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SCHOOL OF MEDICINE
DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF FACTORS INFLUENCING PROFESSIONALISM
IN NURSING IN MEKELLE ZONE PUBLIC HOSPITALS, TIGRAY, NORTHERN
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LIST OF ACRONYMS/ABBREVIATION

AAU.....	Addis Ababa University
ENA.....	Ethiopian Nursing Association
EB.....	Ethiopian Birr
FGD.....	Focus Group Discussion
FMOH.....	Federal Minister of Health
HO.....	Health Officer
HPs.....	Health Practitioners
HPI.....	Hall's Professionalism Inventory
IRB.....	Institutional Review Board
ICN.....	International Council of Nurse
NP.....	Nursing Practitioners
PI.....	Principal Investigator
RNs.....	Register Nurses
RNAO.....	Registered Nurses" Association of Ontario.
US.....	United State

ABSTRACT

Background

Professionalism is defined as the conceptualization of obligations, attributes, interactions, attitudes, and role behaviors required of professionals in relationship to individual clients and to society as a whole. Professionalism attributes include knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and visionary, collaboration and collegiality, and ethics. These all may be influenced by age, sex, work experience, salary, ethnicity, religion, marital status, educational status, work setting, and professional organization.

Objective

The aim of the study was to assess factors influencing professionalism in nursing among nurses in Mekelle zone Public hospitals.

Methods

A quantitative cross sectional study design supplemented by qualitative were employed. A random sample of clinical nurses (N =210) from September 2011 to May 2012.

The techniques for data collection were self administered questionnaire and focus group discussion (FGD). Data analysis was done using SPSS version 16.0 and logistic regression analysis was done to assess significant association between dependent and independent variables.

Qualitative of data was analyzed manually and results were presented descriptively.

Result

Out of 210 respondents 58.57% were females and the mean age of the respondents was 32.40 years (SD= 8.42; range, 20-59 y).The mean of nursing experience 10.35(SD=9.154) and (51.43%) possessed BSc in Nursing. Respondents belonged to a professional organization was only 48%. The mean monthly salary of participants was 2168.39 EB (SD=573.281).The finding

also showed that age and work experience had significant correlated with total professionalism ($r = .122$, $P < .1$); and ($r = .120$, $P < .1$) respectively. Work setting in Mekelle hospital was significantly associated [AOR (95%CI) = 4.090(1.359, 12.309)] with professionalism. Depending on FGD, the major factors were workload, had no vision, FMOH did not focused nursing as a profession, Weakness of the Ethiopian Nursing Association , lack of life insurance as well as the Health professionals and society's views of the profession.

Conclusion and Recommendation

Respondents who score high attitude toward professionalism were 12.9%. After further statistical analysis using logistic regression, work setting in Mekelle Hospital had significantly associated with professionalism. Age and work experience had correlated with total professionalism. ENA and FMOH should focus on developing the level of professionalism in nursing. There were additional factors raised in FGD: such as lack of life insurance, weak ENA.

Key words: professionalism, attributes of professionalism, Mekelle public hospital nurses.

1. INTRODUCTION

1.1 BACKGROUND

The beginning of professional nursing can be traced back to 19th-century and Florence Nightingale in England, where discussions of ethical percepts and values of nursing were starting to be communicated (1). Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy, health systems management, and education are also key nursing roles (2). In 2004, the international council of Nurses (ICN) described the global shortage of health workers, especially nurses who are the backbone of most national health system – as one of the most significant obstacles to achieving the Millennium Development Goals set by the United Nations (3).

Professionalism is defined as “the conceptualization of obligations, attributes, interactions, attitudes, and role behaviors required of professionals in relationship to individual clients and to society as a whole” (4, 5). Health professionals apply the attributes of professionalism in the context of clinical care, health education, research, and health systems administration (6). Registered nurses put into action their values and the attributes of professionalism when providing nursing care and collaborating with patients, colleagues and students (7).

Nursing professional practice is a commitment to compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for insightful practice; demonstrating a spirit of collaboration and flexibility (8). In nursing, a profession comprises of a system of roles that is socially defined. Autonomy in their professions holds contracts to provide services for the public good, and in return, the professionals gain higher prestige and recognition for their work (9). Nursing professionalism incorporates “ways in which nurses enacted their caring role with patients” (10). In a study about professionalism in nursing. Nurses who value professionalism exhibited adherence to practice standards and technical (psychomotor) competence (11).

According to the Registered Nurses Association of Ontario (RNAO) in Canada, the most common attributes that characterize a nursing professional are knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and vision, collegiality and collaboration as well as ethics and values (7). Knowledge provides the basis for professional practice. Specialized knowledge enables a professional to define the nature of particular problems and solutions, make decisions and use discretion within their practice. A spirit of inquiry refers to the multifaceted approach a professional takes to activities of the profession. And a nurse who practices with a spirit of inquiry makes observations, asks questions and examines many sources of information in order to understand what is already known, and interpreting this in light of experience, and then proposing answers and explanations and communicating this process. Accountability refers to a person’s answerability for his/her actions or the ability and willingness to assume responsibility for one’s own actions. Autonomy is the freedom to act on what one knows, in regard to making clinical decisions in the best interest of the patient. Advocacy implies providing patients with the information needed in order to make informed choices, supporting their right to

make those choices and supporting them in the decision-making process and outcomes. Innovative models of nursing include autonomy and independence; clinical environments that foster quality patient care; compensation and benefits appropriate to the complexity of the work; work environments that enable competent clinical practice, including management structures and processes that facilitate innovation. Collaboration between nurses and other health professionals is an important component of professional practice because it results in positive outcomes for nurses in terms of satisfaction, safe practice, increase clinical competence and patients in terms of more coordinated and providing quality of care. Nurse's ethical practice is influenced by attitudes, values, policies and practice of their peers, colleagues and employer (7).

1.2 STATEMENT OF THE PROBLEM

Over the past 25 years, professionalism has emerged as an essential theme in medicine and other health disciplines; yet it is a topic with much ambiguity, confusion and at times controversy. Though numerous studies have addressed this topic, the question what is professionalism? remains complex. As professionalism is a multi-dimensional concept, there is no one simple, generalizable definition, or how to assess it. We can, however, assess professionalism by considering its individual (attributes, capacities, and behaviours), inter-personal (interactions with other individuals and with contexts) and societal dimensions (social responsibility and morality, political, and economic concerns), and the interactions amongst these dimensions (12).

The professional status of nursing often is subjected to both internal and external debate. Historians, sociologists, and nurses themselves struggle to determine whether professionalism is present or absent in the occupation called nursing (13). For many years, scholars in other fields identified nursing as a semi- profession because of the lack of a university-based education as the

entry level, the lack of autonomy, and a paucity of theory and research to serve as a foundation for the field (14).

Past analyses identified several major factors that compromised nursing's identity as a true profession. Societal values maintained the subservience of nursing to the predominantly male medical profession, thus delaying development of nursing autonomy, a major characteristic of professionalism (15). The establishment of a scientific foundation for the discipline of nursing advanced slowly and ongoing disagreements among nurses about educational requirements also contributed to difficulties in defining nursing as a profession in the traditional sense (13, 16).

Professionalism is a construct that transcends culture however, rapid changes in the healthcare sector globally, including human resource shortages, have had an impact on the stability of global work environments, which has a challenge on maintaining professionalism (17). The United States (US) has regularly imported foreign nurses throughout the past 50 years to ease the nursing shortage (18).

The Ethiopian Nursing Association (ENA) was formed in 1952 E.C as a member of the health professional council involved in registration & licensing of health professionals in Ethiopia. The registration & licensing of nurses is the responsibility of the Ethiopian nurses association within the council. Nurses who graduated from recognized & accredited training institution must pass the registration and licensing procedure in order to practice the profession legally in the country. However, In Ethiopia, there was no published studies describing on professionalism in nursing designed to measure professionalism among nurse's working in hospitals. The objectives of this study were to assess the factors that influence professionalism in nursing (19).

1.3 SIGNIFICANCE OF THE STUDY

Considerable researches done on professionalism in Nursing and factors contributing on nursing outcomes have been conducted worldwide, but no such study has been performed at hospitals in Ethiopia. The outcomes of this assessment of nursing professionalism in Public hospitals in Mekelle would help ENA and FMOH in drafting policies and guiding principles of nursing professionalism in Ethiopia. For nurses to confirm their professional status and to examine demographic, experiential, and educational factors associated with professionalism.

