**PROFESSIONALISM AMONG NURSE EDUCATORS OF NOTHEN INDIAN STATES**

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**Abstract**

Nursing profession is known for commitment, compassion, caring and strong ethical values. Constant professional development of the nurses results into accountability and responsibility for insightful practice. A cross-sectional descriptive survey was planned to assess and compare the level of professionalism among nurse educators. A total of 343 samples were recruited using maximum variation sampling from the 37 institutions of the selected north Indian states. Flexner criterion of professionalism was used to assess the level of professionalism. Result revealed that the overall level of professionalism according to Flexner criteria was low among the study subjects. State wise level of professionalism was highest among nurse educators from Punjab as compare to Haryana and Rajasthan. Participant’s characteristics such as age, native place, 10+2 background, college of final degree attainment, professional qualification**,** professional experienceand current designation were significantly associated with their overall level of professionalism. Similarly organization’s characteristics such as courses offered by the institution, college location and institution associated with medical collegewere found to be associated with the overall level of professionalism among the subjects. Study was concluded that the overall score of study participants on Flexner criteria of professionalism was low and influenced by the number of personal, professional and organizational factors.

**Key words:-**  **Nurse educators, Level of professionalism, Flexner criteria, Professional Behavior, North Indian states.**

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**INTRODUCTION**

Profession offer needed service to the society and exhibit characteristics of autonomy, expertise, rigorous academic preparation, dedication and responsibility. Professionalism is a conduct, goals or qualities that characterize or mark a profession or a professional person.**”**(1)**.**

Professionalism is a multi-dimensional concept; there is no single, generalizable definition, or how to assess it. However it can be assessed by considering its individual (attributes, capacities, and behaviors), 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(2)**.**

Patients expect to be cared for by nurses who are not only competent but also behave professionally, so students must be educated to develop professional qualities and professionalism. The professional values must underpin education as well as practice (NMC, 2010). Much has been written on the qualities of an effective role model and the potential barriers to become one. Nurse educators are in the unique position to provide students with professional insight and political awareness into health policy issues(3).

Professionalization is the process through which a person becomes socialized into a profession. It is viewed as a process by which a person acquires the knowledge, skills, and sense of occupational identity, characteristic of a professional involves the internalization of the values and norms of a professional group(1). In nursing, the process of professional socialization begins during the foundational educational programs when nurses internalize the knowledge, skills, attitudes and professional standards and develop their own professional identity. This internalization of professional socialization continues as the nurse practices in the real world. Goal of professional socialization is the development of professionalism**.** Thus, it is generally understood that practicing nurses integrate professionalization or professionalism into their nursing practice (4).

**REVIEW OF LITERATURE**

From social science literature of the 1950’s and 1960’s, levels of professionalism were based on the possession of certain characteristics. Social scientists described professions as possessing sets of structural and attitudinal attributes that set them apart from occupations (5)**.** In 2003 the Registered Nurses’ Association of Ontario (RNAO) commenced the development of evidence-based best practice guidelines in order to create healthy work environments for nurses. The healthy work environments best practice guidelines (RNAO-BPG) on ‘Professionalism in Nursing’ to examine the attributes that are fundamental to nursing professionalism. This BPG directs nurses on what to do or how to behave in professional situations (1)**.**

Adams, Miller and Beck reported that nursing professionalism requires nurses to demonstrate specific behaviours that illustrate the beliefs of the nursing profession(6)**.**These behaviours encompass the knowledge, attitudes and skills that represent the professional identity of nurses and their commitment to the profession (7)**.**

Davis in 2012 highlighted the significance of educational preparation in socializing nursing students into their professional nursing role. He views the socialization of nursing students as “the process by which the students passes from identification with a ‘lay’ to a ‘professional’ culture.” Davis believes that the education programs and exposure to nursing academic faculty enables nursing students to internalize the skills, knowledge, and values associated with the professional nursing role(1)**.**

