Western Journal of Nursing Research
35(2) 248–271

DOI: 10.1177/0193945911408623
http://wjn.sagepub.com

Perceptions of Professionalism Among Nursing Faculty and Nursing Students

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Abstract

Although there is no consensus about the definition of professionalism, some generally recognized descriptors include knowledge, specialization, intellectual and individual responsibility, and well-developed group consciousness. In this study, Q-methodology was used to identify common viewpoints about professionalism held by nursing faculty and students, and four viewpoints emerged as *humanists*, *portrayers*, *facilitators*, and *regulators*. The *humanists* reflected the view that professional values include respect for human dignity, personal integrity, protection of patient privacy, and protection of patients from harm. The *portrayers* believed that professionalism is evidenced by one's image, attire, and expression. For *facilitators*, professionalism not only involves standards and policies but also includes personal beliefs and values. The *regulators* believed that professionalism is fostered by a workplace in which suitable beliefs and standards are communicated, accepted, and implemented by its staff. The differences indicate that there may be numerous contextual variables that affect individuals' perceptions of professionalism.

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Keywords

nursing professionalism, nursing perception, Q-methodology, Q-sort

Many health care professions struggle with the notion of professionalism: defining it, encouraging its development, and ensuring novices acquire adequate knowledge of the generally accepted mores of the profession. Although the challenge of defining and understanding professionalism is not new, it has become more critical for health care professions due to the changing nature of work and generational differences (Blythe et al., 2008), which could lead to misunderstandings, and unrealistic and unclear expectations. It is within this context that examining professionalism is particularly relevant today.

The Concept of Professionalism

Health professionals apply the attributes of professionalism daily in the context of their practice whether in clinical care, research, education, or administration. Although there is no consensus in the literature about the meaning or definition of professionalism, there are some generally recognized descriptors or characteristics. As early as 1915, Flexner identified certain, still relevant, characteristics of professionalism, including knowledge, specialization, intellectual and individual responsibility, and well-developed group consciousness (Flexner, 1915).

The concept of professionalism has not been scrutinized by the usual methods of research owing in part to its multifaceted nature and broad descriptors that are not easily defined for testing in the traditional sense. Theoretical approaches to the exploration of professionalism were found more commonly in the social sciences and humanities and routinely focused on facets of professionalism, such as autonomy (Dwyer, Schwartz, & Fox, 1992), ethical competency (Lutzen, Dahlqvist, Eriksson, & Norberg, 2006), advocacy (Hanks, 2005, 2007, 2008), specialized knowledge (Flexner, 1915; Gould, Berridge, & Kelly, 2007), and altruism (Coulter, Wilkes, & Der-Martirosian, 2007). An extensive review of the literature yielded mostly descriptive research that focused on specific attributes of professionalism, such as autonomy (Ballou, 1998), accountability (Batey & Lewis, 1982), advocacy (Altun & Ersoy, 2003), and ethics and values (Leddy & Pepper, 1998).

From the quantitative perspective, the literature contains several instruments that measure various aspects of professionalism in combination with the practice environment (Baumann & Kolotylo, 2009), professional nursing practice models (Aiken, Sochalski, & Lake, 1997; Mark, Salyer, & Wan, 2003), and magnet hospitals, professional practice environments, and nurse burnout

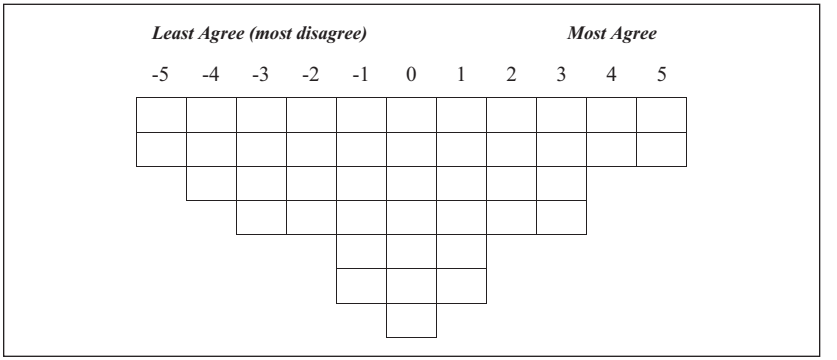

Figure 1. Q-sort table

(Aiken & Patrician, 2000). Despite attempts to describe professionalism by a variety of disciplines, the need remains for further exploration of attributes that foster professionalism (Registered Nurses Association of Ontario, 2007). Although nurses clinically apply the attributes of professionalism daily in the context of their practice, whether they practice in clinical care, research, education, policy, or administration, little is known about the perceptions of nurses on this topic. In particular, little is known about the perspectives of nursing students and nursing faculty about professionalism. In this study, viewpoints of nursing students and nursing faculty about professionalism are explored using Q-methodology, which offers a unique combination of qualitative and quantitative techniques. The intent was to conduct further studies with nurses from all areas of practice and eventually to use a multidisciplinary approach to the study of professionalism.

Method

Q-methodology was used to identify common viewpoints held about professionalism by nursing faculty and students. This study was conducted in two phases; in Phase 1, an instrument, a Q-sort table (Figure 1), and a short demographic questionnaire were developed and were then used in Phase 2 for data collection.

