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Between Ideal and Reality: A Cross-Sectional Study of Nurses' Professional Values and Barriers to Professionalism in Türkiye

Burcin Demircioglu[1] | Elif Atici[2]

[1]Faculty of Medicine, Bursa Uludag University, Bursa, Türkiye | [2]Medical Ethics and History of Medicine Department, Faculty of Medicine, Bursa Uludag University, Bursa, Türkiye

Correspondence: Elif Atici (elifatici@uludag.edu.tr)

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ABSTRACT

Evaluating nurses' professionalism and the obstacles they face is crucial for enhancing healthcare quality and professional satisfaction. The identified challenges still appear to be similar on a global scale. The present cross-sectional study investigated nurses' challenges in meeting professional standards in tertiary healthcare and explored the link between nurses' values and the underlying reasons for these challenges. Data were collected from 500 nurses at a state university hospital using three tools: "Nurse Introduction Form" for sociodemographic and work-related information, "Professionalism Form" to assess understanding of professionalism criteria and barriers, and "Nurses' Professional Values Scale." Results show a positive relationship between the attainability of professional standards and values. The most significant obstacle hindering the achievement of professional standards is systemic. Nurses lack awareness of professional values and are dissatisfied with their profession, especially due to negative working conditions and low income. Due to a lack of authorization, nurses are often unable to provide services fully in line with professional standards. Additionally, this lack of authorization can lead to deviations from their defined job responsibilities. Nurses have limited autonomy and decision-making power despite prioritizing values like human dignity. Meeting professional standards is linked to strongly holding professional values. The relationships between negative factors and NPVS scores show how these issues shape nurses' perception of professionalism.

1 | Introduction

The expectation of meeting changing and increasing demands for healthcare services during the rapidly growing global population and extended life expectancy in the 1960s has increased the significance of nursing (WHO 2016). Although nurses comprise a substantial portion (60%) of the global healthcare workforce, their numbers remain insufficient to meet the growing demands for healthcare services. In Türkiye, however, this rate is considerably lower (17.6%) (Health Statistics Yearbook 2023).

Nurses are the most critical profession for healthcare systems as they provide the majority of direct patient care, yet they face a

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greater workforce shortage compared to other health professions (Wu et al. 2015), and the debate over whether nursing is a profession continues (Gonc 2015; Adams and Miller 2001).

Although there are many factors contributing to the global issue of nurse shortages, one of the most significant reasons is job turnover (Haydari et al. 2016). Globally, the proportion of nurses considering or intending to leave the profession ranges from 4% to 54%. Work-related variables (low occupational commitment, low pay, and few possibilities for development), burnout, work–family conflict, and low autonomy were associated with intention to leave (Flinkman et al. 2010). This rate is between 9% and 11% in European countries (Heinen et al. 2013), while it is very high (55.9%) in Türkiye (Haydari et al. 2016). A study in Türkiye found that nurses leave the profession mainly due to poor working conditions (overtime, irregular work hours, overload, and a stressful and unsafe work environment), negative professional image, lack of autonomy, unsupportive administration/policies (negative attitudes, unfair and discriminatory job assignments, and promotion decisions), personal/family commitments, unwilling career choice, and low pay (Uğur GöK and Kocaman 2011). It is also emphasized that the intention to leave the profession among young nurses is a universal problem, and that the departure of Millennial nurses from the profession will further exacerbate the existing issue of nurse shortages (Flinkman et al.2010; Uğur GöK and Kocaman 2011). Additionally, Millennial nurses have significantly lower organizational commitment (commitment to the institution) and professional commitment (acceptance of the values of the profession) compared to Generation X nurses in Türkiye (Haydari et al. 2016). The status of the profession itself and the restrictions on using initiative contribute to the negative perceptions of the nursing role and image (Uğur GöK and Kocaman 2011). In Türkiye, nurses' higher intention to leave their jobs is attributed to the negative effects of the Health Transformation Program after 2003. With the launch of this program and the establishment of Public Hospital Unions in 2012 in Türkiye, numerous changes have occurred that have made nurses' working conditions more difficult. These regulations—particularly the performance-based payment model—increased nurses' workload without a significant rise in their income. Staffing restrictions in university hospitals also worsened working conditions (Haydari et al. 2016).

