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#### Correspondence

Priscilla Samson  
Officiating Principal,  
Era College of Nursing  
Era University, Sarfarazganj  
Lucknow-226001, India  
Email:  
dr.priscilla@erauniversity.in  
talwar.ritu@gmail.com

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Kathmandu, Nepal

Asst. Prof. Dr. Pawan Sharma,  
Patan Academy of Health  
Sciences, Lalitpr, Nepal

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## Professionalism among nurses working in a tertiary hospital

Sarala K.C.<sup>1</sup>, Priscilla Samson<sup>2</sup> ✉, Shanta Dangol Shrestha<sup>3</sup>, Rachana Shrestha<sup>4</sup>, Anita Rongong<sup>4</sup>

<sup>1</sup>Prof. & Dean, <sup>2</sup>Associate Professor, School of Nursing and Midwifery (Lalitpur Nursing Campus), Patan Academy of Health Sciences (PAHS), Lalitpur, Kathmandu, Nepal; <sup>3</sup>Nursing Director, <sup>4</sup>Deputy Nursing Director, Patan Hospital, PAHS; (currently- <sup>2</sup>Prof., Era College of Nursing, Era University, Lucknow, India)

### Abstract

**Introduction:** Professionalism in nursing practice ensures the safety and quality of patient care. A high level of professionalism is essential for developing a professional identity. This study aims to find out the nurses' professionalism and professional identity.

**Method:** A cross-sectional analytical study was conducted in September 2021 among nurses of Patan Hospital. Data were collected using the Snizek-Revised Professionalism Inventory and Adam's Professional Identity Scale via online Google form and printed forms. Spearman's rho test was used to analyze the correlation between professionalism and professional identity. The associations of professionalism and professional identity with the personal characteristics of nurses were measured by Pearson's Chi-square test.

**Result:** A total of 386 nurses participated in the study. Of the participants, only 181(46.95%) had a membership in any nursing professional organization. A high level of professionalism was perceived by 205(53.1%) with the highest mean score (16.9±3.20) for a sense of calling to the nursing profession and the lowest mean score (15.94±3.31) for using the professional organization as a major referent. Most nurses 211(54%) perceived a high level of professional identity. A positive significant correlation was found between professionalism and professional identity ( $p<0.01$ ). Age ( $p=0.02$ ) and nursing title ( $p=0.03$ ) had a significant association with professional identity.

**Conclusion:** More than half participants had a high level of professionalism and professional identity. There was a positive significant correlation between professionalism and professional identity. Age and nursing job title were significantly associated with professional identity.

**Keywords:** nurses, nursing profession, professional attitude, professional identity, professionalism

## Introduction

Professionalism in nursing is characterized by high moral standards, strong commitment, mastery of nursing knowledge and skills, self-discipline, and autonomy.<sup>1</sup> The other attributes include educational preparation, research, membership in a professional organization, community service, and ethics.<sup>2</sup> Professional identity (PI) reflects on the way nurses feel about their profession as well on their perception of what others think about the nursing profession.<sup>3</sup> PI has a close association with components of professionalism in nursing.<sup>4</sup> In a study conducted in Ethiopia, 45% of nurses were found to have a low attitude on professionalism.<sup>5</sup> Another study conducted among nurses in Iran revealed that the highest score was achieved in the domain of membership in a professional organization and lowest in the sense of autonomy.<sup>2</sup>

Nurses must be aware of their attitudes for promoting professionalism which is one of the core principles of the code of ethics laid by the Nepal Nursing Council.<sup>6</sup> A negative attitude on professionalism and PI may result in poor quality patient care, decrease in nurses' job satisfaction, poor job retention, and nurses' incompetence.<sup>7,8</sup>

The mission of Patan Hospital is to provide quality compassionate health care, and nurses being a majority group of health care workers, can contribute to fulfilling this mission by practicing professionalism. In addition, Patan Hospital is a teaching hospital where nursing students get their clinical learning. The professional attitude of the nurses may also facilitate students' learning. Thus, this study aimed to find out the professionalism and professional identity among nurses working in Patan Hospital, Lalitpur, Nepal.