European commission’s report “communication on teacher education” stated that teacher’s quality is significantly and positively correlated with pupil attainment. Teachers help in shaping and reshaping the society and determine the quality of life in the community and the nation. Most effective way to develop good students in a dynamic and changing environment is to begin with a well developed education program and continue throughout career with long learning opportunities. Each society, therefore, should make some provision for good education and continuous professional development of teachers and students in order to help them contribute in the growth of society. There is ample empirical research evidence to suggest that students’ professionalism is significantly related to the professional values and preparation of teachers(8)**.**

In the current changing situation where a large number of professional nurses are required globally hence the responsibility of the nurse educator further increases not only to prepare more professional nurses but also maintain high level of professionalism among self. This increased demand of nurses further leads to commercialization of the nursing institutions and promoting privatization(9)**.**

A research based article published in nursing ethics in Jan 2005 stated that the vast majority of research in nursing ethics over the last decade indicates that nurses may not be fully prepared to deliver the goods for their patients or to contribute appropriately in the wider current health care climate. Number of ideas gleaned from recent research about the current nature of nursing especially teaching nursing ethics to the student nurse. This article concluded that the nurse educators should re-examine their teaching practices with a view to enhance good ethics and professionalism in nursing practice through educational means (3)**.**

Nurses with a higher degree of professionalism have been reported to have enhanced levels of education and training, increased scholarship and involvement in research activities, and increased job satisfaction. On the other hand, decreased levels of professionalism have been suggested to lead to negative outcomes including increased turnover and attrition(1)**.**

Increased levels of professionalism have also been associated with outcomes of improved nursing performance and personal autonomy, ability to think critically, ability to reflect on practice, and empowerment(10)**.**

The medical and nursing profession has traditionally enjoyed a highly respected position in Society. This position is threatened not only by the overt unprofessional behaviour and attitudes of some individual, but also by ongoing changes in the health care system. Rapid advancement in medical knowledge and technology are putting increased pressure on nursing professionals to possess huge quantities of information, with requirement of continuous learning and updating knowledge and skills are time consuming but essential. Changes in the health care system have created a competitive environment with new associated stress factors. All these changes have created an environment that may have a negative impact on professional behaviour. These new demands and the expectations of the public have altered the image of medical and nursing professionals. Professionalism once ingrained in that image, must be preserved and enhanced(9)**.**

Both practice and academic staff are able to exemplify behaviours and attitudes that directly influence the development of professionalism. While nursing students are taught professionalism through formal curricula, they commonly experience workplace-based professionalism dilemmas(11)**.**

**Objectives**

1. To assess and compare the level of professionalism among nurse educators from different states using Flexner criteria of professionalism.
2. To determine association between the level of professionalism among nurse educators with their selected socio- demographic and organization’s characteristics.

**Hypothesis**

**H1:** There is significant difference in the mean score, Flexner criteria of professionalism among nurse educators from different states (Punjab, Haryana and Rajasthan) at 0.05 level of significance.

**H4**. There is significant association between mean score Flexner criteria of professionalism and selected socio- demographic and organization’s characteristics of nurse educators r at 0.05 level of significance.

**Material and method**

**Design and sample**

This study used cross sectional descriptive survey design to determine the level of professionalism among nurse educators working under various nursing educational institutions of selected north Indian states (Punjab, Haryana and Rajasthan). Ethical permission was obtained from the IEC of saraswati nursing institute, Kurali. 343 nurse educators from 37 nursing institutions were selected based on power analysis, using maximum variation sampling.

**Data collection**

From February through July 2018 data was collected by the investigator. Institutions in the each predetermined state-wise zone were listed and principals were requested for permission of data collection. Principals were also requested to provide a person from their institutions who can help and coordinate between researcher and the prospective participants of the study. Study tools in most of the institutions were sent along with the return addressed envelope via registered parcel service of Indian post office. A total of 388 questionnaires were distributed from that 343 completed questionnaires were received. A standardized criteria of professionalism developed by Flexner (1915) was used to assess the nurse educator’s level of professionalism. Tool consist of six criteria that includes Conference/workshop participation in last one year, Authored publications, Membership of professional organization/s, Participation in continuous nursing education program/s, Subscription of professional journals and Advance course in nursing skills. Dichotomous response (yes/no) for each item was framed where scores for the entire scale may range from 0 to 6, with higher scores indicative of higher level of professionalism. Data related to socio-demographic/ professional and organizational characteristics of study participants were collected. Implied consent was obtained from the subjects.. The statistical analysis program SPSS Version 22 was used to analyze the data.