The main cause of the nursing shortage and the issues related to the image of nursing are directly linked to the concept of professional identity. For nurses to demonstrate strong commitment to their profession and for nursing to achieve professional status, it is essential that members of the profession possess a strong professional identity (Sabancıogulları and Dogan 2012). To cultivate a strong professional identity, nurses must establish and uphold professional standards, internalize professional values, and make decisions based on the principles of professional knowledge, skills, and behaviors (Schmidt and McArthur 2018). The development of professional identity forms the foundation of professionalization. Since professionalization directly affects professional practices, the inadequate development or failure to develop a strong professional identity among nurses leads to problems such as a lack of influence in the professional field, inability to meet accepted standards of the profession, failure to effectively fulfill the nursing role, insufficient connection to the profession, and the perception of work as being solely dependent on physicians. Professional identity is the nurse's own understanding of what it means to behave as a nurse and to be a nurse (Sabancıogulları and Dogan 2012). Therefore, in debates about whether nursing is a profession, it is important to first determine how nurses perceive their own positions and what factors influence this perception.

2 | Background

2.1 | Dimensions and Stages of Professionalization

The professionalization process entails three dimensions: cognitive, attitudinal, and psychomotor. The cognitive dimension involves acquiring professional knowledge through education and applying it in practice in conjunction with professional values. The attitudinal dimension requires alignment with professional values, while the psychomotor dimension necessitates actively engaging in service delivery and applying acquired knowledge and attitudes to skills. Systematic knowledge, awareness of societal interests, and self-regulation through ethical codes are requirements. Professional values constitute the common denominator (Ghadirian et al. 2014). These dimensions are related to the content and qualification of vocational education and the concept of professional autonomy. So, failure to do so may lead to a loss of autonomy and dissatisfaction with practice standards (Ozdelikara et al. 2016).

The professionalization process involves social, political, and institutional stages. Key components of this process encompass possessing field knowledge and technology, utilizing scientific knowledge, applying theory, providing services that benefit society, adhering to ethical principles and rules, establishing specialized educational institutions and standardizing education, having professional associations, being recognized by the state as a professional activity, and achieving professional autonomy as a result of the process (Sena 2017). It is seen that the ultimate point of the dimensions and stages of professionalization is to achieve autonomy.

2.2 | Nursing in the Debates on Profession

Understanding the dynamics of professionalism is useful for developing professionalism in nursing through stages and steps. Professionalization debates focus on fundamental issues such as social roles, power relations, the structure of education and knowledge, gender roles, and intra-professional hierarchies, contributing to an understanding of how professions integrate into society and the processes of professionalization. There are different approaches to distinguishing professional occupations from nonprofessional ones. The debates on what constitutes a professional occupation often focus on issues of autonomy, social status, educational requirements, and the ethical responsibilities tied to the profession (Gonc 2015). In distinguishing professional occupations from nonprofessional ones, characteristics such as functionality, possession of certain objective qualities (a standardized professional education process, expertise based on theoretical knowledge, ethical values, a

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purpose of serving the public, professional organization, and recognition by the state), autonomy, and control over one's work have been defined. These approaches are critically important in understanding why borderline occupations like nursing are not fully recognized as professional. It becomes evident that professions are shaped not only by knowledge but also by organization, autonomy, and power relations (Gonc 2015).

In 1965, the Education Committee of the American Nurses Association (ANA) officially stated that a baccalaureate degree in nursing should be the minimum preparation required to enter professional nursing practice (Nelson 2002). Nursing was considered a predominantly female occupation until the 1970s (Schmidt and McArthur 2018). While some people view nursing as a fully established profession, still others describe it as a semi-profession or believe that it is still undergoing the process of professionalization (Adams and Miller 2001). Some challenges and obstacles play a role in this diversity by depriving nursing of certain fundamental elements of the profession, such as autonomy and being based on theoretical knowledge, and by preventing nurses from understanding how professional identity is defined. Professionalism and professional identity are rooted in education-based knowledge, skills, and values. However, the internalization of professional identity is related to fulfilling the duties of the profession and is achieved only when a person identifies with their profession (Trede et al. 2012).