2. LITERATURE REVIEW

Nurses need to consider Professionalism very carefully. Another way to think about this group is as managers of health who coordinate and care for patients/clients health throughout their life continuum, with in the health sector and community. After all, it is the nurse who „knows“ the patient and coordinates all the other health care disciplines in organizing that care. This in turn could provide nurses with power and control over nursing services and improved autonomy. Professionalism incorporates attitudes representing levels of identification with and commitment to a particular profession (13).

Study done on Professionalism in Nursing Behaviors of Nurse Practitioners at a national conference, 502 nurse practitioners completed the Professionalism in Nursing Behaviors Inventory. Participants represented all of the states and the most common specialties of nurse practitioners. Nearly 68% had been practitioners less than 5 years and were primarily employed in physicians“ offices. The majority had received their master’s degrees from schools with nurse practitioner curricula, and 8 % held doctorates. More than one-half of the practitioners had written a research proposal or participated in a project within the past 2 years. In terms of autonomy, nearly 50 % of the nurses had written their own job descriptions. Maintaining certification motivated them to engage in some professionalism behaviors. Results indicated these nurse practitioners NPs and other nurses, who need continuing education to meet certain certification and regulatory criteria, tend to achieve higher levels of professionalism.

In this study, the majority of respondents were making clinical decisions autonomously, accountable for direct client outcomes, collaborating with physicians, and independently determining what their positions involved. The NP was belonging to different nursing organizations and 52 per cent did not use an ethical framework (9).

Study done in core role of the nurse practitioner in Australia and New Zealand was identified as having three components: dynamic practice, professional efficacy and clinical leadership. Nurse practitioner practice is dynamic and involves the application of high level clinical knowledge and skills in a wide range of contexts. It also includes the need to address currency of practice as a continuous process. The nurse practitioner demonstrates professional efficacy, enhanced by an extended range of autonomy, accountability and collaboration that includes legislated privileges. The nurse practitioner is a clinical leader with a readiness and an obligation to advocate for their client base and their profession at the systems level of health care. The data in the domain of clinical leadership, whilst convincing, are less robust than in the other two domains (20).

The study done on Professionalism: the major factor influencing job satisfaction among Korean and Chinese nurses. The finding showed that Professionalism was the common factor influencing job satisfaction in Korean and Chinese nurses. Professionalism was positively related to job satisfaction in both groups. Additional factors associated with job satisfaction were demographics and job characteristics such as age, job position and department of work, which were significant only in Korean nurses (8).

The study done in Malaysia revealed that a demand for autonomy is the essential need among academicians in practicing their Professionalism at the workplace. In addition, participants scored relatively high on two other dimensions including professional community affiliation and social obligation. Contrary to expectations, the lowest rating scored was dedications to profession (21).

Study done on the effects of organizational culture on nursing professionalism were interested in whether nurses' attitudes toward professionalism were influenced by a personal sense of accomplishment or the organizational culture in hospital settings. In a study of 424 RNs, organizational culture predicted over 16% of the variance in nursing professionalism whereas personal attributes, such as accomplishment, had very little impact on professionalism scores. These results imply that nursing professionalism is influenced either positively or negatively by the culture of the work setting; therefore, it is important for employers to foster professionalism to enhance job satisfaction, commitment, retention of nurses, and improved clinical outcomes for patients (22).

Study done on America in current factors contributing to professionalism in nursing which is a descriptive comparative/correlation design examined differences and relationships among levels of nursing professionalism, experience, educational degrees, organizational membership, and specialty certification in a random sample of registered nurses (RNs) (N = 774). The Professionalism Inventory Scale was used to measure attitudinal attributes of professionalism and its five dimensions (use of professional organizations as major referent groups, belief in public service, autonomy, self-regulation, and a sense of calling). A series of statistical analyses revealed that professionalism was related significantly to years of experience as an RN, higher educational degrees in nursing, membership in organizations, service as an officer in the organization, and specialty certification (23).

The study assessed the levels of professionalism and examined factors associated with professionalism among Korean American registered nurses (RNs) were used Hall's Professionalism Inventory (HPI) scale. Data were collected, using a mailing survey, with a convenience sample of Korean American RNs living in the United States (n = 221). Current

position in nursing, current employment status, work setting, total years of nursing experience, total years of nursing experience in the United States, location of final degree attainment, and duration of nursing education in the United States were associated with the level of professionalism among Korean American RNs (24).

The study done in Saudi Arabia was focused on conflict and professionalism perceptions among nurses. The findings of this study shows low perception among the studied nurses towards their professionalism. Only about one-third of the sample had a high perception of nursing. Factors that cause low level of perception towards professionalism were workplace, the personal interest in the nursing profession, as well as the family's, society's and consumer's views of the profession (25).

The study done in Bangladesh focuses on student attitudes towards Nursing as a Profession: Nursing has been both culturally and socially seen to be a „low esteem“ job in Bangladesh. However, the young generation being exposed to western movies and other media, seem to have changed their attitude and approach towards the nursing profession. In order to assess the changing approach, the research team made a small survey (n=100) of selected undergraduate students in different academic institutions. The research team put some specific questions to them to tap their opinions of nursing as a profession. Overall, 35 percent of the respondents said they would be willing to accept nursing as a career if it was in countries of Europe or North America. However, almost none of them would consider taking up nursing in any Bangladeshi hospital, be it run by the government, private sector or international agency. Ninety one percent of the respondents noted that nursing as a profession is „looked down upon“ by their socio-economic classes (26).

The South African study found nurses working in both private and public sectors in that country to be unhappy in their jobs. In the public sector, professionals were not properly rewarded and there is no commitment to maintain facilities and expertise. In the private sector the emphasis was on making a profit and they compromise on human resources (27). The other problem was that of exposure to infections and contamination, because of inadequate facilities (28). There was experiencing a serious shortage of nurses, which has to be addressed to prevent crises in health care services (29).

Today, progress toward full professionalization in nursing is occurring, but review and evaluation are necessary once again as rapid changes occur in professional and societal areas. Nurses have established educational and credentialing standards that move them toward a recognized profession, and ground is also being gained in the political and policy areas to enhance nurses' participation in decisions about national health care.

In summary the factors that influence professionalism was work setting ,years of nursing experience, membership in professional organization, the common professionalism attributes in the literatures was autonomy.

In Ethiopia there was no published study done related to professionalism in nursing. Therefore, this study will have a contribution in providing baseline information related to professionalism.