Q-Methodology

Although Q-methodology was introduced in 1935 (Stephenson, 1935a, 1935b) and has been used sporadically since then, it is now becoming a more widely

used and accepted research method because of the recent advances in its statistical analytic component (McKeown & Thomas, 1988). Q-methodology is used to identify unique viewpoints as well as commonly shared views on a research topic. It is particularly valuable in research that explores human perceptions and interpersonal relationships (Dennis, 1986). This methodology has been used in many health-related research areas, including the evaluation of job satisfaction of nurses (Chinnis, Summers, Doerr, Paulson, & Davis, 2001), clinical decision making (McCaughan, Thompson, Cullum, Sheldon, & Thompson, 2002), evaluation of web conferencing in teaching (Valaitis, Akhtar-Danesh, Eva, Levinson, & Wainman, 2007), and simulation use in nursing education (Akhtar-Danesh, Baxter, Valaitis, Stanyon, & Sproul, 2009).

Q-methodology is a combination of qualitative and quantitative techniques that allows researchers to identify groups of participants with similar and alternate viewpoints (Akhtar-Danesh, Baumann, & Cordingley, 2008). In using this method, the goal is usually to uncover different patterns of thought rather than their numerical distribution among the larger population. Therefore, the number or proportion of participants is not the issue of interest; rather, it is important to identify different points of view about the topic of study (Brown, 1993).

Sample Size

Q-studies typically use small sample sizes compared with quantitative approaches. Low response rates do not bias the results because the primary objective is to identify a typology, not to test the typology's proportional distribution within the larger population (Brown, 1993). The recommended sample size for most Q-studies is 40 to 60 participants, and far fewer participants may be needed for some specific Q-studies (Brown, 1980). In addition, Brown (1980) maintains that "what is of interest ultimately are the factors with at least four or five persons defining each; beyond that, additional subjects add very little" (p. 260). Usually, a factor with an eigenvalue greater than 1 is considered a significant factor.

Phase 1: Instrument Development

In this phase, a wide variety of statements were identified through focus groups with nursing faculty and students and reviews of the literature on nursing professionalism. Nursing faculty members and nursing students were invited via e-mail to participate in this study. Five focus groups were conducted with volunteer participants that included 11 nursing faculty

members and 20 Levels 3 and 4 undergraduate nursing students. At the end of each focus group, each participant was asked to provide at least five statements about the definition, barriers, and facilitators of nursing professionalism. A total of 208 statements were obtained from the focus groups (116 student-generated statements and 92 faculty-generated statements). An additional 395 statements were collected from the literature for a total of 603 statements (the concourse).

The Concourse

The statements in the concourse were reviewed for similarities and differences by the research team that included one Q-methodologist, three nursing faculty members with extensive experiences in the field of nursing professionalism, two faculty members with extensive expertise in nursing education in the classroom, and one clinical faculty member who is the Chief of Nursing Practice responsible for standards of nursing practice at a major teaching hospital. Repetitive responses were deleted and disagreements were resolved through consensus among the research team members. To have a representative sample of the statements in the concourse, an inductive process was used because of the lack of a preexisting theoretical hypothesis or framework.

The statements in the concourse were categorized into major themes or domains based on similarities between and among ideas. Overall, 23 themes were identified from the student statements, 25 themes from the faculty statements, and 52 themes emerged from the literature statements. The major themes from all sources included communication, personal appearance, adherence to professional codes, ongoing education, interdisciplinary collaboration, ability to adapt, role modeling/leadership, accountability/responsibility, professional values, attitude/commitment to service, caring/compassion, and professional competence. The statements within each of these major themes were refined by the research team in several team meetings. Based on the convergence of ideas, the statements from students, faculty members, and the literature were merged into one final set of statements (Q-sample) to be used for Phase 2 of the project. This final Q-sample included 45 statements, which represented key ideas from all the emerging themes about nursing professionalism.

The Q-Sort Table

After assembling the Q-sample, a grid or Q-sort table was developed with 45 cells equal to the number of statements in the Q-sample (see Figure 1). To pilot test the Q-sort table and statements, one faculty member and two

students reviewed the study materials and worked through the Q-sort assigning the statements to the Q-sort table. Minor editing suggestions were adopted to clarify a number of statements, resulting in the final study statements.

The Q-sort table consisted of 45 empty boxes in 7 rows and 11 columns of differing lengths (see Figure 1). Anchors of −5 (*least agree* or *most disagree*) and +5 (*most agree*) were assigned to the extreme scores of the Q-sort table. The columns between the anchors were numbered sequentially from the anchors into the middle column that had a scale step label of zero.

Phase 2: Data Collection

In this phase, similar to Phase 1, nursing faculty members and students (Year 3 and Year 4) were invited via e-mail to participate in the study. In total, 54 individuals (30 students and 24 faculty members) agreed to participate in the study. Then, participants were asked to sort the randomly numbered final statements onto the Q-sort table. Each participant received a package that included detailed instructions and an example of a completed Q-sort. The Q-sort was completed by each respondent independently.

Respondents were asked to read the statements and place the number of the statement into the empty cell that corresponded with the amount of agreement the respondent had with each statement. Any statement placed under a negative number on the Q-sort table indicated disagreement (or less agreement), and any statement placed under a positive number indicated agreement. The respondents continued in this manner until all blanks on the Q-sort table were filled (Akhtar-Danesh et al., 2008).

The Q-sort table was constructed such that participants could only place two statements under −5 and two statements under +5, three statements could be placed under −4 and three under +4, four statements could be placed under +3 and +2 and four statements under −3 and −2, six statements could be placed under +1 and −1, and seven statements under the central column, 0. Participants were also asked to complete a short demographic survey.