From a sociological perspective, one of the main challenges nursing faces in its professionalization process is its dependence on medicine and physicians in terms of professional knowledge and practice. The second challenge is its association with traditionally feminine traits, linking it to the gender barrier. In order for nursing to gain professional status, theoretical and structural transformations have been targeted, such as developing an independent knowledge base separate from medicine, increasing the level of professional education, establishing a theoretical framework specific to nursing, and clarifying job descriptions (Gonc 2015).

2.3 | Professionalism Criteria in Nursing

After Abraham Flexner first introduced the criteria for professions in1915, several scholars in later years between 1959–1981—such as Genevieve & Bixler, Hall, Pavalko, and Kelly—also examined the development of professional criteria (Altıok and Ustun 2014). Common emphasis has been placed on education, autonomy, organization, scientific knowledge-based practices, indispensability, and responsibility to individuals and society. The criterion of having ethical rules was first addressed in 1971 and thereafter. For the first time, Miller et al. (1993) defined professionalism in nursing, initiating the process related to professionalism in the field as educational preparation, research, publication and communication, autonomy, participation in professional organization(s), continuing education and competency, provision of service to society, theory, and codes of ethics (Miller et al. 1993). We believe that the scope of the job description and working in accordance with it should also be included among these criteria. A clear and consistently applied job description helps protect nurses' professional boundaries, fosters professional awareness, balances workload and expectations, supports professional conduct, and provides a foundation for autonomous decision-making (Taleghani et al. 2023).

2.4 | Obstacles Affecting Professionalization in Nursing

The lack of standardized education, inadequate organization, limited specialization, inadequacy in generating and using scientific knowledge, and a scarcity of theory-based research in nursing practices hinder the recognition and professionalization of nursing. Challenges such as the difficulty in achieving autonomy, high workload, part-time employment, and negative self-perceptions of professionalism among nurses contribute to these obstacles (Schmidt and McArthur 2018). In addition, there is a direct relationship between role ambiguity and a diminished sense of teamwork, involvement in non-nursing tasks, deviation from primary responsibilities, and increased workload among nurses in Türkiye (Gonç 2015).

2.5 | The Situation of Nursing in Türkiye

The Ministry of Health, established the day after the founding of the Republic of Türkiye in 1923, initially employed only 4 nurses, but this number increased to 1658 by 1960. With the Nursing Law enacted in 1954 (Law No. 6283), the conditions for becoming a nurse were defined for the first time (graduation from a 3-year high school-level nursing school, being female), and a job description was established (in the role of auxiliary health personnel, dependent on physicians, responsible for vaccinations, dressings, injections, and combating infectious diseases). In the updated law of 2007 (Law No. 6283), bachelor's degree-level nursing education was made mandatory, gender discrimination was abolished, nurses were defined as independent health professionals, and their scope of duties was expanded with multiple roles such as care, counseling, education, research, and management. The right to make independent decisions within the framework of scientific knowledge and ethics was granted, and specialist nursing was defined. The professional organization began in 1933 with volunteer nurses under the name “Turkish Nurses' Aid Society” and was renamed the “Turkish Nurses Association” in 1943. Serving with 16 branches, it is the umbrella association for nursing in Türkiye. The association continues its work in the areas of nursing practice, administration, education, and personnel rights, and has led the enactment of the Nursing Law and its regulations.

With the Health Transformation Program in 2003, the employment of contractual nurses began. Today, nurses are employed under seven different statuses (permanent staff, contractual, worker, substitute nurse, etc.), which has caused disparities in personnel rights. Specializations are not taken into account in employment. Unlike physicians, nurses' tasks are not scored, and they do not receive performance-based pay. Their salaries are significantly below what is needed for a good quality of life (Turedi et al. 2019).