## Method

This cross-sectional analytical study was conducted among nurses of Patan Hospital, Patan Academy of Health Sciences, Lalitpur,

Nepal. The data were collected within two weeks duration during September 2021. The estimated sample size for the study was 380 using the formula,  $n = Z^2P(1-P)/d^2$  ( $Z=1.96$ ,  $P=0.45$ ,  $d=0.05$ ).<sup>9</sup> However, all nurses ( $N=575$ ) who were willing to participate were included in the study.

Data were collected using a three-part questionnaire. Proforma consisted of age, years of nursing experience, the highest level in nursing education, and membership in a nursing professional organization. Snizek-Revised Hall's Professionalism Inventory (SR-HPIS)<sup>10</sup> was used to determine nurses' professionalism. SR-HPIS has five attitudinal dimensions, each having five items. Thus, the total items on this scale are 25. The dimensions on the scale are named as: the sense of calling for the profession, autonomy, belief in public service, self-regulation, and professional organization as a major referent to the nursing profession. The responses are on a 5-point Likert scale, i.e., 1=very poorly; 2=poorly; 3=not sure; 4=well; 5=very well. The total score of SR-HPIS ranges from 25-to 125. Higher scores indicate stronger professionalism. The overall mean score above 81.46 was considered as high level of professionalism. The questionnaire includes 11 negative attitude statements for which reverse scoring was done.

Adam's Professional Identity Scale<sup>11</sup> was used to find out the nurses' professional identity. This scale comprises nine statements on a five-point Likert scale, where "1" denotes strongly disagree, and "5" denotes strongly agree. Out of nine items, three are negatively stated, thus were scored reversely. The total score of Adam's professional identity scale ranges from 9-45. A higher score indicates a strong perception of professional identity.

The internal consistency of the SR-HPIS<sup>10</sup> and Adam's Professional Identity Scale<sup>11</sup> in original studies was .78 and .79, respectively. In this study, the Cronbach's alpha was .82 for SR-HPIS and .68 for Adam's Identity Scale.

For collecting the data, a list of all nursing staff with their names, ward, phone numbers, and email addresses was obtained from the Nursing Director's office of Patan Hospital. Data were collected using Google forms in English and Nepali languages. An information sheet was sent along with proforma using Google form. The link to the Google form was sent to the nurses via email or group Viber. A general reminder was sent on the fourth day. Those who used the Google survey forms were considered to have consented. Data were collected using printed forms and PAHS generic forms for written consent for nurses unfamiliar with filling forms via Viber. Nurses in-charge helped distribute the forms to those unfamiliar with filling the form using electronic media. Nurse-in-charges and the co-investigators collected the completed forms within a week. We excluded nurses who did not respond to Google forms and printed forms.

We collected the data after the administrative permission from the Vice-Chancellor, PAHS, and ethical approval from Institutional Review Committee, PAHS (IRC-PAHS, Ref nrs2109071566 dated 2021-09-07). Data were collected after the participants consented to participate in the study. They were not required to write their name or email address on the form; thus, the anonymity of the participants was maintained. Confidentiality was maintained by not sharing the data outside the institution or within the institution for any other purpose. Data was saved in a password-protected file on a personal computer during data processing.

Data were analyzed using a statistical package for social sciences (SPSS). Descriptive statistics such as frequency, percentage, and mean were used to describe the personal characteristics, professionalism, professional identity. A Chi-square test analyzed the association between independent variables, professionalism, and professional identity. Spearman's RHO, a nonparametric test for correlation, was used to examine the correlation between professional identity and professionalism.

## Result

A total of 386 nurses out of 575(67.13%) participated in the study. The mean age of the participants was  $32.47 \pm 8.56$  years. The mean years of nursing work experience were  $10.81 \pm 7.77$ . The other personal variables included job title, highest education in nursing, and membership in a nursing professional organization, Table 1.

The overall mean score for professionalism was  $81.46 \pm 12.23$  (score ranged from 25-125). Based on the mean value, 223(58.3%) nurses perceived a high level of professionalism, having an overall professionalism value  $\geq 81.46$ . Out of five attitudinal dimensions that measured the overall professionalism among nurses, the dimension with the highest mean score was the *sense of calling to the nursing profession* ( $16.90 \pm 3.20$ ), and the lowest scored dimension ( $15.94 \pm 3.13$ ) was using the *professional organization as a major referent*, Figure 1.