2.1 CONCEPTUAL FRAME WORK

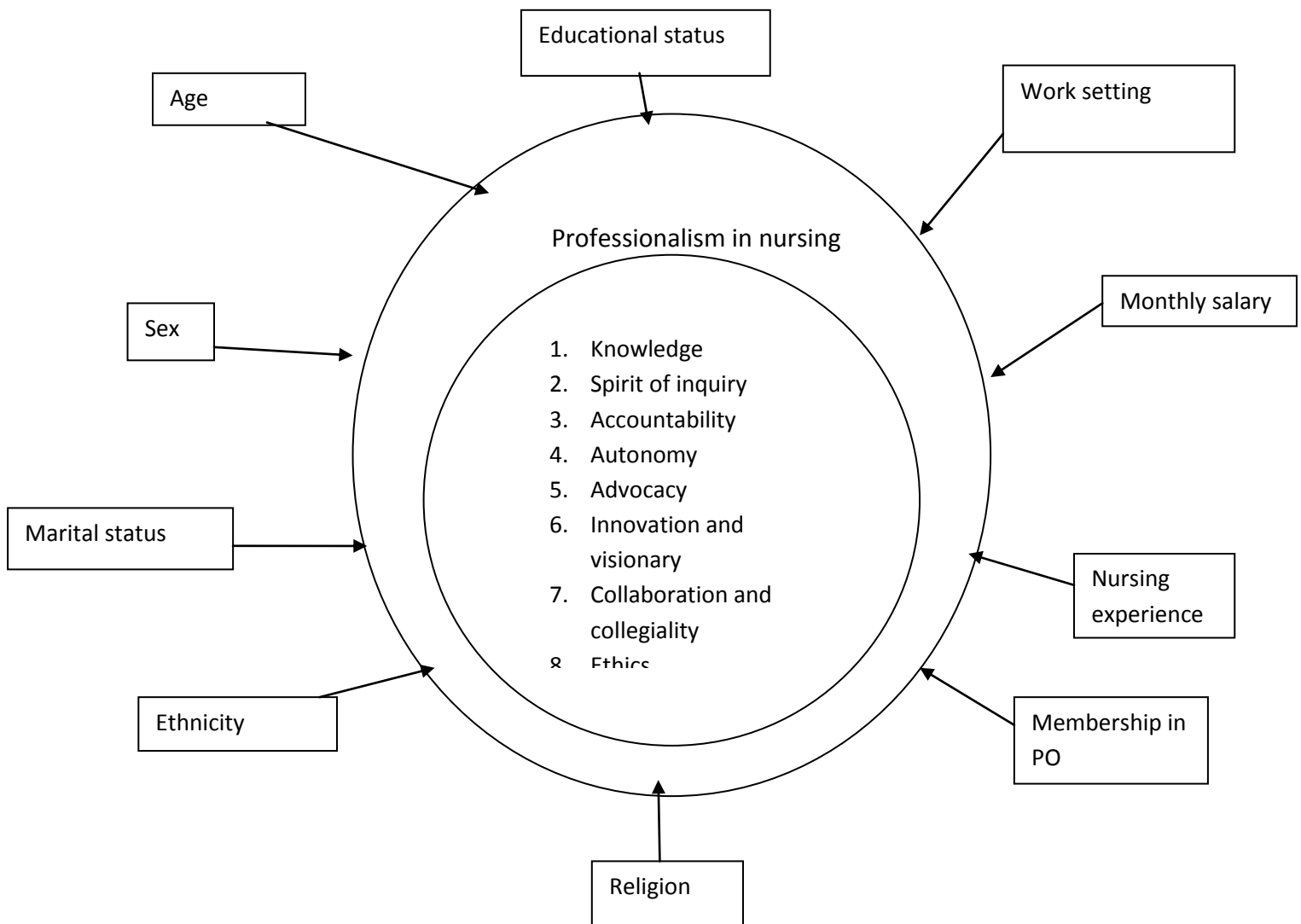


Figure: 1 conceptual frame work of professionalism in nursing and its attributes. This frame work developed by this author is based on the concepts developed by the Registered Nurses association of Ontario (RNAO) in Canada. The center circle depicts all the attributes of the profession. The outer boxes represent all the factors that impact nurses' sense of professionalism .May, 2012.(7)

3. OBJECTIVES

3.1 GENERAL OBJECTIVE

The overall objective of this study is to assess factors influencing professionalism in Nursing Among nurses working in Mekelle Zone Public Hospitals, Mekelle, Tigray, Northern Ethiopia, 2012

3.2 SPECIFIC OBJECTIVES

- To describe level of professionalism in nursing and its attributes
- To determine attitudes of professionalism in nursing
- To identify the relationship between socio demographic characteristics and professionalism with its attributes

4. METHODS AND MATERIALS

4.1 STUDY AREA AND PERIOD

Mekelle is the capital city of Tigray region, which is 783 kilometer away from Addis Ababa city to north direction. Mekelle zone has seven hospitals which contains, one teaching (referral) hospital, two public hospitals, one defense hospital and three private hospitals. Each of the public hospital contains the following number of nurses, Ayder(n=110), Mekelle(n=88), Quha(n=42), Semen EZ(n=57) . Total numbers of nurses found in four hospitals are 400.

This study was conducted from September 2011 to May 2012.

4.2 STUDY DESIGN

A Cross sectional quantitative study design supplemented by qualitative was employed.

4.3 POPULATIONS

4.3.1 SOURCE POPULATION

The source population was all nurses working in Mekelle zone.

4.3.2 STUDY POPULATION

The study population was all nurses found in four Mekelle Public hospitals.

4.3.2.1 INCLUSION CRITERIA

All Nurses who are permanently working and available in the hospitals during the study period.

4.3.2.2 EXCLUSION CRITERIA

Nurses who are in free service

4.4. SAMPLING

4.4.1. SAMPLE SIZE DETERMINATION

The sample size is calculated using single population proportion of (p=50%) with confidence level of 95% and 5% significance level by using the following formula.

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2} \quad \text{in our case,} \quad n = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2} = 384$$

Where,

n = Minimum sample size for population

d = Margin of error=0.05

P= Proportion of nurses who have low professionalism

Z $\alpha/2$ =Confidence certainty used as 95%=1.96

Since the total population is less than 10000, using the correction formula the final sample size becomes.

$$n = \frac{384}{1 + \frac{384}{377}} = 191 + 10\% \text{ non response rate} = 210$$

Using the correction formula, final sample size becomes 191 and including 10% non response rate; the final sample size is 210.

4.4.2 SAMPLING TECHNIQUE

Stratified random sampling technique will be used. Nurses will be taken proportionately from each institution. To select a study unit simple random sampling will be employed using a lottery method.

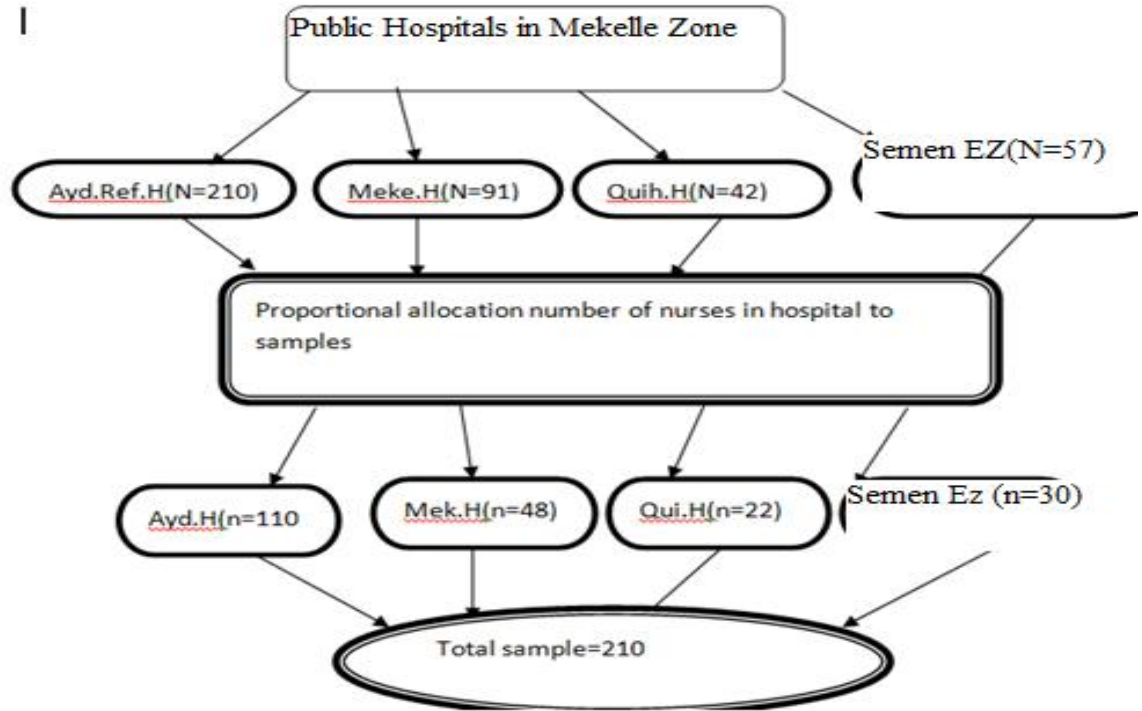


Figure 2. Schematic presentation of sample size determination, May, 2012

4.5 MEASUREMENT TOOLS AND DATA COLLECTION

4.5.1 VARIABLES

4.5.1.1 INDEPENDENT VARIABLES

Sex, age

Education

Religion, Ethnicity

Monthly salary

Marital status

Work experience, Work setting

Professional organization

4.5.1.2 DEPENDENT VARIABLES

Professionalism in nursing

Professionalism attributes

- ❖ Knowledge
- ❖ Spirit of inquiry
- ❖ Accountability
- ❖ Autonomy
- ❖ Advocacy
- ❖ Innovation and visionary
- ❖ Collaboration and collegiality
- ❖ Ethics and values

4.5.2 INSTRUMENT

The questioner was designed from RNAO guideline, which contains likert scale Questions prepared in English.

Questions were designed to elicit information concerning:

- ✓ Background information about the nurses
- ✓ Attitudes of nurses towards professionalism

FGD was prepared to supplement the quantitative data which was prepared open ended questions.