Although a bachelor's degree education became mandatory in 2007, due to the need for nurses, health vocational high schools

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continued to graduate students with the nurse title until 2017. Therefore, there are nurses with different education levels, such as bachelor's, associate degree, and high school, who have similar duties and responsibilities. In the central exams held to employ nurses in public institutions, instead of an exam that measures professional knowledge and skills, an exam that tests numerical and verbal abilities is administered (Soydaş and Harmancı-Seren 2023). During this period, the proportion of nurses among healthcare workers decreased from 19.1% in 2002 to 17.6% in 2023. Employment rates in the private sector have increased. The number of nurses per 100,000 people is 291, which is significantly lower than in OECD and EU countries (Health Statistics Yearbook 2023).

Although the Nursing Law (2007) introduces a modern job description, expands the scope of the profession, and emphasizes professional autonomy, it is evident that this legal framework has not been fully implemented in practice. According to the Health and Social Service Workers' Union (2015), nurses are often assigned duties outside their job descriptions. Although graduates such as medical secretaries, physiotherapists, and occupational therapists are produced, trained personnel are not employed, and these tasks are instead burdened onto nurses. Insufficient staffing leads to heavy workloads for nurses, increases the number of shifts, and creates a risk of losing professional identity. Specialization practices have not become widespread; for example, a neonatal nurse may be working in psychiatric nursing.

3 | THE Study

3.1 | Aim

To comprehensively analyze the challenges nurses face in achieving professional standards and values in tertiary healthcare services. By examining the underlying causes of these challenges, it seeks to identify the factors hindering professionalism and to explore the relationship between the difficulties nurses encounter and their awareness of professional values and professionalism criteria. The study's novelty lies in exploring systemic obstacles alongside professional values, integrating barriers to professionalism, nurses' perceived status, and value-based professional identity within a single research framework, and providing a data-driven link between organizational/institutional factors and nurses' internalization of professional values.

The study tests the following hypotheses:

H1. *There is a linear relationship between professional values and professionalism criteria.*

H2. *Nurses are unable to provide services according to professionalism criteria.*

Ultimately, the study aims to establish a quantitative connection between value systems and systemic challenges, provide insights for national and international nursing education and policies, and contribute evidence to the global literature on the complexities of nursing professionalization in developing or semi-professional contexts.

4 | Methods

4.1 | Design

The study was conducted as a descriptive and cross-sectional research to answer the research questions, "What's the level of nurses' professionalism?"; "Which factors negatively affect nurses' professionalism values?"; and "What is the relationship between nurses' professionalism values and influencing factors?"

With this research design, it is possible to effectively reveal nurses' real-life experiences, analyze the relationships between perceived barriers and professional values, provide evidence-based data for practice, education, and policy development, and evaluate variables within a specific time frame.

4.2 | Population Sample

The target population comprised all 710 nurses, excluding the 150 nurses on long-term leave, within a state university hospital in the year 2020, based on valid personnel data. No sampling was conducted. Ultimately, 500 nurses who signed an informed consent form and volunteered to participate in the study were included, resulting in a participation rate of 70.4%.

4.3 | Data Collection Tools

The data were collected using two instruments. The questionnaire, consisting of two parts (Nurse Introduction Form and Professionalism Form) and 35 questions, was developed by the researchers. The "Nurse Introduction Form" comprised 16 questions to determine nurses' sociodemographic and work-related characteristics. The "Professionalism Form" contained 19 questions based on established professionalism criteria in nursing.

In our study, since the 31-item version of the Nurses' Professional Values Scale (NPVS) was used to identify nurses' values, the criterion of having/adhering to ethical rules was excluded. Based on the literature, the criteria for professionalism were defined as education, organization, specialization, scientific knowledge production in practice areas, the ability to act independently and make decisions to fulfill one's own responsibilities, participation in decision-making mechanisms, and legal authorization.

In the Professionalism Form, questions have been developed regarding the current status of nurses and the challenges/obstacles they face in meeting the criteria related to education, membership in professional associations, following innovations in nursing, teamwork, and autonomy. Given that adherence to job descriptions is linked to the concept of professional identity,

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we included it as a professionalism criterion, despite its absence from the explicit criteria list.