Analysis

The analysis of the Q-sorts was conducted with the PQ Method 2.11, a free downloadable software program (Schmolck, 2002). A by-person factor analysis (i.e., the statistical analysis is performed by person rather than by variable, trait, or statement) of the Q-sorts was conducted to identify groups (factors) of participants with similar viewpoints. Therefore, each group (or factor) represents individuals with similar views, feelings, or experiences about the

topic. Each individual with a significant loading ($p \leq .05$) on one factor is counted as a member of the group loading on that factor. A factor loading is a correlation between a Q-sort and the factor itself. The standard error (*SE*) of the correlation is estimated by $SE = \text{SQRT}(1 / N)$, where N is the number of statements (Brown, 1980). A correlation is statistically significant if it is ≥1.96 times the *SE*. All respondents who significantly load on one factor constitute a group of like-minded individuals.

Factor Extraction and Rotation

So far, only two methods of factor extraction are implemented in the PQ Method 2.11 program: the principal component method and the centroid method. The main difference between these two methods is that in the principal component method the *variance of the loadings* are maximized whereas in centroid rotation the *average of the loadings* are maximized. In addition, two methods of factor rotation are available in this program, varimax and judgmental (or manual) rotation. Usually, rotation methods are informed by a theoretical framework rather than simply using statistical criteria, and manual rotation is used when there is a theoretical framework for the latent factors. As a theoretical framework was not available for this study, the principal component method was used for factor extraction followed by varimax rotation.

Following factor extraction and factor rotation, a weighted (synthetic) Q-sort is produced for each rotated factor by using a weighted averaging method to calculate the score for each statement for that factor (Brown, 1993). Then, each factor is typically assigned a name that reflects the factor makeup. Names are assigned to each factor based on the factor's *distinguishing* statements, which are statements that score statistically significantly differently on that factor compared with any of the other factors. For this study, members of the research team met to interpret and name the factors.

Validity and Reliability

Test–retest reliability of the Q-sorting process has been found to be 0.80 or higher in some studies (Dennis, 1988, 1992). Content validity is typically assessed by a team of domain experts. The face validity of the statements is assured by using participants' exact wording of the statements with slight editing for grammar and readability (Akhtar-Danesh et al., 2008). For a complete review of Q-methodology, readers are referred to Akhtar-Danesh et al. (2008) for practical guidance and to Brown (1980) for a theoretical account.

Protection of Human Subjects

Participants were approached to participate in the study after ethical approval was received from the Hamilton Health Sciences/Faculty of Health Sciences, Research Ethics Board, McMaster University.

Results

In total, 30 undergraduate baccalaureate students (20 from 3rd year and 10 from 4th year) and 24 faculty members (with mean years of experience as faculty = 13.4 years, ranging from 1-29 years) participated in this study. Participants were all female.

Factors

Using a by-person factor analysis, four factors (salient viewpoints) emerged, which included 43 individuals. A total of 11 participants did not load statistically significantly on any of these four factors and were excluded from comparative analysis among the factors. Factors were named based on their distinguishing statements as (a) humanists, (b) portrayers, (c) facilitators, and (d) regulators. There were no statistically significant relationships between the factors and any of the demographic variables (i.e., age, level of education, employment status, years as nursing faculty, and year of nursing student).

Factor 1: Humanists. A total of 12 respondents loaded on this factor, 3 students (all in 3rd year) and 9 faculty members. Faculty members had on average 26.2 years of experience in nursing (SD = 10.1) and 13.2 years of experience as faculty members. A total of 7 faculty members were employed full-time, 1 part-time, and 1 was a clinical faculty member. *Humanists* reflected the view that professional values include respect for human dignity, personal integrity, protection of patient privacy, and protection of patients from harm. They strongly believed that "professionalism in nursing is being responsible and accountable for your behavior and actions." They strongly disagreed (or less agreed) with the statement that professionalism is reflected through "being timely, organized, and prepared for your shift." They equally disagreed (less agreed) that professionalism in the workplace is communicated through the staff-accepted and staff-implemented workplace beliefs and standards. Furthermore, they did not believe that "it is important to leave your personal issues behind in order to maintain professionalism" (Table 1).

Table 1. Distinguishing Statements for Humanists (Factor 1)

Statement		Factor 1	Factor 2	Factor 3	Factor 4
13	Professional values include respect for human dignity, personal integrity, protection of patient privacy, and protection from harm.	5	5	−1	4
27	Professionalism in nursing is being responsible and accountable for your behavior and actions.	5	3	3	5
22	I believe professionalism not only involves standards/policies (e.g., ethics) but also personal beliefs and values such as open-mindedness, confidence, patience, and so on.	4	2	5	2
9	Nursing professionalism is caring about what you do.	3	0	−3	−2
15	I believe professionalism is having a sense of pride about your work and contribution.	1	−2	−4	−4
2	Professionalism in nursing is evidenced through reflective practice.	0	−3	−3	1
41	I believe professionalism is hindered by a culture of dismissiveness from "lifetime workers" who are unsupportive of students and do not enable student studies/advancement.	−1	−3	3	−2
16	Professionalism is awareness and participation in the political process.	−2	−5	1	−4
31	Environmental attributes of professionalism include: control of nursing practice, quality of nursing work life, professional support, shared governance, and environmental culture and climate.	−3	−1	1	1

(continued)

Table 1. (continued)

Statement		Factor 1	Factor 2	Factor 3	Factor 4
25	Nursing professionalism is being timely, organized, and prepared for your shift.	–4	5	4	–1
24	I believe professionalism is fostered by a workplace that communicates its beliefs and standards and ensures they are accepted and implemented by its staff, nursing, and other disciplines.	–4	0	–1	4
10	I think that it is important to leave your personal issues behind to maintain professionalism.	–4	3	2	–2

Note: Score ranges from –5 to +5 and negative scores indicate disagreement.

