

EXAMINATION OF NURSING STUDENTS' PROFESSIONALISM ATTITUDES AND LEADERSHIP BEHAVIORS

HEMŞİRELİK ÖĞRENCİLERİNİN PROFESYONELLİK TUTUMLARI VE LİDERLİK DAVRANIŞLARININ İNCELENMESİ

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ABSTRACT

Background: Nursing is a branch of art and science-based on professional care. Nursing students' professionalism attitudes and leadership behaviors should be examined to provide them with proper undergraduate education to help them develop and practice professionalism.

Objective: To examine and describe professionalism attitudes and leadership behaviors among Turkish nursing students.

Methods: The study population consisted of all nursing students (N=382) of a university in the 2018-2019 academic year. The sample consisted of 311 voluntary students. Data were collected using a demographic characteristics form, the Instrument of Professionalism Attitude for Student Nurses (IPASN), and the Youth Leadership Qualities Scale (YLQS).

Findings: The mean age of participants was 20.13±1.56 years. Of participants, 81.4% were women, and 59.2% had an Anatolian high school degree. Participants had a mean IPASN and YLQS score of 65.03±15.90 and 3.80±0.75, respectively. They had the highest and lowest IPASN scores on the subscales "cooperation" (16.96±5.41) and "working in committees" (4.66±2.13), respectively. They had the highest and lowest YLQS scores on the subscales "trusting and being trustworthy" (3.98±0.84) and "the ability to communicate" (3.49±0.87), respectively. IPASN "cooperation" score was weakly positively correlated with YLQS total and subscale scores ($r=.177 - .290$; $p<0.01$).

Conclusion: Participants had low IPASN but high YLQS scores. Moreover, the higher the IPASN "cooperation" score, the higher the YLQS score. The results suggest that undergraduate education should focus on leadership, cooperation, and communication with interactive teaching methods to help nursing students develop professionalism and leadership qualities.

Keywords: Nursing, Leadership, Student, Professionalism, Attitudes

ÖZET

Giriş: Hemşirelik, profesyonel bakıma dayalı bir sanat ve bilim dalıdır. Hemşirelik öğrencilerinin mesleki tutumları ve liderlik davranışları, onlara profesyonellik geliştirmelerine ve uygulamalarına yardımcı olacak uygun lisans eğitimi sağlamak için incelenmelidir.

Amaç: Hemşirelik öğrencileri arasında profesyonel tutum ve liderlik davranışlarını incelemek ve tanımlamaktır.

Yöntemler: Araştırmanın evrenini 2018-2019 eğitim öğretim yılında bir üniversitenin tüm hemşirelik öğrencileri (N=382) oluşturmuştur. Örnekleme 311 gönüllü öğrenci oluşturmuştur. Veriler, demografik özellikler formu, Öğrenci Hemşireleri için Mesleki Tutum Ölçeği (IPASN) ve Gençlik Liderlik Nitelikleri Ölçeği (YLQS) kullanılarak toplanmıştır.

Bulgular: Katılımcıların yaş ortalaması 20.13±1.56 yıl idi. Katılımcıların %81.4'ü kadın, %59.2'si Anadolu lisesi mezunudur. Katılımcıların ortalama IPASN ve YLQS puanları sırasıyla 65.03±15.90 ve 3.80±0.75 idi. "İşbirliği" (16.96±5.41) ve "komitelerde çalışma" (4.66±2.13) alt ölçeklerinde sırasıyla en yüksek ve en düşük IPASN puanlarına sahiptir. YLQS puanları sırasıyla "güvenmek ve güvenilir olmak" (3.98±0.84) ve "iletişim kurabilme" (3.49±0.87) alt ölçeklerinde en yüksek ve en düşük puanlara sahiptir. IPASN "işbirliği" puanı ile YLQS toplam ve alt ölçek puanları arasında zayıf pozitif korelasyon vardı ($r=.177 - .290$; $p<0.01$).

Sonuç: Katılımcıların IPASN puanları düşük ancak YLQS puanları yüksekti. Ayrıca, IPASN "işbirliği" puanı ne kadar yüksek olursa, YLQS puanı da o kadar yüksek olur. Sonuçlar, lisans eğitiminin hemşirelik öğrencilerinin profesyonellik ve liderlik nitelikleri geliştirmelerine yardımcı olmak için etkileşimli öğretim yöntemleri ile liderlik, işbirliği ve iletişime odaklanması gerektiğini göstermektedir.