Additionally, the NPVS, initially developed by Weis and Shank (2000, Sahin-Orak and Ecevit-Alpar 2012) based on the ANA Code of Ethics, was employed. Sahin-Orak and Ecevit-Alpar validated and reliability-tested the scale in Turkish (Sahin-Orak and Ecevit-Alpar 2012). As a result of factor analysis, the number of items in the original scale was reduced from 44 to 31. The 44-item version of the NPVS is used to determine nurses' perspectives on ethical rules, while the 31-item version is used to examine nurses' values. The 31-item version, categorized into five sub-dimensions: safety, responsibility, action, autonomy, and human dignity, was used. Responses were recorded on a Likert scale ranging from 5 (*extremely important*) to 1 (*not important*), with higher scores indicating a stronger emphasis on professional values. The scoring range was 31–155. The Cronbach's alpha reliability coefficient for this study was 0.96 (Supporting Information S1).

4.4 | Data Collection

Following the explanation of the study's purpose, the Questionnaire Form and the NPVS were distributed among nurses, ensuring their voluntary consent. Nurses were requested to complete these forms in a quiet environment. Care was taken to avoid affecting their working hours during the completion of the forms.

4.5 | Data Analysis

Descriptive and inferential statistical methods consistent with the study's objectives and data structure were employed. Descriptive statistics were presented as mean, standard deviation, median, minimum, and maximum values for continuous variables, and as frequencies and percentages for categorical variables.

The Shapiro–Wilk test was used to assess the normality of continuous variables. Parametric tests were applied to variables that showed a normal distribution. Specifically, independent samples *t*-tests were used to compare the mean scores of continuous variables and the NPVS and its subscales when the assumption of normality was met. For variables that did not meet the assumption of normality, nonparametric tests such as the Mann–Whitney *U* test were used, where applicable. For comparisons involving more than two independent groups, one-way analysis of variance (ANOVA) was applied to normally distributed variables, while the Kruskal–Wallis test was used as a nonparametric alternative when normality assumptions were not met. When statistically significant differences were detected, post hoc pairwise comparisons were conducted using the Bonferroni correction to control for multiple comparisons.

Categorical variables were analyzed using appropriate statistical tests based on distributional assumptions and cell counts; Pearson's chi-square test, Fisher's exact test, and the Fisher–Freeman–Halton test were used where appropriate.

The reliability of the NPVS and its subscales was assessed using Cronbach's alpha coefficient. Questionnaires with missing or incomplete data were excluded from the analysis. A *p*-value of $\alpha = 0.05$ was considered statistically significant. All statistical analyses were conducted using IBM SPSS Statistics for Windows, Version 29.0.2.0 (Released in 2023, Armonk, NY: IBM Corp.).

4.6 | Ethical Considerations

Ethical approval from Bursa Uludag University Clinical Research Ethics Committee (Ethical approval number: 2019-20/1; approval date: 04.12.2019) and institutional permission from Bursa Uludag University Hospital (Ethical approval number: 73115338-819/36040; approval date: 29.11.2019) were obtained. Written permission was secured to use the Turkish version of the NPVS (Approval date: 13.11.2019). Participants were informed about the right to self-determine participation and the assurance of anonymity. The study adhered to the principles of the Declaration of Helsinki.

5 | Results

5.1 | Sociodemographic and Work-Related Background

The average age of nurses is 37.38 ± 8.07 years, the average duration of professional experience is 14.5 ± 8.0 years, and the average number of patients cared per day is 27.98 ± 57.41. In total, 90.8% of the participants are female, and 89.8% have at least a bachelor's degree. The proportion of those working in internal medicine departments and those working in shifts is 61.4% and 60.3%, respectively. In total, 67.8% are clinical nurses, while 12% are nurse managers. In total, 82.6% consider their income insufficient. Although 66.4% chose the nursing profession willingly, 68% stated that they would not choose it again. A significant statistical difference exists only between nurses who willingly chose the nursing profession and those who would not choose it now ($p < 0.001$). The primary reason cited by nurses for not choosing nursing again is the working conditions (Supporting Information S2).