In the dimension *sense of calling for the nursing profession*, 238(61.7%) nurses believed that people in this profession have a real calling for their work, 235(60.9%) agreed that most of them would stay in the profession even if they received a lesser salary, 197(51.1%) believed that nurses maintain a high level of idealism, and 159(41.2%) of them agreed that dedication of nurses in the nursing profession is most gratifying.

For the dimension *autonomy*, 249(64.5%) nurses agreed that they make their own decision regarding what is to be done in professional work, whereas 240(62.2%) also agreed that their own decisions are subject to change, 181(48.9%) felt that other people reviewed most of their decisions.

*Nurses' belief in public service*, the third dimension of professionalism included their attitude on the benefits of the nursing profession in society. Out of 380 nurses, 251(65%) did not agree that other professions are more vital to society than their profession, 161(41.7%) agreed that the importance of the

nursing profession is sometimes overstressed, 104(26.9%) nurses agreed that some other professions are more important to society than nursing, whereas 135(35%) nurses were not sure what they believed. Only 200(51.8%) of nurses agreed that it is the nursing profession if an occupation is indispensable.

*Nurses' belief in self-regulation*, the fourth dimension of professionalism, only 201 (51.0%) nurses agreed that their colleagues have a good idea about each other's competence, 154(39.4%) nurses disagreed with the statement that there is no way of judging competence in the nursing profession. Similarly, only 151(39.1%) nurses disagreed that there is not much opportunity to evaluate how another person does her work.

The fifth dimension, the *professional organization as a major referent* to the nursing profession, included professional organization support, professional journals, and attending professional meetings. Out of 386 nurses, 157(40.6%) agreed that they systemically read the professional journals, 148(38.4%) affirmed that they regularly attend professional meetings, 230(59.6%) nurses agreed that professional organizations should be supported by becoming a member. However, 127(32.9%) nurses were unsure what the professional organization does for the average member in nursing, whereas 101(26.2%) agreed to that.

Based on the overall mean for professional identity, 211(54%) nurses perceived a high

level of professional identity (mean score  $\geq 29.4$ ), Figure 2. The highest and lowest mean scores on the professional identity scale were  $4.09 \pm 1.09$  and  $1.94 \pm 1.09$ , respectively, Table 3. Out of 386 nurses, those who agreed with the statements: *I feel like a member of this profession*, 318(82.4%), *being a member of the nursing profession is important to me*, 308(79.7%), *I can identify positively with members of my profession*, 279(72.3%), *I am pleased to belong to this profession*, 268(69.4%), *I feel I have strong ties with members of my profession*, 267(69.2%), *I feel I share characteristics with other members of this profession*, 252(65.3%), *I find myself making excuses for belonging to this profession*, 254(65.8%), *I am often ashamed to admit that I have studied for nursing*, 259(67.1%). *I try to hide that I have studied to be part of the nursing profession*, 304(78.8%). Spearman's RHO correlation showed a positive correlation ( $p < 0.01$ ) between professionalism and professional identity among nurses, Table 3.

We did not find a statistically significant association between personal factors, including age, nursing experience, job title, the highest level of nursing education, membership in professional organizations, and professionalism among nurses at 0.05 level. Only age ( $p = 0.02$ ) and nurses' job title ( $p = 0.03$ ) had a statistically significant association with professional identity, Table 4.