Anahtar Kelimeler: Hemşirelik, Liderlik, Öğrenci, Profesyonel, Tutumlar

1. INTRODUCTION

People today need to develop certain skills to keep up with advances in science and technology. This shows how important it is for professionals to put their knowledge and skills into practice to specialize in their fields to turn their jobs into professions (Altıok, 2014). Professionalism is an important feature of values and commitment (Kim-Godwin, Baek & Wynd, 2010). Nurses should also have professional skills because they play a key role in healthcare. Professionalism is a multidimensional concept and a complex and dynamic process that allows nurses to develop personal and professional skills (Alidina, 2013; Ghadirian, Salsali & Cheraghi, 2014). Nurses with professionalism are likely to provide better care and achieve more patient

satisfaction (Alidina, 2013; Mueller, 2015). Nursing is a scientifically rigorous discipline that requires up-to-date information. Therefore, we need professional nurses to improve the nursing profession (Lee & Fawcett, 2013; Adigüzel, Tanrıverdi & Özkan; 2011). Professionalism guides nurses' behaviors and changes their perspectives, allowing them to provide quality care and ensure patient safety (Çelik, 2018).

Professionalism and leadership are indispensable for nursing to shape the future. Professional nurses should be turned into influential leaders to achieve autonomy and empowerment. Leadership plays a key role, both in theory and in practice, in developing professionalism attitudes (Duygulu & Kubilay, 2008; Tanaka, Taketomi, Yonemitsu & Kawamoto, 2016). Nurses with leadership skills are likely to better understand patient needs and provide better care (Frankel, 2008). Clinical nurse leaders can communicate better with their patients and provide safe care, resulting in rapid recovery. Nurses with leadership skills make significant contributions to professionalism by participating in planning and formulating national health policies, providing appropriate learning environments for other nurses, playing an active role in the development of professionalism attitudes, beliefs, and roles, promoting professional skills, and sharing professional values with nursing students doing clinical clerkships (Nasrin, Soroor & Soodabeh, 2012; Özkan, Akın & Durna, 2015).

The American Nurses Association recognizes leadership as a professional nursing practice that all nurses should adopt. The American Association of Colleges of Nursing also suggests that all nursing students develop leadership skills starting from the first year of college and learn how to put them into practice in real-life clinical settings (Kozier, 2008; Abdrbo, 2012).

According to the World Health Organization report based on EU norms (WHO, 2009), nursing education should prepare students for real-life clinical settings and transform them into professionalism nurses with leadership skills who can perform research- and evidence-based interventions keep up with new developments in the field.

The international theme developed by the International Council of Nurses (ICN) for 2020 "Nurses: A Voice To Lead Nursing The World To Health" also offers insight on the significance of leadership in nursing practice worldwide. Moreover, the "Nursing Now Campaign" (2018-2020) advocates for more nurses in leadership positions and more opportunities for development at all levels (ICN, 2020).

Nurse educators, practitioners, and administrators should help students adopt professionalism attitudes and leadership behaviors to improve the profession and carry it into the future. They should use educational methods to provide students with the opportunity to discover their potential and develop leadership skills (Çelik, 2007; Özkan et al., 2015) because clinical nurses with leadership skills are likely to understand patients' mental and physical needs better and provide better care (Frankel, 2008). Leadership is the core of professionalism and is a part of nursing. Therefore, we need nurse leaders and administrators working at all levels of the healthcare system. Helping nurses to develop leadership behaviors and professionalism attitudes should be an integral part of nursing training. Although there is a body of research on the concepts of professionalism attitudes and leadership behaviors, there is no published research examining those qualities in nursing students. Therefore, this study examined and described professionalism attitudes and leadership behaviors among Turkish nursing students.

2. METHODS

2.1. Objective

This study aimed to determine professionalism attitudes and leadership behaviors among Turkish nursing students.

2.2. Design

This was a descriptive study.

2.3. Sample and Setting

The study population consisted of all nursing students (N=382) of a university in the 2018-2019 academic year. The sample consisted of 311 voluntary students (a participation rate of 81%).