5.2 | Assessment of Professionalism Criteria

Given the professionalism criteria, only one nurse among the participants expresses all options (0.2%) (Supporting Information S3). Many nurses (46.6%) find their prequalification education to be insufficient for effective service, and believe the education content fails to meet service requirements (53.4%). Approximately 47.4% of participants are association members. The main reason for not joining is the belief that associations do not act in the profession's best interest (52.5%). About 59% have not followed up with nursing innovations, mainly due to long working hours (46%). Most nurses (94.6%) see themselves as vital team members, yet inadequate staffing (82%) poses a significant barrier to effective team communication. While 68.9% of nurses report having a say in patient care decisions, only 33% feel they have genuine autonomy based on competence, expertise, and knowledge. Perception of nurses as assistants to

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physicians within the healthcare system is the most prevalent reason (74.4%) (Table 1).

In total, 75% of nurses are aware of their job definition within their hospital, and among all nurses, 29.4% accurately define or closely match the job description. In total, 47% reported that they do not work in accordance with the job description. Cited reasons for not working in accordance with the job description are to ensure not to harm the patient and uninterrupted service (69.7%), to promptly resolve any problems (56.8%), and to prevent issues with administrators (50%) (Supporting Information S4).

Based on the provided professionalism definition, 80.4% of nurses define themselves as professionals. Heavy workload (80.6%), undertaking tasks beyond job descriptions (68.2%), hierarchical structure (67.4%), and staff and equipment shortage (60%) were indicated as the primary reasons negatively affecting professionalism (Supporting Information S5).

5.3 | Nurses' Professional Values Scale

The mean score in NPVS is 118.74 ± 19.38 (Min–Max = 74–155). Human dignity receives the highest average score, while the autonomy sub-dimension receives the lowest (Supporting Information S6). The top three items rated as extremely important are the "*securing the individual's right to privacy*" in human dignity, "*protecting the community from unsafe health products/practices*," and "*clearly enunciating the values and goals of the nursing profession*" in safety. Conversely, the first three items considered unimportant are the "*participating in peer-level peer evaluations*" and "*requesting peer review of their own professional practice*" in responsibility, and the "*using the title of nurse in line with education to raise the image of the profession*" in autonomy (Table 2).

5.4 | Relationship Between Questionnaire and NPVS

In the comparison of NPVS total and sub-dimension scores with "Nurse Introduction Form" and "Professionalism Form," only those showing a significant relationship ($p < 0.05$) are presented in Table 3. A significant relationship was found between autonomy scores and educational level, managerial status, and choosing the profession willingly. There was also a significant relationship between the professionalism criteria identified by nurses and the total and subscale scores of the scale. Higher scale scores were observed among those who participate in professional organizations, follow innovations and/or take part in research, have autonomy, and are aware of their job description.

5.5 | Factors Negatively Affecting Professionalism

Nurses who identified factors like "differences in education level," "undertaking tasks beyond job descriptions," "lack of organized empowerment," and "lack of involvement in policy-making on healthcare" as negative influences on professionalism scored significantly higher on the scale and sub-dimensions ($p < 0.05$). Nurses who identified "hierarchical structure in hospital" and "inability to follow scientific developments due to economic insufficiency" as influencing factors scored higher on the scale and its sub-dimensions, except for the safety sub-dimension. Table 4 displays only the significant relationships between NPVS total and sub-dimension scores and these professionalism-impacting factors.

6 | Discussion

6.1 | Nurses' Professional Status and Professionalism Obstacles

Although nurses with low knowledge of professional values may rely on personal experiences or institutional culture (Tadd et al. 2006), nurses generally recognize the importance of values (Poorchangizi et al. 2017). In our study, many nurses identify themselves as professionals (80.4%), yet their awareness of professionalism criteria is notably low (0.2%). Nurses most commonly consider undergraduate-level education, specialization, and strong professional organization as key criteria of professionalism. However, the proportion of those who believe that education should be standardized and its adequacy evaluated is relatively low. This discrepancy may be attributed to the slow development of nursing as a science-based discipline and ongoing disagreements regarding educational requirements.