Factor 2: Portrayers. A total of 10 individuals loaded on the second factor, 7 students (5 from 3rd year and 2 from 4th year) and 3 nursing faculty members. The faculty members reported an average of 26 years of experience in the nursing profession (ranging from 16-33 years), were faculty for an average of 4.3 years (ranging from 2-33 years), and were employed in part-time positions (2 part-time faculty and 1 clinical faculty). The *portrayers* strongly believed that professionalism is evidenced by one's image, attire, and expression being appropriate to the context or situation. *Portrayers* do not take part in rumor spreading or gossiping behind others' backs. They strongly disagreed (i.e., less agreed) with the statements that "professionalism is demonstrated through a customer service perspective—a serving approach to care," "professionalism in nursing is evidenced through inquiry and innovation," and "professionalism is awareness and participation in the political process" (see Table 2).

Factor 3: Facilitators. Only four students loaded on the third factor (two 3rd year and two 4th year students). They strongly believed that professionalism not only involves standards and policies (e.g., ethics) but also personal beliefs and values, such as open-mindedness, confidence, and patience. They also believed that a professional nurse advocates on many levels for the patient, family, community, and profession. The *facilitators* also strongly

Table 2. Distinguishing Statements for Portrayers (Factor 2)

Statement		Factor 1	Factor 2	Factor 3	Factor 4
34	I believe that professionalism is image, attire, and expression appropriate to the context/ situation.	−2	4	−3	−3
14	I believe professionalism is about not taking part in rumor spreading and gossiping behind others' backs.	1	4	2	−3
4	Professionalism is recognizing that patients are vulnerable and treating them with respect and dignity.	0	3	0	0
6	Professionalism involves a dress code—neatly dressed with body covered and a physical appearance that is well kept, ("no crazy piercing or tattoos") so that it doesn't distract from the nurse's role.	−3	2	0	−4
32	I believe professionalism is about being aware of how others around you are feeling and putting forth your best effort to make them comfortable.	−3	1	−4	−2
7	A professional nurse advocates on many levels for the patient/family/ community/profession.	2	1	5	2
33	Professionalism is being a lifelong learner, being continually open to continuing education and constructive feedback.	4	0	3	3
9	Nursing professionalism is caring about what you do.	3	0	−3	−2
12	Professionalism means being a good communicator through written work and communicating effectively both verbally and nonverbally.	−1	0	−2	0
1	Professionalism in nursing is evidenced by ethical behaviors.	2	−1	3	1

(continued)

Table 2. (continued)

Statement		Factor 1	Factor 2	Factor 3	Factor 4
31	Environmental attributes of professionalism include: control of nursing practice, quality of nursing work life, professional support, shared governance, and environmental culture and climate.	−3	−1	1	1
15	I believe professionalism is having a sense of pride about your work and contribution.	1	−2	−4	−4
40	I believe professionalism involves recognizing knowledge gaps and seeking to learn through continuing education on Best Practice Guidelines and Codes of Ethics.	2	−2	4	3
26	Professionalism is demonstrated through a customer service perspective—a serving approach to care.	0	−3	1	−5
37	Professionalism is having power to create, nurture, and implement new ideas in nursing.	0	−4	0	−1
17	Professionalism in nursing is evidenced through inquiry and innovation.	0	−4	−3	0
16	Professionalism is awareness and participation in the political process.	−2	−5	1	−4

Note: Score ranges from −5 to +5 and negative scores indicate disagreement.

disagreed that "professionalism is being self-regulated (as an individual and as a profession)" (see Table 3).

Factor 4: Regulators. A total of nine students (seven from 3rd year and two from 4th year students) and eight faculty members loaded on this factor. The faculty members were employed in both full-time ($n = 6$) and part-time ($n = 2$) positions and reported many years of nursing experience ($M = 33.9$ years, ranging from 19 to 47 years; $SD = 10.1$ years). The *regulators* strongly believed that professionalism is fostered by a workplace in which suitable beliefs and standards are communicated, accepted, and implemented by its

Table 3. Distinguishing Statements for Facilitators (Factor 3).

Statement		Factor 1	Factor 2	Factor 3	Factor 4
22	I believe professionalism not only involves standards/policies (e.g., ethics) but also personal beliefs and values such as open-mindedness, confidence, patience, and so on.	4	2	5	2
7	A professional nurse advocates on many levels for the patient/family/community/profession.	2	1	5	2
41	I believe professionalism is hindered by a culture of dismissiveness from "lifetime workers" who are unsupportive of students and do not enable student studies/advancement.	−1	−3	3	−2
16	Professionalism is awareness and participation in the political process.	−2	−5	1	−4
6	Professionalism involves a dress code—neatly dressed with body covered and a physical appearance that is well kept, ("no crazy piercing or tattoos") so that it doesn't distract from the nurse's role.	−3	2	0	−4
35	I think professionalism includes mutual respect for all those involved in working toward a common goal.	2	1	0	1
13	Professional values include respect for human dignity, personal integrity, protection of patient privacy, and protection from harm.	5	5	−1	4
17	Professionalism in nursing is evidenced through inquiry and innovation.	0	−4	−3	0
23	Professionalism is being self-regulated (as an individual and as a profession).	−1	−1	−4	3

Note: Score ranges from −5 to +5 and negative scores indicate disagreement.