4.6 PRE-TEST

The questionnaire was pre-tested for the relevance of dependent and independent variables to the study and to avoid any confusion during actual data collection period. Twenty -one nurses were responded the questioner one week prior to actual data collection period. The principal investigator to screen out vague questions and modify some of the question items as soon as possible.

4.7. DATA COLLECTION

The data was collected by self administered structured questionnaire which had two parts. Part I socio demographic variables and part II, the attributes of professionalism in Nursing.

Focus Group Discussion was conducted among nurses in four hospitals to help the self administered questionnaire and to provide information on the main factors affecting professionalism. The method for the selection of the nurses was purposive sampling. In order to get detail information within the group, they were structured by department head and year of working experience: In each FGD the number of participants was 5-10

in number. It takes 30minute -1 hour.FGD was developed that contained a list of questions that were supposed to be explored for the purpose of the study. The discussion was led by a moderator and notes were taken. The group discussion was transcribed completely in Amharic and Tigrigna, fully translated in English and analyzed. A structured questionnaire for the survey was prepared first in English and translated to Amharic and Tigrigna and finally back translated to English to ensure its Consistency. Before data collection commenced, the respective Regional Health Bureau and medical director of each hospitals were approached and were briefed on the purpose of the study. Lists of nurses and letters were obtained from these offices. Then department heads were contacted after presenting letters of support. The questionnaire after being filled was returned to the PI.

4.8 QUALITY ASSURANCE OF THE STUDY

In order to assure the validity and reliability of the questionnaire, each item of data collection instrument was analyzed, tested and made ready prior to actual data collection. During data collection time continuous ongoing supervision and cross checking was carried out by principal investigator for making sure of the completeness of each questionnaire. Ethical clearance was obtained from respective bodies and privacy of each nurse was assured with informed consent form.

4.9 DATA ANALYSIS

Descriptive statistics were utilized to describe characteristics of the respondents and to assess the levels of professionalism. Descriptive statistics included frequencies, percentages, means, SDs, and ranges. For the calculation of frequency, Univariant analysis was used. Inferential statistical analyses included t tests and analysis of variance (ANOVA) was used to determine

differences in professionalism and its attributes, Pearson product– moment correlation to identify factors associated with professionalism. Data were entered into a database using Epi Info and analyzed through the Statistical Package for the Social Sciences software version 16 (SPSS 16) was used to analyze quantitative data. There was no missing value. Bivariate analyses and multiple logistic regression models using enter method and leveling professionalism and its attributes using mean and standard deviation, (above mean high and below mean low);and for continuous variables categorical and quarter method was used to examine factors associated with professionalism in nursing. P-value less than .05 was defined as statistically significant.

During analysis for FGD information was transcribed by arranging notes according to forwarded question. Then comparison was considered on the response of different clients to identify similarity and differences and reasons behind the gap. At last information was linked and analyzed its congruence with data obtained through self administer questionnaire.

4.10 ETHICAL CONSIDERATIONS

Prior to data collection, permission was obtained from Addis Ababa University College of Health Science School of medicine Department Of Nursing and Midwifery Institutional Review Board (IRB) for approval. Following the approval by IRB, Official letter of co-operation was written to concerned bodies by the Department of nursing and midwifery AAU. Nurses was informed the need of this study and confidentiality assured for all the information provided.

4.11 DISSEMINATION OF STUDY RESULTS

The findings of this study will be submitted to AAU College of health science school of medicine department of nursing and midwifery and IRB, and also disseminated to

corresponding Hospitals where the study was conducted, ENA, and to FMOH through hard copy and presentation in order to use the obtained information for future plan. The findings will also finally be published on scientific journals to be used as base line information for further study and for decision makers.

4.12 OPERATIONAL DEFINITIONS

High Professionalism in nursing=A: the respondents who score $160 < A < 170$

Moderate Professionalism: B=the respondents who score $141 < B < 160$

Low Professionalism: C=the respondents who score $121 < C < 141$

Very low Professionalism: D= the respondents who score $34 < D < 121$

High knowledge: the respondents who score $29 < A < 30$

Moderate knowledge: the respondents who score $25 < B < 29$

Low knowledge: the respondents who score $21 < C < 25$

Very low knowledge: the respondents who score $10 < D < 21$

High Spirit of inquiry: the respondents who score $19 < A < 20$

Moderate *Spirit of inquiry*: the respondents who score $17 < B < 19$

Low *Spirit of inquiry*: the respondents who score $14 < C < 17$

Very low *Spirit of inquiry*: the respondents who score $8 < D < 14$

High Accountability: the respondents who score $24 < A < 25$

Moderate *Accountability*: the respondents who score $21 < B < 24$

Low *Accountability*: the respondents who score $18 < C < 21$

Very low *Accountability*: the respondents who score $7 < D < 18$

High Autonomy: the respondents who score $14 < A < 15$

Moderate *Autonomy*: the respondents who score $12 < B < 14$

Low *Autonomy*: the respondents who score $10 < C < 12$

Very low *Autonomy*: the respondents who score $3 < D < 10$

High Advocacy: the respondents who score $19.5 < A < 20$

Moderate *advocacy*: the respondents who score $17 < B < 19.5$

Low *advocacy*: the respondents who score $14 < C < 17$

Very low *advocacy*: the respondents who score $6 < D < 19.5$

High Innovations: the respondents who score $13 < A < 15$

Moderate *Innovations*: the respondents who score $12 < B < 13$

Low *Innovations*: the respondents who score $9 < C < 12$

Very low *Innovations*: the respondents who score $3 < D < 9$

High collaboration: the respondents who score $14 < A < 15$

Moderate *collaboration*: the respondents who score $12 < B < 14$

Low *collaboration*: the respondents who score $10 < C < 12$

Very low *collaboration*: the respondents who score $4 < D < 10$

High ethics: the respondents who score $29 < A < 30$

Moderate *ethics*: the respondents who score $25 < B < 29$

Low *ethics*: the respondents who score $22 < C < 25$

Very low *ethics*: the respondents who score $10 < D < 22$

5. RESULTS

Descriptive Statistics of socio demographic data

Out of 210 respondents most were women 123(58.57%). The mean age of the respondents was 32.40 years (SD= 8.42; range, 20-59 y). The average total years in nursing experience was 10.35 years (SD =9.154; range, 0-40 y). Regarding educational status, 108(51.43%) possessed BSc in Nursing, 101(48.1%) have Diploma and 1(0.48%) masters. The mean monthly salary of participants was 2168.39. Majority of them were married 119(56.67%). forty-eight percent (n = 101) of respondents belonged to a professional organization. Majority of the respondents were from Ayder (52.4%). (Table 1)

Table 1. frequency and mean table on socio-demographic Characteristics among nurses working in Mekelle zone Public hospitals (n=210), May 2012.

Variable	Mean (SD)	Frequency	Percent
Age	32.40(8.42)		
Sex			
Male		87	41.4
Female		123	58.6
Religion			
Orthodox		194	92.4
Muslim		7	3.3
Protestant		6	2.9
Catholic		1	.5
Others		2	1.0
Ethnicity			
Tigray		193	91.9
Amara		11	5.2
Oromo		4	1.9
Others		2	1.0
Educational status			
Diploma		101	48.1
Degree		108	51.4
Masters		1	.5
Work experience	10.35(9.154)		
Marital status			
Single		82	39.0
Married		119	56.7
Divorced		7	3.3
Widowed		2	1.0
Membership in professional organizations			
Yes		101	48.1
No		109	51.9
Work setting			
Ayder		110	52.4
Mekelle		48	22.9
Quiha		22	10.5
Northcommand		30	14.3
Salary	2168.39(573.281)		

1. Levels of Professionalism in nursing and its attributes

The mean scores for the nurses in Mekelle public hospitals on the professionalism were 140.50, with a range of 54–170 (SD = 19.144). The findings showed the respondents score highest on knowledge (25.06), followed by ethics (25.00), accountability (21.13), advocacy (16.79), spirit of inquiry (16.56), collaboration and collegiality (12.22), autonomy (11.98) and innovation and visionary (11.75).(figure 3.)