Considering that professionalism reflects the level of commitment and identification with the profession (Wynd 2003), the results of our study are indeed noteworthy. Previous research in Türkiye has underscored that the level of professionalism among nurses is low (Dikmen et al. 2016). However, commitment to the profession and identification with it is closely linked to the willingness to choose nursing as a career. It is concerning that in our study, 68% of nurses expressed that they would not choose nursing again. Working conditions, negative professional perception, low income, work–life balance, and mobbing are the reasons for not choosing nursing. These findings highlight the significant challenges facing the nursing profession in terms of retaining experienced nurses and attracting new talent, which is a global issue that requires urgent attention (Wynd 2003).

The challenges facing the development of professional behavior, the adoption of professional identity, and the fulfillment of professional roles in Türkiye are multifaceted. Our findings are consistent with the existing literature, showing that obstacles such as workload, long working hours, differences in education levels, task-oriented duties, job security issues, hierarchical structures, low income (Dikmen et al. 2016), staff and equipment shortages (Dikmen et al. 2016; Celik et al. 2012), disorganization in duty sharing, lack of legal regulations related to nursing, performing non-nursing tasks, lack of a professional attitude by managers (Cakı and Sonmez 2020), and challenges related to the shift system (Dikmen et al. 2014) continue to persist. It has been stated that the transformation of nursing into a paid service in Türkiye is another significant issue hindering the advancement of the profession. It has been observed that nurses can easily leave the profession based on economic or familial needs. Additionally, the fact that the majority of nurses are women has led to a noticeable number of them leaving the

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TABLE 1 | Nurses' professional statuses and barriers to professionalism.

Perceiving the pre-graduation education as sufficient in service delivery		***n***	**%**
Yes		267	53.4
No		233	46.6
Reasons for finding pre-graduation education insufficient in service delivery		***n***	**%**
Education content does not adequately meet the requirements of service delivery		124	53.4
Different professional groups want to control nursing practices		55	23.7
Inability of nurses to manage themselves in line with the education received		45	19.4
Reluctance to participate in professional development activities		2	0.9
Other		6	2.6
Membership in a national and/or international association		***n***	**%**
Turkish Nurses Association		113	22.6
Specialty associations		43	8.6
ICN/Sigma Theta Tau		1	0.2
Other health organizations		80	16.0
Not a member of any association		263	52.6
Reasons for not being a member of any association[a]		***n***	**%**
Not having enough time for follow-up		123	46.8
Believing that associations do not act in the profession's best interest		138	52.5
Not wanting to pay membership fees		15	5.7
Feeling that associations do not adequately represent themselves		103	39.2
Other		8	3.0
Following up innovations in nursing[a]		***n***	**%**
Following scientific publications		158	31.6
Writing scientific articles		24	4.8
Participating as a listener in scientific events		201	40.2
Participating in scientific events with studies conducted or involved		75	15.0
Not follow up any innovations		295	59.0
Reasons for not following up innovations in nursing[a]		***n***	**%**
Economic factors		60	12.0
Lack of time due to long working hours		230	46.0
Lack of awareness on the subject		44	8.8
Lack of desire/interest		53	10.6
Doing the job just to earn money		23	4.6
Prioritizing family responsibility		119	23.8
Other	Burnout	4	0.8
	Lack of institutional support	1	0.2
	Lack of information about events	1	0.2
	Lack of interest in following innovations	1	0.2
Seeing nursing as part of the team		***n***	**%**
Yes		473	94.6
No		27	5.4

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TABLE 1 | (Continued)

Reasons affecting inter-team communication negatively[a]		***n***	**%**
Extreme patient circulation		344	68.8
Insufficient tools-equipment		245	49.0
Long working hours		338	67.6
Staff shortage		410	82.0
Dealing with patients at risk of life and patient relatives		256	51.2
Disturbed sleep		293	58.6
Other	Problems with other team members	13	2.6
	Individual problems	9	1.8
	Administrative problems	10	2.0
Having a say in patient care decisions		***n*[1]**	**%**
Yes		344	68.9
No		155	31.1
Having autonomy		***n***	**%**
Yes		165	33.0
No		335	67.0
Reasons affecting autonomy negatively[a]		***n***	**%**
Nurses have an obedient personality		142	28.4
Prioritize dependent functions such as satisfying physician requests		322	64.4
Perception of nurses as assistants to physicians within the healthcare system		372	74.4
Lack of standards in nursing education system		213	42.6
Nursing is generally considered as female-dominated		66	13.2
Traditional perspective		209	41.8
Viewing nurses as intermediate/semiskilled staff		352	70.4
Other		5	1.0

[a]Participants marked more than one choice; $n^1 = 499$.

profession after marriage or choosing other careers due to the challenging working conditions (Adiguzel et al. 2011).