2.4. Data Collection Tools

Data were collected using a demographic characteristics form, the Instrument of Professionalism Attitude for Student Nurses (IPASN), and the Youth Leadership Qualities Scale (YLQS).

The demographic characteristics form was based on a literature review conducted by the researchers (Çelik, 2018; Cansoy & Turan, 2016). The form consisted of ten multiple-choice (gender, education, etc.) and one open-ended (age, recommendation) questions.

The Instrument of Professionalism Attitude for Student Nurses (IPASN) is a 28-item scale developed by Hisar, Karadağ, and Kan (2010). It consists of eight subscales: contribution to the increase of scientific information load (six items); autonomy (three items); cooperation (five items); competence and continuous education (three items); participation in professional organizations and professional development (three items); working in committees (two items); community service (three items) and ethical codes and theory (three items). The total score ranges from 28 to 140, with higher scores indicating more professionalism attitudes. IPASN has a Cronbach's alpha of .90 (Hisar, Karadağ & Kan, 2010), which was .88 in this study.

The Youth Leadership Qualities Scale (YLQS) is a 40-item instrument developed by Cansoy and Turan (2016). It consists of seven subscales: (1) endeavor and the setting of a target, (2) the ability to communicate, (3) group skills, (4) trusting and being trustworthy, (5) decision-making skills, (6) problem-solving skills, and (7) responsibility. The total scale has a Cronbach's alpha of .92, while its subscales have a Cronbach's alpha of .70 to .80 (Cansoy & Turan, 2016). The scale had Cronbach's alpha of .97 in this study.

2.5. Data Collection and Analysis

The independent variables were sociodemographic factors, while the independent variable was professionalism attitudes. Data were analyzed using the Statistical Package for Social Sciences (SPSS, version 15) at a significance level of .05. Number, percentage, mean and standard deviation, Chi-Square, the Mann Whitney U test, and Pearson correlation coefficient were used for analysis.

2.6. Ethical Considerations

The study was approved by the Non-Interventional Ethics Committee of Kırıkkale University (Decision No: 2019.05.02), and institutional permission was obtained. Students were informed about the purpose and procedure of the study, and informed consent was obtained from those who agreed to participate

3. RESULTS

The mean age of participants was 20.13±1.56 years. Of participants, 81.4% were women, 29.6% were freshmen, 59.2% had an Anatolian high school degree, 6.8% were nurses, 44.1% chose the nursing profession because of job opportunities, and 71.1% were happy being a nurse (Table 1).

Table 1. Demographic Characteristics (n=311)

Demographic Characteristics	n	%
Mean Age	20.13 ± 1.56	
Gender		
Woman	253	81.4
Man	58	18.6
High School Degree		
Anatolian High School	184	59.2
Health Vocational High School	37	11.9
Regular High School	90	28.9
Grade Level (Year)		
Freshman	92	29.6
Sophomore	84	27.0
Junior	69	22.2
Senior	66	21.2
Working as a Nurse		
Yes	21	6.8
No	290	93.2
Job Satisfaction		
Yes	221	71.1
No	90	28.9

Participants had a mean IPASN score of 65.03±15.90. Their mean IPASN "contribution to the increase of scientific information," "autonomy," "cooperation," "competence and continuous education," "participation in professional organizations and professional development," "working in committees," "community service," and "ethical codes and theory" subscale scores were 14.23±5.96, 4.76±2.42, 16.96±5.41, 5.52±3.10, 6.79±3.09, 4.66±2.13, 5.96±2.75, and 6.09±2.66, respectively. Participants had a mean YLQS score of 3.80±0.75. Their mean YLQS "endeavor and the setting of a target," "the ability to communicate," "group skills," "trusting and being trustworthy," "decision-making skills," "problem-solving skills," and

“responsibility” subscale scores were 3.73 ± 0.86 , 3.49 ± 0.87 , 3.78 ± 0.88 , 3.98 ± 0.84 , 3.84 ± 0.92 , 3.89 ± 0.91 , and 3.93 ± 0.90 , respectively (Table 2).