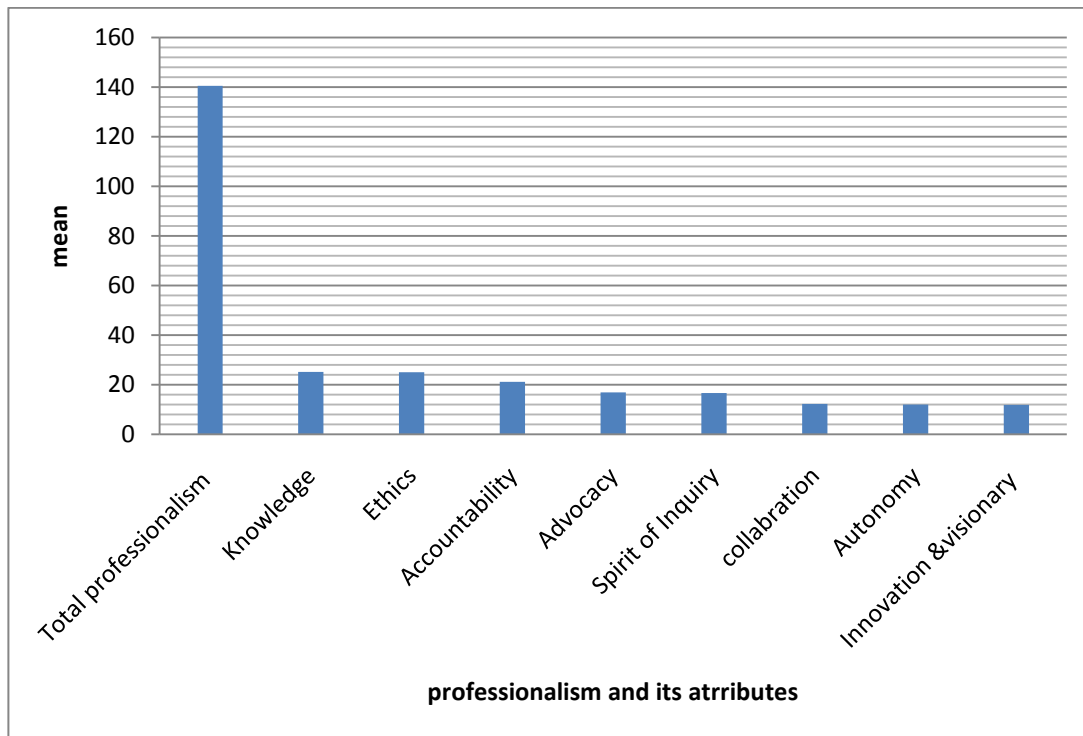


Figure 3: Mean scores for the professionalism and its attributes among nurses working in Mekelle Public hospitals, May, 2012

Table 2: Mean score of professionalism and its attributes in Mekelle zone Public hospitals, May, 2012.

Variable	Mean	SD	Range
Professionalism score	140.50	19.144	54-170
Subscale scores			
Knowledge	25.06	3.923	10-30
Ethics	25.00	3.844	10-30
Accountability	21.13	3.134	7-25
Advocacy	16.79	2.763	6-20
Spirit of Inquiry	16.56	2.619	8-20
Collaboration and collegiality	12.22	2.096	4-15
Autonomy	11.98	2.255	3-15
Innovation &visionary	11.75	2.333	3-15
Valid N (listwise)	210		

Though not statistically significant, findings demonstrated that, nurses who were members of professional organizations, had a higher total score for total professionalism than did those who were not members of professional organizations (M=141.39),and nurses with diploma (M =141.40) achieved higher scores on total professionalism than degree and above (M =139.79).Additional ANOVA findings indicate that though not statistically significant, nurses with forty and above years old had the highest scores for the total professionalism (M = 143.66) compared with those who were 30-39(M=141.89) and 20-29 (M = 137.97);those who are not married had lowest score(M=136.6)compare with those married(M=142.74)and divorced/widowed(M=143.11); nurses who had working in Semen Ez military hospital showed higher scores on professionalism (M=145.90) than did nurses working in Ayder(M=138.96),Quiha(M=141.18) and Mekelle (M=140.33).nurses with more than 20 years of working experience had high score(M=144.65) compare to those with 0-10(M=139.46) and 11-20(M=140.92).nurses with monthly salary more than 2350.00EB had high score(M=143.88) on professionalism than with those 1800-2350.00 EB (M=141.05) and <1800.00 EB.(M=136.09).(table 3.)

Table 3, Factors Associated with Professionalism in Nursing among nurses working in Mekelle Public hospitals, May, 2012.

Variables	Total Professionalism mean difference	Test values t/F	P-values
Age		1.706	.184
20-29(n=97)	137.97		(I&V=.017)
30-39(n=63)	141.89		
≥40 (n=50)	143.66		
Sex		1.717	.050
Male (n=87)	143.18		(I&V=.006)
Female (n=123)	138.60		
Marital status		2.326	.100
Single (n=82)	136.96		
Married(n= 119)	142.74		(I&V=.003,Eth=.04)
Divorced/widowed(n=9)	143.11		
Membership in PO			
Yes (n=101)	141.39	.645	.301
No(n=109)	139.68		
Study site		1.043	.375
Ayder (n=110)	138.96		
Quiha (n=22)	141.18		
Mekelle (n=48)	140.33		(I&V=.025)
Semeneze (n=30)	145.90		
Working experience		.941	.392
0-10(n=140)	139.46		
11-20(n=39)	140.92		(I&V=.053)
≥21(n=31)	144.65		
Salary		2.287	.104
≤ 1800(n=53)	136.09		
1800-2350(n=105)	141.05		(I&V=.047,inq=.087)
≥2350(n=52)	143.88		
Education		.652	.196
Diploma (n=101)	141.40		
≥degree (n=109)	139.67		(Acct.=0.044,know=.029)

Note >I&V: Innovation and Visionary; know: knowledge; Acct: accountability; inq: inquiry Eth: ethics

2. Attitude of professionalism in nursing

The respondent's attitude towards concepts of professionalism was calculated using the interval of standard deviation from mean. The attitudes of respondents on professionalism was at high, moderate, low and very low level; 12.9 % (n = 27), 41.9% (n = 88), 31.9% (n = 67), 13.3% (n = 28) respectively. (Figure 4).

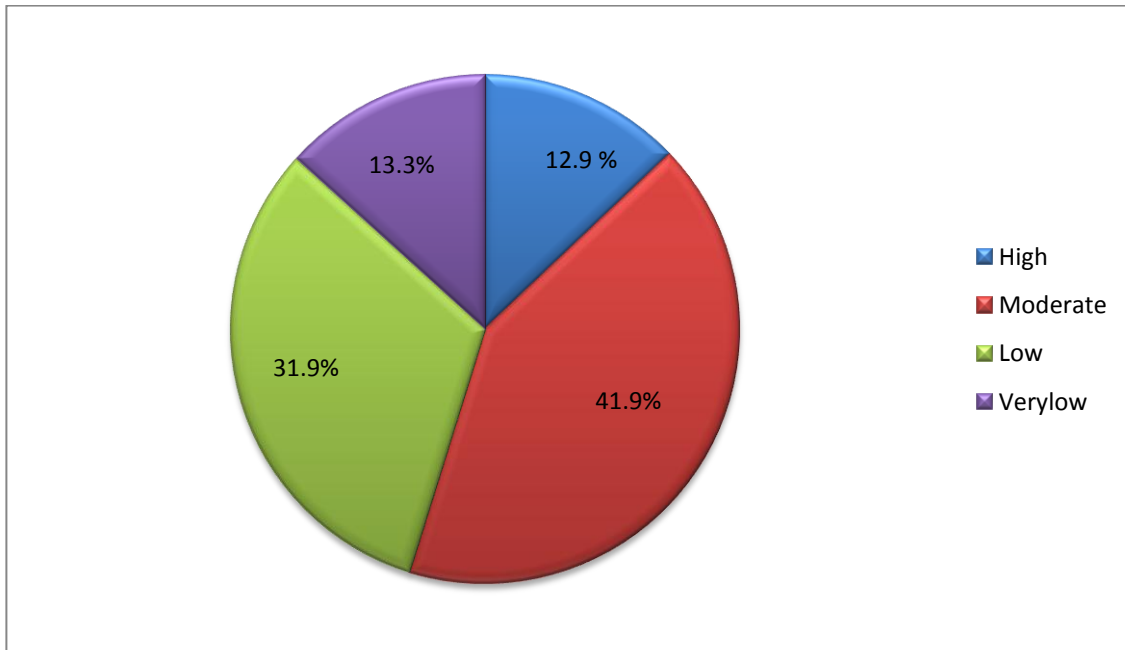


Figure 4: Attitudes of nurses towards professionalism in nursing among nurses working in Mekelle Public Hospitals May, 2012.