**Data analysis**

Data was checked for outliers, wild codes, irregularities and internal consistency by testing compatibility of data within participants. Frequency distribution on variable-variable basis was performed to assess the extent of and patterning of missing values. Overall the percentage of missing data was very less (less than 3%). Data quality was also checked in terms of limited variability and extreme skewness. Descriptive statistics i.e. frequencies, mean, median, percentage, and standard deviation and inferential statistics i.e. One way ANOVA was used to analyze data. .Two sided significance tests were used throughout and the level of significance was set at< 0.05.

**Findings**

**Sample characteristics**

Demographic characteristics of study subjects revealed that majority (67.9%) of the survey participants were female whereas 110 (32.1%) were male. Most of the subjects (86.8%) were from medical background and more than half (52.18%) were having post graduation or above degree in nursing. Majority (76.0% &71.72%) completed their final degree of nursing from private institution and had up to 5 years of professional experience at their credit respectively. **(Table 1)**

**Table 1: Frequency distribution of study participants as per their demographic characteristics. (n=343)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Demographic variables | | State | | | Total |
| **Punjab**  **f(%)** | **Haryanaf(%)** | **Rajasthanf(%)** |
| Gender | Male | 11(9.4) | 14(13.0) | 85(72) | 110(32.1) |
|  | Female | 106(90.6) | 94(87.0) | 33(28) | 233(67.9) |
| Professional Qualification | B.Sc. Nursing | 41(35) | 43(39.8) | 45(38.1) | 129(37.6) |
| P. B. Nursing | 08(6.8) | 14(13) | 13(11) | 35(10.2) |
| M.Sc. Nursing | 66(56.4) | 51(47.2) | 55(46.6) | 172(50.1) |
| PhD Nursing | 02(1.7) | 0 | 05(4.2) | 07(02) |
| College of final degree  attainment | Private | 82(70.1) | 85(78.7) | 93(79.5) | 260(76) |
| Government | 35(29.9) | 23(21.3) | 24(20.5) | 82(24) |
| Professional Experience in completing years | 6 months -1 | 23(19.7) | 54(50) | 30(25.4) | 107(31.2) |
| 2-5 | 62(53.0) | 40(37) | 37(31.4) | 139(40.5) |
| 6-8 | 14(12.0) | 07(6.5) | 21(17.8) | 42(12.2) |
| 9-12 | 11(9.4) | 06(5.6) | 15(12.7) | 32(9.3) |
| Above 12 | 07(6.0) | 01(0.9) | 15(12.7) | 23(6.7) |

**Organizational characteristics of study subjects**

Findings presented in table 2 depicts that majority of the survey participants 241(70.3%) were working in the private institutions. More than half (51.9%) were working with the institutions running under-graduate courses (BSc/ Post basic) whereas 132(38.5%) were working with institutions running both UG and PG courses (BSc/ Post basic & MSc Nursing). Majority (72.6%) were working in the colleges attached with parental hospital and 102 (29.7%) in the institutions attached with medical colleges.