Table 2. Distribution of IPASN and YLQS Subscale Scores

Scales	X \pm SD	Min-Max Score	Total Score Range
Contribution to the increase of scientific information	14.23 \pm 5.96	6-30	6-30
Autonomy	4.76 \pm 2.42	3-15	3-15
Cooperation	16.96 \pm 5.41	5-25	5-25
Competence and continuous education	5.52 \pm 3.10	3-15	3-15
Participation in professional organizations and professional development	6.79 \pm 3.09	3-15	3-15
Working in committees	4.66 \pm 2.13	2-10	2-10
Community service	5.96 \pm 2.75	3-15	3-15
Ethical codes and theory	6.09 \pm 2.66	3-15	3-15
IPASN Total Score	65.03\pm15.90	28-140	28-140
Endeavor and the setting of a target	3.73 \pm 0.86	1-5	1-5
Ability to communicate	3.49 \pm 0.87	1-5	1-5
Group skills	3.78 \pm 0.88	1-5	1-5
Trusting and being trustworthy	3.98 \pm 0.84	1-5	1-5
Decision-making skills	3.84 \pm 0.92	1-5	1-5
Problem-solving skills	3.89 \pm 0.91	1-5	1-5
Responsibility	3.93 \pm 0.90	1-5	1-5
YLQS Total Score	3.80\pm0.75	1-5	1-5

IPASN “cooperation” score was weakly positively correlated with YLQS total and subscale scores ($r=.177$ - $.290$; $p<0.01$). All IPASN subscale scores, except for cooperation, were weakly-to-moderately negatively correlated with YLQS subscale scores ($p<0.01$). IPASN and YLQS total scores were moderately negatively correlated ($r=-0.472$, $p<0.01$) (Table 3).

Table 3. Correlation between IPASN and YLQS Scores

Subscales and Total Scores	Endeavor and the setting of a target	Ability to communicate	Group skills	Trusting and being trustworthy	Decision-making skills	Problem-solving skills	Responsibility	YLQS Total Score
Contribution to the increase of scientific information	-.314** .000	-.311** .000	-.338** .000	-.246** .000	-.288** .000	-.224** .000	-.272** .000	-.361** .000
Autonomy	-.288** .000	-.215** .000	-.326** .000	-.337** .000	-.274** .000	-.302** .000	-.313** .000	-.344** .000
Cooperation	.252** .000	.244** .000	.280** .000	.227** .000	.236** .000	.177** .002	.220** .000	.290** .000
Competence and continuous education	-.306** .000	-.203** .000	-.304** .000	-.354** .000	-.320** .000	-.262** .000	-.301** .000	-.355** .000
Participation in professional organizations and professional development	-.382** .000	-.377** .000	-.381** .000	-.329** .000	-.328** .000	-.324** .000	-.354** .000	-.435** .000
Working in committees	-.301** .000	-.355** .000	-.347** .000	-.348** .000	-.311** .000	-.275** .000	-.296** .000	-.393** .000
Community service	-.398** .000	-.403** .000	-.471** .000	-.444** .000	-.392** .000	-.363** .000	-.438** .000	-.499** .000
Ethical codes and theory	-.334** .000	-.324** .000	-.415** .000	-.358** .000	-.377** .000	-.328** .000	-.368** .000	-.425** .000
IPASN Total Score	-.387** .000	-.373** .000	-.441** .000	-.392** .000	-.370** .000	-.339** .000	-.379** .000	-.472** .000

**Correlation is significant at the 0.01 level

4. DISCUSSION

Nursing is a branch of art and science-based on professional care. Nursing students’ professionalism attitudes and leadership behaviors should be examined to provide them with undergraduate education to help them develop and practice professionalism. This descriptive study investigated the relationship between professionalism attitudes and leadership behaviors in nursing students ($n = 311$). Participants had a mean IPASN score of 65.03 ± 15.90 and the highest score on the subscale “cooperation” (16.96 ± 5.41) (Table 2), indicating low professionalism. However, Karadağ et al. (2016) reported that senior nursing students had high professionalism (a mean IPASN score of 113.6 ± 15.0). Cerit, Dikmen, and Erol (2018) also found that nursing students had high professionalism (a mean IPASN score of 113.43 ± 15.39). Bayraktar, Yılmaz, and Khorshid (2016) also detected high professionalism in nursing students (a median IPASN score of 118). The differences in the findings across the studies are accounted for by differences in students’ perceptions of professionalism, interactions with the school, clinical experiences, and working groups (Kelly & Courts,

2007). Our result may be accounted for by the fact that nursing students are deprived of role models because there are not enough nurses and academics in clinical settings and not enough opportunities for clinical clerkships.