Table 4. Distinguishing Statements for Regulators (Factor 4).

Statement		Factor 1	Factor 2	Factor 3	Factor 4
24	I believe professionalism is fostered by a workplace that communicates its beliefs and standards and ensures they are accepted and implemented by its staff, nurses, and other disciplines.	−4	0	−1	4
23	Professionalism is being self-regulated (as an individual and as a profession).	−1	−1	−4	3
43	I believe professionalism is identifying a common goal with a patient or within an organization and working collaboratively toward its achievement.	−2	−1	−2	1
2	Professionalism in nursing is evidenced through reflective practice.	0	−3	−3	1
12	Professionalism means being a good communicator through written work and communicating effectively both verbally and nonverbally.	−1	0	−2	0
30	I believe professionalism involves emotional intelligence.	0	0	0	−1
25	Nursing professionalism is being timely, organized, and prepared for your shift.	−4	5	4	−1
32	I believe professionalism is about being aware of how others around you are feeling and putting forth your best effort to make them comfortable.	−3	1	−4	−2
10	I think that it is important to leave your personal issues behind to maintain professionalism.	−4	3	2	−2
14	I believe professionalism is about not taking part in rumor spreading and gossiping behind others' backs.	1	4	2	−3

(continued)

Table 4. (continued)

Statement		Factor 1	Factor 2	Factor 3	Factor 4
16	Professionalism is awareness and participation in the political process.	–2	–5	1	–4
26	Professionalism is demonstrated through a customer service perspective—a serving approach to care.	0	–3	1	–5

Note: Score ranges from –5 to +5 and negative scores indicate disagreement.

staff, including nurses and other disciplines. They further believed that professionalism entails being self-regulated (as an individual and as a profession). However, they strongly disagreed (i.e., agreed least) with the statements that "professionalism is awareness and participation in the political process" and "professionalism is demonstrated through a customer service perspective—a serving approach to care" (see Table 4).

Consensus Statements

Finally, there were seven statements that all of the participants agreed or disagreed with to roughly same extent. Examples of consensus statements that all respondents agreed with included the following: (a) "Professionalism involves self-awareness and the skills to resolve conflict in an appropriate way within the context of nursing, interprofessional teams, and patients and families"; (b) "I believe it is important to mentor/role-model professional behaviors with one another, clients, and students"; and (c) "essential attributes of professional nursing practice consist of the ability of the nurse to establish and maintain therapeutic relationships with patients by having an objective, nonreactive, nonjudgmental attitude." Examples of consensus statements that the respondents disagreed with included (a) "scholarly writing for publication and communication with others is a requisite for the professional nurse to maintain and promote professionalism in nursing"; (b) "I believe professionalism is the ability to adapt to different situations"; and (c) "professionalism is about thinking about the impact of words and actions on others and the community as a whole" (see Table 5).

Table 5. Consensus Statements

Statement		Factor 1	Factor 2	Factor 3	Factor 4
8	Professionalism is about thinking about the impact of words and actions on others and the community as a whole.	−1	0	−1	0
18	Professionalism involves self-awareness and the skills to resolve conflict in an appropriate way within the context of nursing, interprofessional teams, and patients and families.	3	2	2	4
19	I believe professionalism is the ability to adapt to different situations.	−2	−1	−1	−1
21	I believe it is important to mentor/role-model professional behaviors with one another, clients, and students.	3	1	1	2
39	Respect and understanding of diversity is key to professionalism.	1	1	0	1
45	Essential attributes of professional nursing practice consist of: the ability of the nurse to establish and maintain therapeutic relationships with patients by having an objective, nonreactive, nonjudgmental attitude.	3	2	2	3
42	Scholarly writing for publication and communication with others is a requisite for the professional nurse to maintain and promote professionalism in nursing.	−5	−5	−5	−3

Note: Score ranges from −5 to +5 and negative scores indicate disagreement.

Discussion

The findings presented in this article illustrate how nursing faculty members and nursing students prioritized their viewpoints on nursing professionalism. Nursing students in the last 2 years of their undergraduate nursing degree add the novel perspective of neophyte nurses to the understanding of this complex concept.

The perspectives of participants evaluated in this study correspond to four distinct groups, each representing an important viewpoint regarding professionalism from a nursing perspective. Each of the four groups was given a descriptive title based on the most agreed on statements, that is, *humanists*, *portrayers*, *facilitators*, and *regulators*. The *humanists* (Factor 1) were mainly concerned with respect for human dignity, personal integrity, and patient protection; responsibility and accountability; taking personal beliefs and values into account as well as standards/policies; and defining professionalism as caring about what one does. These statements reflect many of the basic tenets of nursing practice that educators would focus on with students. In fact, the *facilitators*, the students-only group, also scored this statement as very important. Interestingly, *humanists* were least concerned about being timely, organized, and prepared for their shifts, which was highly favored by *portrayers* (Factor 2) and *facilitators* (Factor 3). In addition, *humanists* shared their disagreement with *regulators* (Factor 4) that professionalism does not necessarily involve a dress code, although the nurse should be neatly dressed with their bodies covered and a physical appearance that is well kept.