3. The relationship between socio demographic variables with professionalism and its attributes

Pearson product–moment correlation analysis revealed small yet significant associations among several professionalism attributes and characteristics of nurses in Mekelle Public hospitals. Older respondents were more likely to have higher scores for innovation and visionary (r = .203, P < .1), ethics (r = .129, P < .1) and have high score for total professionalism(r = .122, P< .1). Mekelle Public hospitals reported greater numbers of years of nursing experience were likely to have higher scores for innovation and visionary(r=.194,p<.01), accountability (r=.130,p<.1),total professionalism (r = .120, P< .1) ,ethics(r=.118,p<.1) and autonomy(.116,p<.1). Respondents with increase monthly salary scores high for innovation and visionary (r =.130, p<.1) and advocacy (r=.117, p<.1)(table 4.)

Table 4. Correlations between Respondent Characteristics and Professional Attributes Among nurses in Mekelle Public hospitals (n=210), 2012.

Variables		To.prof	Knowl.	SI	Accoun t.	Auto.	Advoc.	I&V	CC.	Eth.
Age	r	.122	-.001	.110	.097	.112	.113	.203	.099	.129
	p	.079*	.988	.113	.163	.106	.103	.003**	.152	.063*
Work.exp.	r	.120	.015	.067	.130	.116	.098	.194	.100	.118
	p	.084*	.826	.332	.061*	.093*	.158	.005**	.148	.088*
Salary	r	.095	.052	.105	.038	.065	.117	.130	.056	.085
	p	.170	.449	.130	.585	.350	.091*	.060*	.416	.219

Note. = TO=total professionalism; knowl = knowledge ;SI = spirit of inquiry; account= accountability; Auto =autonomy; advoc.=advocacy; I&V=innovation and visionary; CC=collaboration and collegiality ;Eth=ethics

** Correlation is significant at the .01 level (2-tailed).*Correlation is significant at the .1 level (2-tailed).

Though it was not statistically significant the odds of low professionalism among single nurses [AOR(95%CI)=5.795(0.860,39.030)] nearly six times higher than among married [AOR(95%CI)= 4.484(0.803,25.025)] and divorced/widowed, and the odds of low professionalism among nurses who had monthly salary <1800.00 EB was [AOR(95%CI)= 1.595(.663,3.835)] nearly two times higher than among >2350.00EB. [AOR (95%CI)= 2.126(.473,9.548)].

The odds of low professionalism among nurses working in Mekelle hospital [AOR(95%CI)= 4.090(1.359,12.309)] four times significantly higher; though not significant Quiha Hospital [AOR(95%CI)= 3.734(.998,12.982)] nearly four times higher and ayder referral hospital 2.638(.800,8.700) nearly three times higher than Semen ez.(table 5.)

Table 5: factors associated with level professionalism among nurses working in Mekelle Public hospitals (N=210), 2012.

Variables	Level of professionalism		OR(95% CI)	
	High	Low	Crude odds ratio	Adjusted odds ratio
Age				
20-29(n=97)	51(52.6%)	46(47.4%)	1.059(.534,2.099)	.644(.164,2.523)
30-39(n=63)	37(58.7%)	26(41.3%)	.825(.390,1.744)	.721(.273,1.909)
≥40 (n=50)	27(54.0%)	23(46.0%)	1.00	
Sex				
Male	51(58.6%)	36(41.4%)	1.306(.750,2.273)	.734 (.380,1.420)
Female	64(52.0%)	59(48.0%)	1.00	
Work.Exp.				
0-10	77(55%)	63(45.0%)	1.133(.516,2.489)	1.161(.346,3.900)
11-20	20(51.3%)	19(48.7%)	1.315(.509,3.402)	1.285(.403,4.096)
21 and above	18(58.1%)	13(41.9%)	1.00	
Salary				
≤ 1800(n=53)	24(45.3%)	29(54.7%)	1.524(.706,3.289)	1.595(.663,3.835)
1800-2350(n=105)	62(59.0%)	43(41.0%)	.874(.447,1.711)	.946(.451,1.986)
≥2350(n=52)	29(55.8%)	23(44.2%)	1.00	
Work setting				
Ayder	59(53.6%)	51(46.4%)	2.840(1.126,7.165)	2.638(.800,8.700)
Mekelle	23(47.9%)	25(52.1%)	3.571(1.290,9.885)*	4.090(1.359,12.309)*
Quiha	10(45.5%)	12(54.5%)	3.943(1.198,12.982)	3.734(.998,12.982)
Semeneze.	23(76.7%)	7(23.3%)	1.00	
Marital stat.				
Single	42(51.2%)	40(48.8%)	3.333(.653,17.013)	5.795(.860,39.030)
Married	66(55.5%)	53(44.5%)	2.811(.560,14.096)	4.484(.803,25.025)
Divorced/widow wed	7(77.8%)	2(22.2%)	1.00	
Educational. Stat.				
Diploma	57(56.4%)	44(43.6%)	1.00	
Degree and above	58(53.2%)	51(46.8%)	1.139(.661,1.963)	1.216(.635,2.328)
Membership Po.				
Yes	57(56.4%)	44(43.6%)	1.00	
No	58(53.2%)	51(46.8%)	1.139(.661,1.968)	1.334(.728,2.444)

Note:*=statistically significant at p<0.05

Result of Focus Group discussion

Four focus group discussions (FGD) were conducted among nurses in Mekelle, Ayder, Semen ez and Quha hospitals. The major theme of the FGD was the factors influencing professionalism. It was conducted to compliment to the quantitative finding and to obtain the necessary information to construct the questionnaires and to gain an insider's perspective of the nurses towards professionalism. The FGD covers a range of questions related to professionalism.

The factors raised in Mekelle hospital were loss of self confidence, not applying nursing code of ethics, knowledge deficit of nursing standards and absence of the standards because of this they don't know their roles towards their profession. The other factor was National ministry of health did not focus Nursing as profession as a result there is no Nursing care standard at national level. Weakness of the ENA was also another factor stated, in addition to this low monthly salary and other incentives like duty, trainings, and refreshment to update their knowledge etc...have their own contribution professionalism to be low. "*neti hade be kafa neti hade bemanka*" this means the incentives high in physician but not for nurses. For nurse no duty but for physician have duty. Nurse is working b/c have no choice "*lek ende bluket mamrecha new yalew*" this means there are many nurses available. "*Remuneration does not compare well with other organizations we learn the same and we are doing the same activity but are paid less* " Work load was another factor (the number of nurses and patients in the ward are incompatible) related to this there is no annual leave which to be disappointed with their profession. "*Shortage of staff especially with a huge work load much more than the available staff.*" Most nurses work behind their scope of practice". Discouraging interaction service. with physicians affects the quality of nursing service. Absence of life insurance was the main concern of the nurses "*eneye regimateni eye nazi profession atye*". Which means mother cruses me to be nurse professional.

The factors raised in Ayder referral hospital were similar but there were additional factors not raised in mekelle hospital the community and health professionals themselves have no good attitude towards nursing, they did not consider it as a profession. Nowadays nurses are mainly focused on dependent activities because the physicians dominate the overall activities. There is no clear job description and problem of curriculum which can affect the quality of nursing service. Other problem was regarding documentation and reporting, no application of nursing process and for nursing students there is no instructor during their clinical attachments as well as the instructors are not the parts of clinical nursing activities. No nursing specialty, no difference between degree and diploma, no salary satisfaction, no refreshment due to this they have no vision. The work load is high “*maye netsegka eqa ayebetsehen.*” this means the nurses have difficult to achieve for all patients.

The factors raised in Quha hospital were similar to the above two hospitals but there are additional factors like nurses have problem with reading on updated information, no respect for their profession, no enough materials to perform nursing activities. “*I don’t think anyone of us will want their child to be a nurse. Except that people do not respect you, it is too much sacrifice for nothing*”.

The factors raised in Semen ez hospital were somewhat different. Since it is military hospital they perform nursing activities better because the patients of this hospital have no family so the nurse is responsible for every activity, these are different from civil hospitals they didn’t expect any incentive for the activities. “*Even though nurses are over worked and working under stressful situation, they are working as a team, they assist each other*”. Some of the stated factors were there is no responsible focal nurse in FMOH because they give priority to other professions like Physician, HO due to this nursing becomes a transition to other professions like HO. ENA didn’t know the nurses in the military hospital. Resistance towards the profession because of work load is also another factor.