**Table 2: Frequency distribution of study participants as per their organization’s characteristics (n=343)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Demographic variables | | Punjab  f(%) | Haryana f(%) | Rajasthan f(%) | Total f(%) |
| Nature of College Management | Private | 67(57.3) | 95(88) | 79(66.9) | 241(70.3) |
| Government | 31(26.5) | 3(2.8) | 31(26.3) | 65(19) |
| Missionary | 10(8.5) | 01(.9) | 0 | 11(3.2) |
| Deemed University | 09(7.7) | 09(8.3) | 08(6.8) | 26(7.6) |
| Nursing courses offered by the institution | B.Sc./Post Basic | 33(28.2) | 73(67.6) | 72(61) | 178(51.9) |
| M.Sc. & B.Sc./Post basic | 64(54.7) | 26(24.1) | 42(35.6) | 132(38.5) |
| PhD, M.Sc. B.Sc./Post Basic | 20(17.1) | 09(8.3) | 04(3.4) | 33(9.6) |
| Parental Hospital | Yes | 69(59) | 74(68.5) | 106(89.8) | 249(72.6) |
| No | 48(41) | 34(31.5) | 12(10.2) | 94(27.4) |
| Medical college | Yes | 33(28.2) | 21(19.4) | 48(407) | 102(29.7) |
| No | 84(71.8) | 87(80.6) | 70(59.3) | 241(70.3) |

**Description of survey participants as per the Flexner criteria of professionalism**

Study subjects were assessed against Flexner criteria of professionalism. Among the participants, 80(23.3%) had certifications of advance courses in nursing skills. More than half (58.0%) of the participants reported that they have participated in one or more workshops/ conference in last one year. Only 61(17.78%) participants had one or more research publication/s. More than half (50.4%) of the study participants were having membership of professional organization(s).Majority (95.0%) of the participants had not enrolled themselves with any continuous nursing education program. Of the total only 43(12.5) study participants had subscription of nursing/ research journal/s **(Table 3).**

**Table 3: Frequency distribution of survey participants as per the Flexner criteria of professionalism.(n=343).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Advance courses in nursing skills |  | Punjab f(%) | Haryana f(%) | Rajasthan f(%) | Total  f(%) |
| **Yes** | 30(25.6) | 22(20.4) | 28(23.7) | **80(23.3)** |
| **No** | 87(74.4) | 86(79.6) | 90(76.3) | **263(76.7)** |
| Workshops/ conference attended in last one year | **Yes** | 84(71.8) | 59(54.6) | 56(47.5) | **199(58)** |
| **No** | 33(28.2) | 49(45.4) | 62(52.5) | **144(42.0)** |
| Research publication | **Yes** | 32(27.4) | 23(21.3) | 6(5.1) | **61(17.78)** |
| **No** | 85(72.6) | 85(78.7) | 112(94.9) | **282(81.92)** |
| Membership of professional organization(s) | **Yes** | 86(73.5) | 33(30.6) | 54(45.8) | **173(50.4)** |
| **No** | 31(26.5) | 75(69.4) | 64(54.2) | **170(49.6)** |
| CNEs attended in last one year | **Yes** | 05(4.3) | 05(4.6) | 07(5.9) | **17(5.0)** |
| **No** | 112(95.7) | 103(95.4) | 111(94.1) | **326(95.0)** |
| Subscriber of nursing journal | **Yes** | 18(15.4) | 08(7.4) | 17(14.4) | **43(12.5)** |
| **No** | 99(84.6) | 100(92.6) | 101(85.6) | **300(87.5)** |

**Assessment of professionalism among study participants**

The overall mean percentage score of professionalism among study participants as per the Flexner criteria was 33.04% with the Mean±SD of 1.986±2.03. State wise level of professionalism was highest among participants from Punjab (43.16%) with mean±SD of 2.58±1.8787 as compare to participants from Haryana (29.01%) with mean±SD of 1.74±.2.06 and Rajasthan (26.69%) with mean±SD 1.60±2.04**.( Table 4).** Further ANOVA test found that the observed mean difference in the score of study participants was statistically significant **(P=.000).(Table 5)**