Participants had the highest score on the IPASN subscale “cooperation” (Table 2). Cooperation is defined as the relationship and interaction between healthcare professionals working together to achieve shared goals (Durmuş, Ekici & Yıldırım, 2018; Haire, 2010). Durmuş et al. (2018) found that nurses had moderate cooperation, but Durmuş and Erdem (2019) reported high cooperation among nursing students. Our participants had high cooperation, suggesting that nursing students develop cooperation skills during their undergraduate years, which is critical for professionalism.

Participants had the lowest score on the IPASN subscale “working in committees” (Table 2). Durmuş and Erdem (2019) also reported that nursing students had the lowest score on the IPASN subscale “working in committees.” This result shows that nursing students do not work in committees despite their cooperation skills. Therefore, universities should encourage nursing students to participate in committees actively and take on various roles and responsibilities. This will not only raise their awareness of working in committees but also help them develop the decision-making skills they will need in real-life clinical settings.

Participants had a high mean YLQS score (3.80 ± 0.75). They had the highest and lowest YLQS scores on the subscales “trusting and being trustworthy” (3.98 ± 0.84) and “the ability to communicate” (3.49 ± 0.87), respectively. It is pleasing that participants had a high YLQS score. The American Nurses Association recognizes leadership as a professional practice that all nurses should adopt (Abdrbo, 2012). Nurses with leadership skills can make professionalism decisions and manage themselves (İnanır, 2011). Abdrbo (2012) argues that universities should assess freshman nursing students’ leadership skills and modify the curriculum accordingly. Universities should identify nursing students with leadership skills and provide them with the opportunity to improve those skills (İnanır, 2011). However, only few universities in Turkey offer undergraduate courses on leadership (Selçuk University Nursing, 2020; Yeditepe University Nursing, 2020). Therefore, undergraduate nursing departments should offer more courses on leadership, and undergraduate education should focus more on leadership in general.

Participants had the lowest YLQS score on the subscale “the ability to communicate” (Table 2). Nursing students cannot communicate as well as they should because they do not know themselves well and have difficulty understanding other people’s needs (Cansoy & Turan, 2016). Therefore, universities should revise their courses on communication skills and provide nursing students with the opportunity to put theory into practice to help them develop communication and leadership skills.

A significant result was that participants had high “trusting and being trustworthy” scores. Trustworthy people who trust others have consistent behaviors and moral and ethical standards. Trust is critical for interaction. Trustworthy people help others, listen to their problems and try to solve them, and build relationships based on trust (Cansoy & Turan, 2016). Kol et al. (2017) state that the most important nursing care criteria for patients are accessibility and trust. Patients want to trust nurses and expect them to be there for them. Our participants see “trusting and being trustworthy” as an essential leadership quality that all nurses should possess to build trust and provide quality care.

IPASN “cooperation” score was weakly positively correlated with YLQS total and subscale scores ($p < 0.01$), suggesting that nurses without leadership skills have difficulty cooperating with their patients and colleagues or other healthcare professionals, resulting in inadequate care and prolonged recovery (Millward & Bryan, 2005). Leadership is critical for nursing students to develop cooperation skills. Leadership and cooperation affect each other. A culture of cooperation is necessary for leadership, but leaders are also responsible for passing that culture of cooperation down to future nurses (Millward & Bryan, 2005). Therefore, undergraduate education should encourage nursing students to develop leadership skills and put them into practice in real-life clinical settings.

There was a moderate negative correlation between IPASN and YLQS total scores (Table 3). Leadership plays a crucial role in acquiring and developing professionalism attitudes (Tanaka et al., 2016). The negative correlation between IPASN and YLQS total scores may be because participants had quite low professionalism.

5. CONCLUSION

The results showed that nursing students had low professionalism but high leadership quality. They had the highest IPASN score on the subscale “cooperation” and the lowest score on the subscale “working in

committees.” They had the highest YLQS score on the subscale “trusting and being trustworthy” and the lowest score on the subscale “the ability to communicate.” Moreover, those with higher cooperation scores also had higher YLQS scores. These results suggest that undergraduate education should involve interactive teaching methods to address the concepts of leadership, cooperation, and communication to help nursing students develop professionalism and leadership qualities.

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