The *portrayers* agreed, along with the *humanists* (+5) and the *reflectors* (+4), with the statement that "professional values include respect for human dignity and personal integrity," whereas, the *facilitators* expressed minor disagreement with this statement (−1). However, to the *portrayers*, professionalism was mostly reflected through image and attire; a viewpoint with which the other three groups disagreed. Interestingly, this viewpoint was represented mainly by students and part-time and clinical faculty members. Perhaps this was due to the symbolism and identification with the nurse's uniform reflecting professionalism for those still learning about the profession or with part-time commitment and a clinical focus. For *portrayers*, another very important aspect of professional behavior was to avoid rumor spreading and gossiping behind others' backs (+4), which again was not very important for the other factors. Indeed, *regulators* disagreed with this statement (−3). Many advanced professional behaviors, such as participation in

the political process; inquiry and innovation; and creating, nurturing, and implementing new ideas in nursing, were not supported by the *portrayers* who are more interested in image and attire. These behaviors may become more imperative for this group with increasing tenure and involvement in the nursing profession.

The *facilitators* consisted of students only and the most important issues for them included having standards and policies (+5) as well as personal beliefs and values such as open-mindedness, confidence, and patience to define professionalism. This is not surprising because students may feel more confident with rules and regulations on which to base their behavior. They also strongly supported advocacy for patients, families, communities, and for the profession (+5). Unlike all of the other groups, the *facilitators* believed that professionalism was "hindered by a culture of dismissiveness from 'lifetime' workers who are unsupportive of students and do not enable student studies/advancement" (+3). This reflects the unique views of nursing students who perceived that older or more experienced nurses were unsupportive of their clinical education in hospital settings. As for the *portrayers*, this group did not think that self-regulation (−4) or inquiry and innovation (−3) were representative of professionalism. This is contrary to *regulators*, who thought that "professionalism is being self-regulated" (+3).

The *regulators*, a group with roughly the same number of students and faculty members and the largest group overall ($n = 17$), strongly disagreed (−5) with a statement that arose from the literature: that professionalism may be demonstrated through nursing care with a customer service perspective. This was not highly supported by any of the identified factors in this study. The idea of service to the public as a tenet of professionalism has been written about extensively in medical literature and more recently in the nursing literature (Benner, Sutphen, Leonard, & Day, 2010; Cruess, Cruess, & Steinert, 2009). As the Canadian health care system is publically funded, patients may not be perceived as "customers." The concept of service to society is inherent to professionalism (Flexner, 1915) and to the profession of nursing. Historically, nurses were viewed in a subservient role (Rodgers, 2007). Societal changes have resulted in the evolution of nursing as a profession and the development of nursing autonomy, a major component of professionalism (Baumann & Kolotylo, 2009; Wynd, 2003). The increased focus on autonomy within the profession, both from individual and group perspectives, may explain why participants demonstrated disagreement with the statement related to service. There also exists the possibility that individuals responded negatively to the wording of the statement "a serving approach to care" as it may imply subservience on the part of the nurse.

The *regulators* also disagreed with the notion that professionalism involved participation in the political process (–4). They identified the importance of the workplace in fostering professionalism (+4) and the need for self-regulation (+3), which echoes concepts identified by Baumann and Kolotylo (2009), such as environmental culture and climate, autonomy, and control of nursing practice. The other groups responded with either negative or neutral (0) scores to these statements.

Some of the variations in the responses may be related to faculty and student differences with respect to age, nursing experience, areas of clinical expertise, and tenure in the nursing profession. Obviously, faculty members had more years of experience in nursing practice and were from older generations than students.

Some important aspects of nursing, such as scholarly writing and publication, were not identified as important to professionalism by any of the groups. As the nursing profession continues to evolve into more of a knowledge-based profession, research to determine the reasons these aspects were not deemed important to professionalism is essential. There is an ongoing need to support the professional education of nurses of the future and to value education as important to nursing and to society (Iwasiw, Andrusyszyn, & Goldenberg, 2007). In medicine, there is an expectation that professionalism will be taught to students in a structured manner, and faculty members are expected to demonstrate and role-model professional values and behavior in practice (Cruess & Cruess, 1997; Cruess et al., 2009). A similar expectation to foster and teach professional behavior in clinical nursing and nursing education is warranted.

In order for students to understand and integrate values associated with professionalism into their practice, exposure to learning activities that will promote and encourage their development is required (Vezeau, 2006; Wynd, 2003). Morris and Faulk (2007) found that specific types of learning activities may promote the development of values associated with professionalism, such as altruism, autonomy, and advocacy, with registered nurses to bachelor of science in nursing students. There is a need to incorporate such concepts into nursing curricula and to encourage their behavioral manifestations in practice in the future.

This study represents a contribution to further understanding of the perceptions of professionalism as described by nursing faculty members and nursing students. The differences identified between the four factors indicate that there may be numerous contextual variables that affect individuals' perceptions of professionalism. Previously identified contextual variables include control of nursing practice, quality of nursing work life, professional support, shared governance, and environmental culture and climate (Baumann

& Kolotylo, 2009). Personal attributes of professionalism identified in one study of practicing nurses were autonomy, knowledge, competence, professionhood, accountability, advocacy, collaborative practice, and commitment (Baumann & Kolotylo, 2009). In this study, the *regulators* identified the importance of a "workplace in which standards/beliefs are communicated, accepted, and implemented by its staff, including nurses and other disciplines." For this group, communication in the workplace was an important variable related to professionalism. Future studies about professionalism with respondents from broader areas of nursing practice, including clinical nursing, nursing administration, nursing research, and nursing education as well as other health care professionals, are needed.