**Table 4a: Level of professionalism among study participants as per the Flexner criteria**

**(n=343)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| State | N | Mean | Std. Deviation | Std. Error | Mean percentage | 95% Confidence Interval for Mean | |
| **Lower Bound** | **Upper Bound** |
| Punjab | 117 | 2.5897 | 1.87154 | .17302 | 43.16 | 2.2470 | 2.9324 |
| Haryana | 108 | 1.7407 | 2.06606 | .19881 | 29.01 | 1.3466 | 2.1349 |
| Rajasthan | 118 | 1.6017 | 2.04287 | .18806 | 26.69 | 1.2292 | 1.9741 |
| Total | **343** | **1.9825** | **2.03615** | **.10994** | **33.04** | **1.7663** | **2.1988** |

**Table 4b: Level of professionalism among study participants as per the Flexner criteria (n=343)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sum of Squares | Df | Mean Square | F | Sig. |
| Between Groups | 66.567 | 2 | 33.283 | 8.374 | .000\*\* |
| Within Groups | 1351.328 | 340 | 3.974 |
| Total | 1417.895 | 342 |  |

**Association between professionalism score and organizational characteristics**

Participant’s characteristics such as college of final degree attainment (P=**.011\*)**, professional qualification (P=**.000\*\*),** professional experience (P=**.002\*),** and current designation (P=**.017\*)**,duration of establishment**(P=.015\*)**, courses offered by the institution **(P=.000\*\*)**,college location**(P=.002\*)** and institution associated with medical college**(P=.001\*)** were found to be associated with overall level of professionalism**.(TABLE 5 &6)**

**Table 5: Association between level of professionalism and selected socio-demographic variables of survey participants (n=343)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants characteristics | | Level of Professionalism  f(%) | |  |  |
| **<median** | **> =median** | **Chi-Square** | **P Value** |
| College of final degree attainment | Private | 137 (52.7) | 123 (47.3) | 6.473 | **.011\*** |
| Government | 30 (36.6) | 52 (63.4) |
| Professional Qualification | B.Sc. Nursing | 86 (66.7) | 43 (33.3) | 46.478 | **.000\*\*** |
| Post Basic Nursing | 25 (71.4) | 10 (28.6) |
| M.Sc. Nursing | 55 (32.0) | 117 (68) |
| PhD in Nursing | 01 (14.3) | 06 (85.7) |
| Professional Experience in years | 6 months -1 | 67 (62.6) | 40 (37.4) | 16.462 | **.002\*** |
| 2-5 | 62 (44.6) | 77 (55.4) |
| 6-8 | 21 (50.0) | 21 (50.0) |
| 9-12 | 09 (28.1) | 23 (71.9) |
| Above 12 | 08 (34.8) | 15 (65.2) |
| Current Designation | Clinical instructor | 97 (57.7) | 71 (42.3) | 12.002 | **.017\*** |
| Lecturer | 54 (39.1) | 84 (60.9) |
| Associate Professor | 09 (42.9) | 12 (57.1) |
| Professor | 03 (37.5) | 05 (62.5) |
| Principal | 04 (66.7) | 02 (33.3) |
| College management | Private | 142 (58.9) | 99 (41.1) | **35.886** | **.000\*\*** |
|  | Government | 19 (29.2) | 46 (70.8) |  |  |
|  | Missionary | 01 (9.1) | 10 (90.9) |  |  |
|  | Deemed University | 05 (19.2) | 21 (80.8) |  |  |
| Duration of Establishment in years | 0-5 | 56 (52.3) | 51 (47.7) | **12.312** | **.015\*** |
|  | 6-10 | 63 (58.9) | 44(41.1) |  |  |
|  | 11-15 | 29 (39.7) | 44 (60.3) |  |  |
|  | 16-20 | 14 (35) | 26 (65.0) |  |  |
|  | Above 20 | 05 (31.3) | 11 (68.8) |  |  |
| Courses offered | B.Sc./Post Basic | 110 (61.8) | 68 (38.2) | **27.208** | **.000\*\*** |
|  | M.Sc. & B.Sc./Post basic | 49 (37.1) | 83 (62.9) |  |  |
|  | PhD , M.Sc. & B.Sc./post basic | 08 (24.2) | 25 (75.8) |  |  |
| College Location | Urban | 105 (52.0) | 97 (48.0) | **12.043** | **.002\*** |
|  | Semi-urban | 41 (56.9) | 31 (43.1) |  |  |
|  | Rural | 21 (30.4) | 48 (69.6) |  |  |
| Parental hospital | Yes | 125 (50.2) | 124 (49.8) | **0.832** | **.362** |
|  | No | 42 (44.7) | 52 (55.3) |  |  |
| Medical College | Yes | 35 (34.3) | 67 (65.7) | **12.006** | **.001\*** |