6. DISCUSSION

The current study focused on factors influencing professionalism in nursing in Mekelle zone public hospitals. Nurses who were members of professional organizations, had a higher total score for total professionalism than did those who were not members of professional organizations (M=141.39), and nurses with diploma (M =141.40) achieved higher scores on total professionalism than degree and above (M =139.79), nurses with forty and above years old had the highest scores for the total professionalism (M = 143.66) compared with below that, those who are not married had lowest score(M=136.6)compare with those married/divorced, nurses who had working in Semen Ez military hospital showed higher scores on professionalism (M=145.90) than did nurses working in Ayder(M=138.96),Quiha(M=141.18) and Mekelle (M=140.33), nurses with more than 20 years of working experience had high score(M=144.65) compare to those with 0-10(M=139.46) and 11-20(M=140.92). Nurses with monthly salary more than 2350 EB had high score (M=143.88) on professionalism than with those 1800-2350 EB (M=141.05) and <1800 EB (M=136.09). Most of the findings were consistent with the previous studies. The study done on 774 American RNs, reported that those nurses who scored highest on levels of professionalism were members of professional organizations, had many years of experience in nursing practice, obtained graduate educational degrees, and were certified in nursing specialty areas; However, the current study, showed that diploma nurses score high in level of professionalism than degree and Master which is opposite to the above(23).This may be due to high experience and nursing practice; study done on 221 RNs and found that membership in professional organizations, current nursing employment positions, current employment status, work settings, total years of nursing experience, total years of nursing experience in the United States, location of final degree attainment, and duration of nursing education in the United States were associated with professionalism among Korean American RNs(24).However, in the current

study work setting in Mekelle Hospital was highly associated with professionalism [AOR(95%CI)= 4.090(1.359,12.309)].

Study done on 390 Army RNs and found that age, length of service, and years of experience were significantly correlated with professionalism (30). This study is similar to the current study found that age and years of experience were significantly correlated with professionalism.

Results of the current study confirm previous research regarding work experience and the role this has in determining nurses' sense of professionalism. Nurses with more years of experience (21 years or greater in the current study) had significantly higher scores for innovation and visionary ($r=.194$, $p<.01$), accountability ($r=.130$, $p<0.1$), total professionalism ($r=.120$, $P< 0.1$), ethics ($r=.118$, $p<0.1$) and autonomy ($r=.116$, $p<0.1$). These findings are similar to the scores used by (23). s work in life, professional support, shared governance, and environmental culture and climate which had similar with *Professionalism in Nursing Best Practice Guidelines* (7), attributes are knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and visionary, collegiality and collaboration, and ethics and values were identified and are also reflected to greater or lesser amounts in this study. According to (23), the professionalism score mean was ($M=83.37$) which is lower than the present study with total professionalism ($M=140.50$). though the attributes of the previous study had not equal with present, the highest score of the current study is knowledge ($M=25.06$) compare to the previous public service ($M=18.37$). there was only one common attribute which was autonomy of the current study score ($M=11.98$) lower compare to the previous ($M=13.14$). this may be due to the difference in sample size and range.

The study done on 239 nurses on public university in Malaysia who answered a questioner on professionalism practice and found that a demand for autonomy is the essential need among academicians in practicing their professionalism at the workplace (21).

The study done on 502 nurse practitioners completed the Professionalism in Nursing Behaviors Inventory. Participants represented all of the states and the most common specialties of nurse practitioners who answered a questionnaire about professional behaviors and found that they behaved with a high amount of autonomy in terms of clinical decision making and direct accountability for patient outcomes(9). The previous finding of the study done focused on perception of 346 nurse's study in Saudi Arabia. This finding showed that nurses had low perception towards their professionalism .Only about one-third of the sample had a high perception of nursing. Low level of perception of professionalism might cause due to these factors: the workplace by itself, 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 (25). In addition to this, the study done in south Africa on 21 nurses managers, the general factors that influenced nurse retention rates were included (1) working conditions and hours, “ *Hospitals have deteriorated*”. *This is really not good for patients and the nurses themselves.*’ *Working conditions are difficult. With so many patients, some of them very, very ill, nurses feel they are not really giving good quality care. They are despondent and therefore some feel they'd rather leave.*’ This finding is similar to the present study. “Nurses in this hospital are working because he/she has no choice.” (2) Professional development opportunities, *Training is lacking, especially for the newly qualified nurses, who are not experienced. They do not feel safe, especially with conditions they have never dealt with ...*’ (3) rewards, *Promotion and salary structure must be reviewed. Except that the pay is dreadful, these poor nurses really work hard*

and selflessly give their everything. Their salaries have got to improve in order to keep them.'

And (4) relationships at work, *"no respect from the public, families of patients and co-workers.'*

'Verbal abuse from doctors and some managers must also be stopped, so that nurses remain in their jobs". (29). the previous studies was similar with this study which was 12.9 percent only had high professionalism. Moreover, During FGD, low level of perception of professionalism might cause due to the work place, workload, and dissatisfaction with monthly salary and incentives (duty, training etc), had no clear job description, no vision, FMOH did not focused nursing as a profession, Weakness of the ENA, loss of self confidence, poor documentation and reporting, not applying nursing code of ethics, personal interest, knowledge deficit of nursing standards, no enough materials to perform nursing activities ,lack of life insurance as well as the HPs and society's views of the profession.

6.1 STRENGTH OF THIS STUDY

- This study triangulated both Qualitative and quantitative to raise major factors that influence professionalism.
- This study gives clue for FMOH and ENA to give focus on nursing profession.
- The study findings might be utilized as a baseline for further detailed studies in the future.

6.2 LIMITATIONS OF THE STUDY

- ✓ The factors expected to influence professionalism may not be exhaustive. There could be other influencing factors which our study did not reveal.
- ✓ More precise measuring instruments, designed to assess actual professional behavioral characteristics, will provide more information to assess behavioral indicators of professionalism along with the attributes of professionalism.
- ✓ The qualitative data gives clue factors which influence professionalism this shows it should be included as pre-test.

7. CONCLUSION AND RECOMMENDATION

7.1 CONCLUSION

Nurses with longer years of experience and the older respondents had significantly related with professionalism. Those nurses who join professional organizations had high score on professionalism; and nurses working in Military Hospital had high score of professionalism; however, diploma nurses had high score than degree and above.

Respondents who score moderate attitude toward professionalism were 41.9%. After further statistical analysis using logistic regression, work setting in Mekelle Hospital had significantly associated with professionalism.

On focus group discussion several factors that influence professionalism were raised which was not addressed in the Quantitative data. The major and common factors in four governmental hospitals were salary dissatisfaction, low incentives (duty, training), lack of refreshment courses to upgrade knowledge, work load, lack of ENA, had no respect with HPs and the society, had no life insurance, FMOH not focus on professionalism in nursing , had clear job description and no vision. This all makes the nurses to have low attitude towards professionalism.

7.2 RECOMMENDATIONS

1. The nurses in governmental hospitals should have proportional salary and incentives.
2. Refreshment course should be given to update nurse's knowledge and skills.
3. Focal person should be available in FMOH to actively participate on behalf of nurses
4. To decrease work load and to do effective and quality care, the number of nurses should be proportional to patients
5. ENA should be strong to have nurse's bright future (vision) and ENA should recognize the military nurses.
6. FMOH should give the equal value for all profession because every profession should respect as profession.
7. There should be clear curriculum and job description on Diploma, BSc, and Master.
8. Nurses should have life insurance and have enough equipment to have quality care.
9. Unity among nurses and respect for the profession by themselves and other HPs and society should be available.
10. This research is baseline; further investigation with large sample size should be made.

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9. APPENDICES

APPENDICE I. INFORMED CONSENT FORM

ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE SCHOOL OF MEDICINE

DEPARTMENT OF NURSING AND MINWIFERY

NURSES CONCENT ON THE STUDY OF ASSESSMENT OF FACTORS INFLUENCING PROFESSIONALISM IN NURSING SELECTED HOSPITALS OF MEKELLE.

I am ----- graduate student of Addis Ababa University, Faculty of Medicine, Department of Nursing and Midwifery. I administer this questioner on assessment of factors influencing professionalism in nursing. We believe that this study will help to give valuable information in the improvement of competent and companionate care provision by professional nurses.

Therefore I kindly request your cooperation for the following study.

if you agree to participate in this study I would like to assure you that your name not be mentioned or anonymity will be kept and information you will give us will be kept confidential and used only for research propose . You have full right to refuse, to take part or interrupt at any time. The document will take 15-20 minutes to complete and it needs your patience and collaboration.