With advances in health care and societal changes, health care professions need to adapt and respond to societal expectations regarding professionalism to meet the needs of patients, families, and communities. Increasing complexity in health care environments, nursing shortages, generational differences, and rapidly changing technology make for challenging times for the nursing profession (Benner et al., 2010; LeDuc & Kotzer, 2009). The findings of this study indicate that professional values continue to be of importance to nursing students and faculty members.

The minimal and mainly descriptive research in the area of nursing professionalism; lack of universally agreed-on definitions for major concepts, such as profession and autonomy; and little exploration of the impact of professional nursing practice on the quality of client care underscores that more research is needed.

The findings from this study are manifested in the professionalism literature, from Flexner's (1915) initial characteristics—knowledge, specialization, intellectual and individual responsibility, and well-developed group consciousness—to later works—autonomy (Ballou, 1998), accountability (Batey & Lewis, 1982), advocacy (Altun & Ersoy, 2003), ethical competency (Lutzen et al., 2006), ethics and values (Leddy & Pepper, 1998), collaboration (Registered Nurses Association of Ontario, 2007), and altruism (Coulter et al., 2007).

A more recent study exploring the intricately connected professionalism and nursing practice environment, using a domain sampling model for item construction, concluded with the production of a valid and reliable instrument identifying key individual and environmental attributes of professionalism (Baumann & Kolotylo, 2009). Key individual attributes of professionalism—autonomy, knowledge, competence, professionhood (Styles, 1982), accountability, advocacy, collaborative practice, and commitment—and key environmental attributes of professionalism—control of nursing practice, quality of nursing work

life, professional support, shared governance, and environmental culture and climate (Baumann & Kolotylo, 2009)—are reflected to greater or lesser amounts in the findings from this study. In *Professionalism in Nursing Best Practice Guidelines* (Registered Nurses Association of Ontario, 2007), similar attributes to Baumann and Kolotylo (2009) were identified—knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and visionary, collegiality and collaboration, and ethics and values—and are also reflected to greater or lesser amounts in this study.

The present study's findings support the fostering of professionalism through the environmental culture and climate; accepted and implemented beliefs and standards in the workplace, including personal beliefs and values; self-regulation, reflective practice, or autonomy, as individuals and for the profession; professional support and mentoring of professional behaviors; goal setting and collaboration toward goal achievement; and advocacy for the patient, family, community, and profession.

One limitation of this study was the self-selection of the sample. Therefore, the results may not be generalizable to the larger groups of nursing faculty members and nursing students. Although practicing nurses were excluded from this study because of some practical issues, including this group and a comparison between their viewpoints and educational groups merits a separate study.

In conclusion, findings from this study can serve as a template for exploring professionalism in other health care disciplines and support the need to design educational strategies to address professionalism in nurses with other venues and study of professionalism with other health care disciplines. The results also provided additional professionalism attributes, which may be exclusive to educational environments. It is apparent that to fully understand the concept of professionalism in nursing, the examination of professionalism in a variety of contexts such as clinical settings is needed.

Acknowledgment

The authors would like to thank Mary Crea, Laurie Kennedy, Vanessa Lobo, Alyshah Kaba, Andrew Clutton, and Sahar Haji for their help in literature review and data collection process.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was supported by Arts Research Board, McMaster University.

References

Aiken, L. H., & Patrician, P. A. (2000). Measuring organizational traits of hospitals: The revised nursing work index. *Nursing Research, 49*, 146-153.

Aiken, L. H., Sochalski, J., & Lake, E. T. (1997). Studying outcomes of organizational change in health services. *Medical Care, 35*, NS6-NS18.

Akhtar-Danesh, N., Baumann, A., & Cordingley, L. (2008). Q-methodology in nursing research: A promising method for the study of subjectivity. *Western Journal of Nursing Research, 30*, 759-773.

Akhtar-Danesh, N., Baxter, P., Valaitis, R. K., Stanyon, W., & Sproul, S. (2009). Nurse faculty perceptions of simulation use in nursing education. *Western Journal of Nursing Research, 31*, 312-329.

Altun, I., & Ersoy, N. (2003). Undertaking the role of patient advocate: A longitudinal study of nursing students. *Nursing Ethics, 10*, 462-471.

Ballou, K. A. (1998). A concept analysis of autonomy. *Journal of Professional Nursing, 14*, 102-110.

Batey, M. V., & Lewis, F. M. (1982). Clarifying autonomy and accountability in nursing service: Part I. *Journal of Nursing Administration, 12*, 13-18.

Baumann, A., & Kolotylo, C. (2009). Development and psychometric evaluation of the professionalism and environmental factors in the workplace questionnaire. *Journal of Advanced Nursing, 65*, 2216-2228.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.

Blythe, J., Baumann, A., Zeytinoglu, I. U., Denton, M., Akhtar-Danesh, N., Davies, S., & Kolotylo, C. (2008). Nursing generations in the contemporary workplace. *Public Personnel Management, 37*, 137-159.