**\* Significant at 0.05, \*\* Significant at 0.01 (Median=2)**

**Table 46: Association between level of professionalism and organization’s characteristics of survey participants**

**N=343**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants characteristics | | Level of Professionalism  f(%) | |  |  |
| **<median** | **> =median** | **Chi-Square** | **P Value** |
| College management | Private | 142 (58.9) | 99 (41.1) | **35.886** | **.000\*\*** |
| Government | 19 (29.2) | 46 (70.8) |
| Missionary | 01 (9.1) | 10 (90.9) |
| Deemed University | 05 (19.2) | 21 (80.8) |
| Duration of Establishment in years | 0-5 | 56 (52.3) | 51 (47.7) | **12.312** | **.015\*** |
| 6-10 | 63 (58.9) | 44(41.1) |
| 11-15 | 29 (39.7) | 44 (60.3) |
| 16-20 | 14 (35) | 26 (65.0) |
| Above 20 | 05 (31.3) | 11 (68.8) |
| Courses offered | B.Sc./Post Basic | 110 (61.8) | 68 (38.2) | **27.208** | **.000\*\*** |
| M.Sc. & B.Sc./Post basic | 49 (37.1) | 83 (62.9) |
| PhD , M.Sc. & B.Sc./post basic | 08 (24.2) | 25 (75.8) |
| College Location | Urban | 105 (52.0) | 97 (48.0) | **12.043** | **.002\*** |
| Semi-urban | 41 (56.9) | 31 (43.1) |
| Rural | 21 (30.4) | 48 (69.6) |
| Parental hospital | Yes | 125 (50.2) | 124 (49.8) | **0.832** | **.362** |
| No | 42 (44.7) | 52 (55.3) |
| Medical College | Yes | 35 (34.3) | 67 (65.7) | **12.006** | **.001\*** |
| No | 132 (54.8) | 109 (45.2) |

**\* Significant at 0.05, \*\* Significant at 0.01 (Median=2)**

**Discussion**

Present study revealed that the overall level of professionalism among nurse educators was low (Mean% 33.04). This is in consistence with the findings of wynd 2003 where Korean American RNs were reported of having low level of professionalism(9)**.** Tanaka et al. 2016 revealed that Japanese nurses had low levels of professionalism(12). Çelik and Hisar in 2012 also reported that the mean score, level of professionalism among nurses was low and was statistically significant in the positive direction with job satisfaction(13)**.** Dikmen et al. 2016 in a study revealed that professional behaviour of nurses was at a low level and working conditions affect their professional behaviours(14)**.**

It was observed that the level of professionalism among nurse educators was significantly related to the age, professional qualification, experience, college of final degree attainment and designation. These findings are consistent with the available literature. Tanaka et al. 2016 reported that professionalism was significantly related to higher educational preparation, years of experience, and current position as a nursing administrator or faculty(12). Kim-Godwin, Baek, and Wynd 2010 reported that current position in the nursing (designation), current employment status, work setting, total years of nursing experience, location of final degree attainment, and duration of nursing education were associated with level of professionalism(15)**.**

Similar findings were reported by Wynd 2003 where higher educational degree in nursing, years o f experience, other certifications and membership in professional organizations found significant association with professionalism of nurses (9).