Now are you willing to participate in this study?

If yes, thank you for your willingness to participate in my research and fill the questioner.

DATE ----- Time started----- END

APPENDICE II. QUESTIONNAIRE

ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

SCHOOL OF MEDICINE

DEPARTMENT OF NURSING AND MIDWIFERY

For questions which have alternative marks (✓) in the space given according to your choice and it you want to answer to fill the given open ended questions write your response exactly in the space provided based on what has been asked Name of health institution

.....public hospital

Date

Part I - Socio Demography Characters, mark (√) under your choices

S.No	Variables	Choice
1.1	Age	a. <20 years b. 20-25 c. 26-30 d. 31-35 e. ≥36
1.2	Sex	a. Male b. Female
1.3	Religion	a) Orthodox b) Muslim c) Protestant d) Catholic e) Other
1.4	Ethnicity	a) Amhara b) Oromo c) Tigray d) others
1.5	Education level	a) diploma b) degree c) master
1.6	Working experience	a) <1 year b) 1-5 years c) 6-10 years d) ≥ 10 years
1.7	Marital status	a) Single b) Married c) Divorced d) Widowed
1.8	Are you member of nursing organization	a) Yes b) No
1.9	Your salary	a) ≤1000 b) 1000-1500 c) 1550-2000 d) 2050-3000 e) ≥ 3000

Professionalism Scale

Your participation in this research is entirely voluntary. You may refuse to participate or you may stop participating at any time without penalty or loss of benefits. The following questions are an attempt to assess certain aspects of what is commonly called “professionalism.” The referent in the question is “nursing.” Each item should be answered in the way you feel and behave as a member of the nursing profession. There are five possible responses to each item (26). The 34 items are designed to measure attributes of professionalism on eight subscales. Please indicate your extent of agreement about each of the mentioned attribute of professionalism. The extent of agreement has been arranged on a scale from 1 to 5. 1 = strongly disagree, 2=disagree, 3= neutral, 4=agree & 5 = strongly agree). Different items are assigned to each subscale: (a) knowledge – items 1,2,3,4,5 & 6; (b) spirit of inquiry – items 7,8,9,10 (c) Accountability – items 11,12,13,14,15 (d) autonomy – items 16,17,18, (f) advocacy 19,20,21,22 (g) innovation and visionary 23,24,25 and (h) collegiality and collaboration 26,27,28 (i) ethics and values 29,30,31,32,33,34,.

Item	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. I have nursing knowledge that is theoretical, practical and clinical.					
2. I have been able to apply that knowledge.					
3. I am using theoretical and evidence –based rational for practice.					
4. I am synthesizing information from a variety of sources					
5. I am using information or evidence from nursing and other disciplines to inform practice.					
6. I am sharing or communicating knowledge with colleagues, clients ,family and others to continually improve care and health out comes					
7. I have been open-minded and having the desire to explore new knowledge.					
8. I am asking questions leading to the					

generation of knowledge and modification of existing knowledge.					
9. I am determining to define patterns of responses from clients, stakeholders and their context.					
10. I have been committed to life-long training					
11. I understand the meaning of self-regulation and its implications for practice.					
12. I am using legislation, standards of practice and a code of ethics to clarify one's scope of practice.					
13. I have been committed to work with clients and families to achieve desired outcomes					
14. I have been actively engaged in advancing the quality of care.					
15. I am recognizing personal capabilities, knowledge base and areas for development					
16. I am working independently and exercising decision-making with one's appropriate scope of practice.					
17. I am recognizing relational autonomy and the effects of the context and relationships on this autonomy.					
18. I becoming aware of barriers and constraints that may interfere with one's autonomy and seeking ways to cure the situation.					
19. I am understanding the client's perspective					
20. I am assisting the client with their learning needs					
21. I have been involved in professional practice initiatives and activities to enhance health care					
22. I have been knowledgeable about policies that impact on delivery of health care					
23. I am promoting a culture of innovation to enhance client/family outcomes					
24. I am showing initiatives for new					

ideas and being involved through taking action.					
25. I influencing the future of nursing, delivery of health care system					
26. I am developing collaborative partnerships with in a professional context					
27. I am acting as a mentor to nurses, nursing students and colleagues to enhance and support professional growth.					
28. I acknowledging and recognizing interdependence b/n care providers.					
29. I am knowledgeable about ethical values, concepts and decision-making.					
30. I am being able to identify ethical concerns, issues and dilemmas.					
31. I am applying knowledge of nursing ethics to make decisions and to act on decisions					
32. I have being able to collect and use information from various sources for ethical decision-making.					
33. I am collaborating with colleagues to develop and maintain a practice environment that supports nurses and respects their ethical and professional responsibilities.					
34. I am engaging in critical thinking about ethical issues in clinical and professional practice					

1 =strongly disagree; 2 = disagree; 3 = neutral; 4= agree; 5 = strongly agree

Part III. FGD questionnaire

1. What is professionalism in nursing? Do you know the attributes of professionalism?
2. What are the factors influencing professionalism in nursing?
3. What can be the solution and your recommendation?

APPENDICE III: CURRICULUM VITAE OF PRINCIPAL INVESTIGATOR

Name: Atsedo Fantahun Aregay

Home Address: Addis Abeba kebele 43

Tel: +251-913-308555 /+251-914-196304

Citizenship: Ethiopian

Education:

Institution/Location	Years Degree/Date (Mo/yr)	Result	Field of study
Axum Secondary School	2001-2004	Diploma Certificate	Satisfied
Natural Science			
Hawassa University	2005/06-06/07	BSc/September 2007	Satisfied
Nursing			
Addis Ababa University	2010-2012	First year of M.SC satisfied	Adult nursing

Appointments

Year Rank Institution Department

2007-2009 Graduate Asst. Axum college of health science Nursing

Other Experience

2009-2010 Assistant lecturers Mekelle University Nursing

Since 2010 MSC adult nursing student

Local Societies

1. Ethiopian nursing Association (ENA 2007-till now)

2. Member of public association

Major Clinical Interests and Responsibilities

1. In pediatrics nursing

2. Care for delivery mother

3. Medical and surgical care

4. Public health related cases

Language:

Languages	Speak	Write
Amharic (Native)	Fluent	Excellent
Tigrigna (Native)	Fluent	Excellent
English	Fluent	Excellent

Computer Skills:

I have satisfactory skill on computer

ADDITIONAL COMPETANCY

- Some research proposal experience in nursing process
- A quick learner with great attention to details.

HOBBY

- Browsing Internet
- Participating in Research activities
- Creating a new thing in relations to my professional fields
- Attending professional seminars
- Appreciating nature as well as visiting historical places

REFERENCES: recommendation

1. Dr. Zerihun Abebe (MD,Dermatology)

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2. Ato Gebregziabher Leakemariam

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3. Rezene Berhe(MD, internal medicine)

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Mekele, Ethiopia :Tel: +251-911-684522

CAREER OBJECTIVE

To be become a well-experienced professional nursing that can solve big problems that lead to the alleviation of the health problem of our world. I look forward to study in a graduate school with a dynamic environment where I can broaden my knowledge and simultaneously receive research experiences. In order achieve my objectives I will be interested:

- To continue my MSc study in a Health related program
- To carry out research activities and publish papers
- And finally, I would like to travel to different parts of the world to perform one or all of the above and to gain the benefits of cultural diversity.

APPENDICES IV: CURRICULUM VITAE OF ADVISOR

APPENDICE V: SIGNED DECLARATION

I THE UNDERSIGNED DECLARE THAT THIS THESIS IS MY ORIGINAL WORK AND HAS NOT BEEN PRESENTED FOR A DEGREE IN THIS OR ANY OTHER UNIVERSITY AND THAT ALL SOURCES OF MATERIALS USED FOR THIS THESIS HAVE BEEN DULY ACKNOWLEDGED.

NAME: ATSEDE FANTAHUN AREGAY

SIGNATURE: _____

PLACE: ADDIS ABABA UNIVERSITY

DATE OF SUBMISSION _____

THIS THESIS HAS BEEN SUBMITTED FOR EXAMINATION WITH MY APPROVAL AS THE UNIVERSITY ADVISOR.

NAME OF THE ADVISOR: ASRAT DEMISSE (RN, BSCN, MSCN, ASSIT.PROF.)

SIGNATURE _____

DATE _____