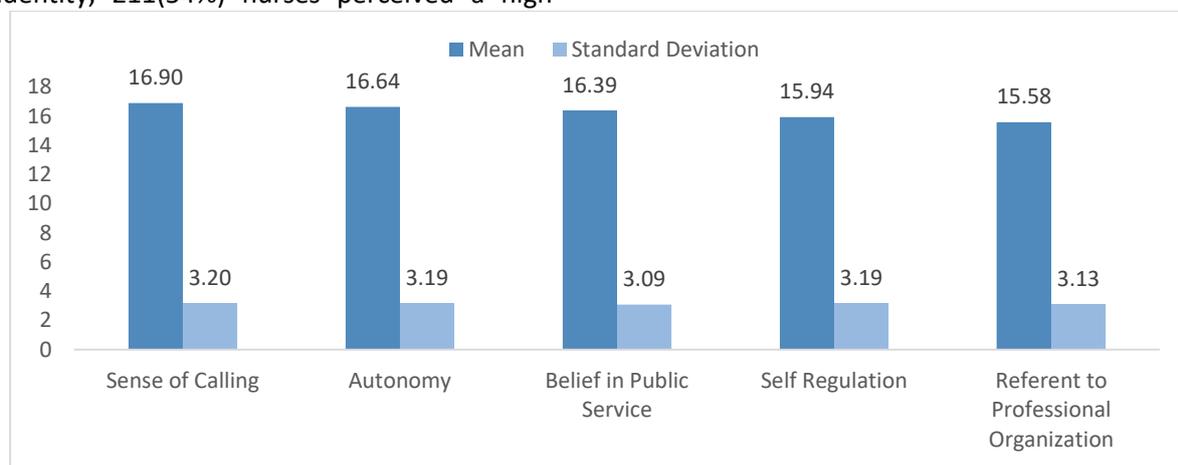


Figure 1. Nurses' attitude on professionalism in nursing

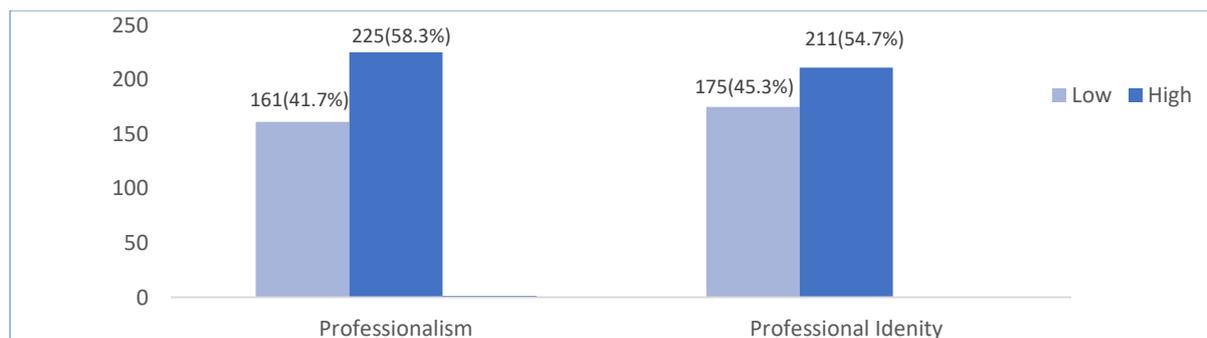
**Table 1. Personal characteristics of nurses (N=386)**

	Frequency	Percentage
Age, completed years, 32.47±8.56		
≤25	73	18.9
26-35	201	52.1
36-45	82	21.2
> 45	30	7.8
Job Position		
Staff Nurse	341	88.4
Nurse In-charge	37	9.5
Supervisor	8	2.1
Nursing experience, completed years, 10.81±7.77		
≤10	230	59.6
11-20	117	30.3
21-30	27	7.0
>30	12	3.1
Highest level in nursing education		
PCL	113	29.3
BSc. Nursing	41	10.6
BNS/BN	213	55.2
MN	19	4.9
Membership in Nursing Professional Organization		
Yes	181	46.9
No	205	53.1

**Table 2. Nurses' perception on professional identity**

Statement	Mean*	SD
I feel like a member of this profession.	4.09	1.09
Being a member of nursing profession is important to me.	4.06	0.98
I can identify positively with members of my profession.	3.81	1.01
I am pleased to belong to this profession.	3.77	1.13
I feel I have strong ties with members of my profession.	3.69	1.05
I feel I share characteristics with other members of this profession.	3.62	0.96
I find myself making excuses for belonging to this profession	2.23	1.06
I am often ashamed to admit that I have studied for nursing.	2.19	1.18
I try to hide that I have studied to be part of nursing profession.	1.94	1.09
Overall Mean Professional Identity score**	29.41	5.03

\*Minimum score = 1, Maximum score = 5; SD = standard deviation; \*\* Minimum score = 9, Maximum score = 45