Brown, S. R. (1980). *Political subjectivity: Application of Q methodology in political science*. New Haven, CT: Yale University.

Brown, S. R. (1993). A primer on Q methodology. *Operant Subjectivity, 16*, 91-138.

Chinnis, A. S., Summers, D. E., Doerr, C., Paulson, D. J., & Davis, S. M. (2001). Q methodology—A new way of assessing employee satisfaction. *Journal of Nursing Administration, 31*, 252-259.

Coulter, I. D., Wilkes, M., & Der-Martirosian, C. (2007). Altruism revisited: A comparison of medical, law and business students' altruistic attitudes. *Medical Education, 41*, 341-345.

Cruess, R. L., & Cruess, S. R. (1997). Teaching medicine as a profession in the service of healing. *Academic Medicine, 72*, 941-952.

Cruess, R. L., Cruess, S. R., & Steinert, Y. (2009). *Teaching medical professionalism*. New York, NY: Cambridge University Press.

Dennis, K. E. (1986). Q-methodology—Relevance and application to nursing research. *Advances in Nursing Science, 8*, 6-17.

Dennis, K. E. (1988). Q-methodology: New perspectives on estimating reliability and validity. In C. F. Waltz & O. L. Strickland (Eds.), *Measurement in nursing outcomes* (pp. 409-419). New York, NY: Springer.

Dennis, K. E. (1992). Commentary: Looking at reliability and validity through Q-colored glasses. *Operant Subjectivity, 16*, 37-44.

Dwyer, D. J., Schwartz, R. H., & Fox, M. L. (1992). Decision-making autonomy in nursing. *Journal of Nursing Administration, 22*, 17-23.

Flexner, A. (1915). Is social work a profession? *Research on Social Work Practice, 1*, 901.

Gould, D., Berridge, E.-J., & Kelly, D. (2007). The national health service knowledge and skills framework and its implications for continuing professional development in nursing. *Nurse Education Today, 27*, 26-34.

Hanks, R. G. (2005). Sphere of nursing advocacy model. *Nursing Forum, 40*, 75-78.

Hanks, R. G. (2007). Barriers to nursing advocacy: A concept analysis. *Nursing Forum, 42*, 171-177.

Hanks, R. G. (2008). The lived experience of nursing advocacy. *Nursing Ethics, 15*, 468-477.

Iwasiw, C. L., Andrusyszyn, M. A., & Goldenberg, D. (2007). Fostering future nursing professionals: It's a matter of values. *International Journal of Nursing Education Scholarship, 4*(1). Available at http://works.bepress.com/andrusyszyn/4

Leddy, S., & Pepper, J. M. (1998). *Conceptual bases of professional nursing* (4th ed.) New York, NY: Lippincott.

LeDuc, K., & Kotzer, A. M. (2009). Bridging the gap: A comparison of the professional nursing values of students, new graduates, and seasoned professionals. *Nursing Education Perspectives, 30*, 279-284.

Lutzen, K., Dahlqvist, V., Eriksson, S., & Norberg, A. (2006). Developing the concept of moral sensitivity in health care practice. *Nursing Ethics, 13*, 187-196.

Mark, B. A., Salyer, J., & Wan, T. T. (2003). Professional nursing practice: Impact on organizational and patient outcomes. *Journal of Nursing Administration, 33*, 224-234.

McCaughan, D., Thompson, C., Cullum, N., Sheldon, T. A., & Thompson, D. R. (2002). Acute care nurses' perceptions of barriers to using research information in clinical decision-making. *Journal of Advanced Nursing, 39*, 46-60.

McKeown, B., & Thomas, D. (1988). *Q methodology*. Newbury Park, CA: Sage.

Morris, A. H., & Faulk, D. (2007). Perspective transformation: Enhancing the development of professionalism in RN-to-BSN students. *Journal of Nursing Education, 46*, 445-451.

Registered Nurses Association of Ontario. (2007). *Healthy work environments best practice guidelines: Professionalism in nursing*. Toronto, Ontario, Canada: Author.

Rodgers, S. (2007). The history and social context of nursing. In K. K. Chitty & B. P. Black (Eds.), *Professional nursing concepts and challenges* (5th ed., pp. 29-59). St Louis, MO: Saunders Elsevier.

Schmolck, P. (2002). PQ Method (Version 2.11, adapted from mainframe-program Qmethod written by John Atkinson, 1992) [Computer Software]. Munich, Germany: Bundeswehr University of Munich. Retrieved from http://www.lrz-muenchen.de/~schmolck/qmethod/downpqx.htm

Stephenson, W. (1935a). Correlating persons instead of tests. *Character and Personality, 4*, 17-24.

Stephenson, W. (1935b). Technique of factor analysis. *Nature, 136*, 297.

Styles, M. M. (1982). *On nursing: Towards a new endowment*. St Louis, MO: Mosby.

Valaitis, R., Akhtar-Danesh, N., Eva, K., Levinson, A., & Wainman, B. (2007). Pragmatists, positive communicators, and shy enthusiasts: Three viewpoints on Web conferencing in health sciences education. *Journal of Medical Internet Research, 9*, e39.

Vezeau, T. M. (2006). Teaching professional values in a BSN program. *International Journal of Nursing Education Scholarship, 3*(1). doi: 10.2202/1548-923X.1271

Wynd, C. A. (2003). Current factors contributing to professionalism in nursing. *Journal of Professional Nursing, 19*, 251-261.