In the present study many personal factors such as age, gender, professional qualifications of nurse educators perceived by the subjects were found to be associated with their professionalism. In the present study majority of the participants perceived their qualification to be influencing their professionalism positively. Study participants with post graduation or above degree (M.Sc./Ph.D) scored high on Flexner criteria of professionalism. Similarly Bang et al. 2011, Martin, Yarbrough, and Alfred 2003 reported a positive correlation between educational level and professional values scores among students (16,17). Fantahun et al. 2014 revealed that age of respondents, work setting and work experience of the nurses significantly correlated with their professionalism(18)**.** Chnug and Ko 2004 stated that professionalism of nurses differ according to their age, academic qualification, work experience and position (19).

In the present study current designation of the nurse educators was significantly associated with the overall level of professionalism**.** It was found consistence with the findings of the Adams, Miller, and Beck 1996 who revealed that present position of the nurse educators was positively correlated with variables observed among the respondents who possessed a copy of the code for nurses(6).

**Implications of the study**

The findings of this study have several implications. Poor professionalism is a major concern for the nurse educators, students, accreditation bodies and government. 'Findings of the present study can help to the governing/regulating authorities to review policies that that affect professionalism of nurse educators and students**.**  Similarly accreditations bodies need to identify major concerns and challenges and finally determine their focus area to ensure quality and uniformity of nursing education**.** Woods 2005(3)stated thatstudents must be educated to develop professional qualities and professionalism and nurse educators are in the unique position to provide students with professional insight and awareness into health policy issues. Woods also describe that if nurses are educationally better prepared to exercise their ethical decision making skills, why does practice based improvements remain elusive? Hence a number of ideas gleaned from recent research about the current nature of nursing especially teaching nursing ethics to the student nurse.

The nursing college principals, administrators and policy makers should work in collaboration with the educational institutions to explore concerns related to professionalism and ethics and establish an environment that nurtures professionalism.The nurse leaders must lobby to make policies by the government to increase social/political recognition of nursing profession and provide greater access to information related to professional activities. Institutions should consider implementing multidisciplinary discussions specific to professional issues and professionalism. Schutzenhofer and Musser(10) reported that increased levels of professionalism have also been associated with outcomes of improved nursing performance and personal autonomy, ability to think critically, ability to reflect on practice, and empowerment. On the other hand Boyle, Popkess-Vawter, and Taunton 1996(20)reported that decreased levels of professionalism have been suggested to lead to negative outcomes including increased turnover and attrition.

**Limitations of the study**

Several limitations to this study deserve consideration. First, we only included those nurse educators working with the degree nursing educational institutions which are located into the selected north Indian states. Second, despite rigorous research design and maximum variation sampling, most of the study participants were of young age and belonged to private organizations thus, findings might have limited generalizability. Third, this study used self report method to collect data that may produce social desirability (responses) bias among study participants therefore more precise measuring instruments, to assess actual professional behavioral characteristics may provide more information to assess behavioral indicators of professionalism along with the attributes. Further studies are needed to examine the effect of poor professionalism of nurse educators on the profession. Future research also should focus on the development of observational measures of professionalism and also replicate the study and extend the findings with using larger sample from a wider professional range. Research at the international level is warranted to examine whether any similarities or differences exist in the professionalism among nurse educators across other countries.

**Conclusion**

The overall score of the nurse educators on Flexner criteria of professionalism was low and this must be consider as an alarming signal for the nursing profession and all stakeholders. Everyone must understand their own professional values and beliefs and must be open and honest in their communication, professional knowledge, attitudes, and responsibilities. Nursing profession in today’s scenario moving rapidly towards more privatization and corporate industrialism, it is nurse educator’s responsibility to ensure the integrity and maintain professionalism in their dealings. The violations of professional values not only creates a climate of bitterness, but resonate negative impact on the profession.

**Author contribution**

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**Declaration of interest**

The authors report no declarations of interest.

**Conflict of Interest**

None of the authors of the study entitled **Professionalism among nurse educators of nothen Indian states** has any actual or potential conflict of interest including any financial, personal, or other relationships with people or organizations that could inappropriately influence or be perceived to influence this work.

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