**Figure 2. Professionalism and personal identity among nurses**

**Table 3. Spearman's RHO Correlation\* between Professionalism and Professional Identity among Nurses**

	Sense of calling	Autonomy	Public service	Self-regulation	Professional organization	Professionalism total	Professional identity
Sense of calling	1	0.436*	0.354*	0.483*	0.437*	0.725*	0.226*
Autonomy	0.436*	1	0.468*	0.411*	0.391*	0.727*	0.223*
Public service	0.354*	0.468*	1	0.389*	0.380*	0.698*	0.234*
Self-regulation	0.483*	0.411*	0.389*	1	0.454*	0.715*	0.140*
Professional organization	0.437*	0.391*	0.380*	0.454*	1	0.701*	0.200*
Professionalism total	0.725*	0.727*	0.698*	0.715*	0.701*	1	0.273*
Professional identity	0.226*	0.223*	0.234*	0.140*	0.200*	0.273*	1

\*Correlation is significant at the 0.01 level (2-tailed)

**Table 4. Association of personal factors and professional identity among nurses**

Variables	Professional Identity		Chi square value	p value*
	Low	High		
Age y				
≤30	96(50.5%)	94(49.5%)	4.305	0.02
>30	78(40.0%)	117(60.0%)		
Nursing experience (in years)				
≤20	160(46.5%)	184(53.5%)	1.592	0.24
>20	14(35.9%)	25(64.1%)		
Job Title				
Staff nurse	162	179	5.561	0.03
Nurse In-Charge & Supervisor	13	32		
Highest level in Nursing Education				
PCL & BSc Nursing	74	80	0.762	0.41
BNS/BN & MN	101	131		
Membership in PO				
Yes	78(43.1%)	103(56.9%)	0.692	0.41
No	97(47.3%)	108(52.7%)		

\*p value <0.05 considered statistically significant; PCL Nursing = Proficiency Certificate Level in Nursing; BSc. Nursing = Bachelor of Science in Nursing; BNS = Bachelor of Nursing Science; BN = Bachelor of Nursing; MN = Master in Nursing

## Discussion

Our survey out of 386 participants, revealed a high level of professionalism among 225(58.3%). The total professionalism score (M=81.46) in this study was relatively lower than the Korean American nurses (M=89.73)<sup>12</sup> and American nurses (M=84.68)<sup>13</sup> and higher than Iranian nurses<sup>2</sup> (M=66.53). This variation could be due to the working environment and sample characteristics such as age, gender,

place of training. Patan Hospital is a teaching hospital with a high reputation for rendering quality, compassionate care to people from every district of Nepal.<sup>14</sup> To keep up this reputation, the nurses need to maintain a high level of professionalism.

The five attitudinal dimensions of Hall's professionalism in this study included the sense of calling, autonomy, belief in public service, self-regulation, and use of professional

organizations as major referents. The dimension that contributed the highest score to professionalism total score was the sense of calling to the nursing profession ( $16.90 \pm 3.20$ ). Similar findings were reported in a study conducted among Korean nurses.<sup>12</sup> The professional person is not only motivated by financial gain but by a higher purpose<sup>12</sup>, the findings in this study strongly support this statement as 235(60.9%) nurses agreed that most of them would stay in the profession even if their salary were less. The sense of calling in the nursing profession requires altruism, and nurses who experience being called are committed to maintaining high-quality professional competence.<sup>15</sup> Nurses with calling show great conviction and passion for their careers.<sup>16</sup>

Autonomy was the second highest and strong professional attitude among nurses in our study ( $M=16.64$ ), which is an essential professional requirement.<sup>13</sup> Most literature has shown that nurses working in the hospital experience limited autonomy. The reasons for this could be hospital policies, high workloads, and conflicting relationships with other health professionals.<sup>17,18</sup> In our study, most nurses, 273(70.7%), had completed graduate or postgraduate nursing education, this could be the reason for their high attitude on autonomy. High education was found to be a strong predictor of professional autonomy among nurses in the Philippines.<sup>19</sup>

