theory, continuing education and competence. Fantahun et al. (2014) used RNAO-BPG and revealed high scores on knowledge, advocacy and ethics, and low on autonomy, visionary and innovation.

On overall scale, self rating is higher than supervisor and peer feedback. Also, there is higher self rating as compared to supervisor and peer feedback on the dimension professional responsibility and accountability, nursing practice, communication & interpersonal relations and value for human being. Whereas, on the dimensions management and professional advancement, peer feedback is higher than self rating and supervisor feedback. There is a significant difference between self ratings and supervisor feedback; and peer and supervisor feedback but no significant difference between self rating and peer feedback. Lockyer et al. (2009) identified lower self rating as compared to peer rating among pathologists/laboratory physicians. Overeem et al. (2012) found correlation between rating of team members, peers and patients, but no correlation with self rating on physician's professional performance. Hayward et al. (2014) revealed no significant difference between rating of physicians, nurses and allied health professionals on collaborator competencies among post-graduate medical residents. Yazdankhah et al. (2015) revealed a significant difference in the rating obtained from different co-workers, lowest score was from departmental staff and highest from faculty. Using repeated and simultaneous self and peer evaluations on professionalism attributes, Emke et al. (2017) identified that average peer assessment rating was higher for students who completed all self-evaluations compared to those who completed one or no self-evaluations. They also observed that some preclinical medical students consistently rated themselves higher than their peers. Narayanan, Farmer and Greco (2018) found that patient rating of doctors was high on respect shown and low on reassurance provided, whereas colleague rating was high on trustworthiness and low on ability to say 'no' and the overall self rating was lower than patient and colleague rating.

Comparison of mean professionalism among groups using ANOVA indicates significant association between age, marital status, qualification, employment type, experience and sector of organization. There is no significant association between area of work and professionalism among nurses. Younger nurses reported higher professionalism. This finding is supported by researchers (Solomon, Beker & Belachew, 2015; Jang, Kim, & Kim, 2016) but is contradicted

by others (Fantahun, et al., 2014; Tanaka, Yonemitsu, & Kawamoto, 2014; Hassandoost, et al., 2016) who revealed higher professionalism among older nurses.

This study identified higher level of professionalism among unmarried nurses which is supported by (Solomon, Beker & Belachew, 2015) but contradicted by a few (Fantahun, et al., 2014; Jang, Kim & Kim, 2016) found that married nurses report higher professionalism. Degree qualified nurses portray higher level of professionalism as compared to diploma and postgraduate nurses in this study. Higher education was associated with higher professionalism (Solomon, Beker & Belachew, 2015; Jang, Kim, & Kim, 2016). Contrary, Fantahun et al. (2014) found that diploma qualified nurses portray higher professionalism as compared to degree qualified nurses.

Temporarily employed nurses reported higher level of professionalism. Contrasting findings by Kim-Godwin et al. (2010) revealed that higher professionalism is associated with full time employment. Novice nurses in this study display higher level of professionalism. The finding is supported by Cerit and Dinc (2013) and Dikmen et al. (2016) but contradicted by others (Fantahun, et al., 2014; Jang, Kim, & Kim, 2016) who identified higher professionalism among more experienced nurses.

Nurses working in private hospital reported higher professionalism as compared to those in government and autonomous sector hospitals. The finding is supported by Çelik and Hisar (2012). Fantahun et al. (2014) identified higher professionalism among nurses in military hospital whereas, Solomon, Beker and Belachew (2015) found higher professionalism among nurses in government hospitals. Area of work is not associated with level of professionalism in this study. The finding is supported by Tanaka, Yonemitsu, and Kawamoto (2014). However, Kim Godwin et al. (2010) reported that ambulatory/outpatient department nurses display higher professionalism.

Conclusion

Nurses are found as displaying high level of professionalism in their clinical nursing practice which is also identified through multisource feedback from supervisors and peers, although there is difference in the rating. The code of professional conduct serves the interests and needs of the profession as it outlines the elements required for professional behavior and empowers nurses in making ethical decisions and upholding professional values. NPS can be considered as a valid and reliable tool to measure the construct in others settings. Follow-up study can be conducted to evaluate changes in professionalism over time. MSF was limited to self, supervisors and peers in a cross sectional study design. Future research can include more stakeholders which will add to the validity and reliability of the NPS. MSF data can be used for self reflection and as a source of formative feedback for improvement among nurse professionals.

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