The attitudinal dimension belief in public service focuses on whether nurses believe that their profession is beneficial and indispensable to the community or country they serve.<sup>10</sup> Nearly half of the nurses, 200(51.8%) in this study, agreed that their profession is indispensable, whereas 135(35%) nurses were unsure what they believed. Nurses' feelings about the importance of their profession can also be influenced by how society views them. In some professions such as nursing, the public sometimes does believe in the indispensability of certain services delivered, resulting in professionals being slow to develop this belief themselves.<sup>12</sup> In Nepal, there is still inadequate

knowledge and a negative attitude towards the nursing profession.<sup>20</sup>

Another professional attitudinal dimension measured in our study belief in self-regulation means that nurses appreciate if their work is evaluated or appraised by the member of the same profession and not by outsiders or other professionals.<sup>10</sup> Nurses scored low ( $M=15.94$ ) compared to the other three dimensions, which concurs with the finding among nurses in Ohio ( $M=15.36$ ).

The nurses scored the lowest in the dimension of being referent to a professional organization ( $15.80 \pm 3.13$ ). The low score in this dimension could be because most of the nurses 205(53.2%) in our study did not have a membership in any professional organization. Similar findings were reported for nurses in Turkey<sup>21</sup> who scored low on this dimension. Contrast results were found among Iranian nurses who scored highest in the same dimension.<sup>2</sup>

We found out that even though most nurses did not have a membership in any professional organization, as many as 230(59.6%) agreed that professional organizations should be supported. Lack of membership in professional organizations may influence professionalism among nurses and others' perceptions of them.<sup>22</sup> By participating in professional meetings, membership in professional organizations, and reading professional journals, nurses can keep up the standards of their profession.<sup>10</sup> Using professional organizations may also promote collegiality that advances professional nursing as an entity.<sup>23</sup>

In our study, the overall professional identity score ( $M=29.41$ ) was above average and indicated a strong professional identity. A study on Turkish nurses also revealed that the nurses had a strong professional identity.<sup>24</sup> One of the possible reasons for professional identity could be that most nurses in this study had a bachelor degree. However, 175(46%) nurses scored below this mean value. The reason for this could be the public image of nursing in Nepal. Professional identity in

nurses depends on the image they obtain from society.<sup>25</sup> Nursing is still not considered the top profession in the country like medicine, engineering, information technology, or other professionals in Nepal. The other reason for a low professional identity could be not having membership in a professional organization. Various researchers have pointed out that a supportive community of professionals and a sense of belongingness can enhance professional identity.<sup>26-28</sup> A positive professional identity improves nurses' clinical performance to provide high-quality care.<sup>29,30</sup>

This study also found a significant positive relationship ( $r=0.27$ ,  $p<0.01$ ) between professionalism and professional identity among nurses. Similarly, each attitudinal dimension of professionalism, i.e., sense of calling ( $r=0.26$ ,  $p<0.01$ ), autonomy ( $r=0.22$ ,  $p<0.01$ ), belief in public service ( $r=0.23$ ,  $p<0.01$ ), self-regulation ( $r=0.14$ ,  $p<0.01$ ), and referent to professional organization ( $r=.27$ ,  $p<0.01$ ) had significant positive relationship to professional identity. The findings in a study done in Egypt contradict the findings in our study, where there was no relationship between professionalism and professional identity. After the training manual was introduced, the post-test revealed a positive relationship between these two variables ( $p>0.05$ ).<sup>31</sup> Forouzadeh et al.<sup>32</sup> emphasized that professionalism plays a major role in developing a strong professional identity among professionals. In a study conducted in Norway, nurses related professional identity to professional belongingness, which depends on recognition received from others for their dedicated work.<sup>33</sup> Adams et al.<sup>11</sup>, in their study among first-year health and social care students, pointed out that professional identity is evident even when the students enter their educational program.

In examining the association of personal characteristics (age, years of nursing experience, the highest level in nursing education, and membership in a nursing professional organization) with professionalism and professional identity, we found that none of the characteristics had a

significant association with professionalism. However, age ( $p=0.02$ ) and job title ( $p=0.03$ ) were significantly associated with personal identity. A study conducted in South Africa among 166 nurses found no association among variables except for nursing experience ( $p<0.05$ ) and professionalism.<sup>34</sup> Similarly, only age was associated with professional identity in a study on Chinese nurses.<sup>35</sup>

This study was conducted during the COVID-19 pandemic, which may have influenced the findings. The pandemic has posed challenges for nurses to maintain their professional identity.<sup>36</sup> However, nurses must be prepared to work in all situations. Although we found that more than half of the nurses in this study had a high level of professionalism and professional identity, a significant number of them had low levels. Hence, measures must be taken to improve dimensions with low scores. The nurses should be encouraged by their senior colleagues and nurse leaders to become members of professional organizations to feel a sense of belonging to their profession.

## Conclusion

Overall, more than half participants had a high level of professionalism and professional identity. The highest score was obtained for the sense of calling to the nursing profession, whereas the lowest was for in used professional organization as a referent. There was a positive correlation between professionalism and professional identity among nurses. No significant association was found between personal factors and professionalism; however, age and job position were significantly associated with professional identity.

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## Conflict of Interest

None

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None

**Author Contribution**

Concept, design, planning: SKC, PS, SD, RS, AR; Literature review: SKC, PS; Data collection/analysis: PS, SD, RS, AR; Draft manuscript: SKC, PS; Revision of draft: SKC, PS, SD, RS, AR; Final manuscript: SKC, PS, SD, RS, AR; Accountability of the work: SKC, PS, SD, RS, AR.

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## Supplement

### Proforma

#### Part I: Personal information

Please provide an appropriate response

1. Age (in completed years) \_\_\_\_\_
2. Job Title
  - a. Staff nurse
  - b. Ward In-charge
  - c. Supervisor
3. Completed years of nursing experience \_\_\_\_\_
4. Highest level in Nursing education
  - d. PCL
  - e. BSc. Nursing
  - f. BNS/BN
  - g. MN
  - h. PhD
5. Membership in nursing professional organization (other than Nursing council)
  - a. Yes
  - b. No

#### Part II: Snizek-Revised Hall's Professionalism Inventory

S.No.	Statement	VP	P	NS	W	VW
1.	I systematically read the professional journals.					
2.	Other professions are actually more vital to society than mine.					
3.	I make my own decisions in regard to what is to be done in my work. (5)					
4.	I regularly attend professional meetings at the local level. (6)					
5.	I think that my profession, more than any other is essential for society. (7)					
6.	My fellow professionals have a pretty good idea about each other's' competence. (8)					
7.	People in this profession have a real calling for their work. (9)					
8.	The importance of nursing profession is sometimes overstressed. (12)					
9.	The dedication of people in nursing field is most gratifying (satisfying) (14)					
10.	I don't have much opportunity to exercise my own decision-making judgment (15)					
11.	I believe that professional organizations should be supported. (16)					

12.	Some other occupations are actually more important to society than nursing. (17)					
13.	A problem in my profession is that no one really knows what her/his colleagues are doing. (18)					
14.	It is encouraging to see the high level of idealism which is maintained by people in nursing (24)					
15.	The professional organization doesn't really do too much for the average member in nursing. (26)					
16.	We really have no way of judging each other's competence in nursing (33)					
17.	Although I would like to, I really don't read the journals too often. (36)					
18.	Most people would stay in nursing profession even if their incomes were reduced. (39)					
19.	My own decisions are subject to renew (40)					
20.	There is not much opportunity to judge how another person does her work (43)					
21.	I am my own boss in almost every work-related situation (45)					
22.	If ever an occupation is indispensable, it is nursing profession. (47)					
23.	My colleagues well know how well we all do in our work. (48)					
24.	There are few nurses who don't really believe in their work (49)					
25.	Most of my decisions are reviewed by other people (50)					

VP=very poor; P= poor; NS= not sure; W=well; VW=very well

### Part III: Adam's Professional Identify Scale

S.No.	Statement	SD (1)	D (2)	Neither D nor A (3)	A (4)	SA (5)
1.	I feel like a member of this profession.					
2.	I feel I have strong ties with members of my profession.					
3.	I am often ashamed to admit that I have studied for nursing.					
4.	I find myself making excuses for belonging to this profession.					
5.	I try to hide that I have studied to be part of nursing profession.					
6.	I am pleased to belong to this profession.					
7.	I can identify positively with members of my profession.					
8.	Being a member of nursing profession is important to me.					
9.	I feel I share characteristics with other members of t profession.					

SD= strongly disagree; D= Disagree; Neither D nor A= neither disagree nor agree; A= agree; SA=strongly agree