Our study also revealed additional obstacles not extensively discussed in the literature, such as theory–practice differences, a physician-dependent role, and social image concerns. Furthermore, one in five nurses identified negative team relationships, and one in three pointed to managers' lack of motivation skills as a significant obstacle. These findings suggest that while systemic issues remain the primary barrier to professionalization, individual factors such as nurses' lack of awareness of professionalism criteria also contribute to the challenges.

6.2 | Nurses' Professional Values

The NPVS total score in Türkiye has shown variability over the past decade, ranging from 90.7 ± 14.7 to 132.5 ± 29.9 in previous studies (Göriş et al. 2014; Can and Acaroglu 2015; Zengin et al. 2018; Suzen and Cevik 2020). This is 118.74 ($\pm$ 19.38) in this study. In the literature, several factors have been found to positively influence professional attitudes as education level (at least an undergraduate degree) (Cetinkaya-Uslusoy et al. 2015; Dikmen 2016; Öz and Özyürek 2018; Gecit and Ozbayir 2020), employee satisfaction (Altıok and Ustun 2014; Kantek and Kaya 2017), choosing the profession voluntarily and not considering leaving it, membership in professional associations (Zengin et al. 2018; Dikmen 2016), working day shifts/non-shift work (Can and Acaroglu 2015), being young, receiving ethics training (Gecit and Ozbayir 2020), low professional service period (1–5 years) (Dikmen et al. 2014; Öz and Özyürek 2018; Gecit and Ozbayir 2020), holding a managerial position, participating in scientific activities (Dikmen 2016; Kantek and Kaya 2017), being single (Dikmen 2016; Öz and Özyürek 2018), working in a university hospital, and consistently working in the same unit (Öz and Özyürek 2018). However, no significant relationship was found regarding these characteristics in our study. This discrepancy suggests that the factors influencing professional attitudes among nurses in Türkiye may vary or that additional factors not explored in our study could be at play. Further research is needed to better understand the determinants of professional attitudes among nurses in Türkiye.

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TABLE 2 | Frequency of NPVS responses.

Items	Sub-dimensions	Not important	Less important	Important	Very important	Extremely important
Safety				***n* (%)**		
1	Conducting continuous self-assessment	2 (0.4)	22 (4.4)	224 (44.8)	136 (27.2)	116 (23.2)
2	Asking for consultation/cooperation when inadequate to meet the individual's needs	1 (0.2)	13 (2.6)	172 (34.4)	180 (36.0)	134 (26.8)
3	Protecting the community from unsafe health products/practices	1 (0.2)	7 (1.4)	119 (23.8)	158 (31.6)	215 (43.0)
5	Clearly enunciating the values and goals of the nursing profession	0 (0)	10 (2.0)	128 (25.6)	151 (30.2)	211 (42.2)
Responsibility				***n* (%)**		
6	Providing individual information to the healthcare team	4 (0.8)	16 (3.2)	153 (30.6)	199 (39.8)	128 (25.6)
7	Participating in peer-level peer evaluations	33 (6.6)	59 (11.8)	205 (41.0)	128 (25.6)	75 (15.0)
8	Using guidelines to determine the relevance of studies	2 (0.4)	33 (6.6)	191 (38.2)	157 (31.4)	117 (23.4)
9	Setting standards as a guide to daily nursing practice	2 (0.4)	15 (3.0)	171 (34.2)	172 (34.4)	140 (28.0)
10	Ensuring and maintaining standards where planned teaching activities for students take place	2 (0.4)	19 (3.8)	172 (34.5)	175 (35.1)	131 (26.3)
11	Using diagnostic data to make nursing diagnoses	2 (0.4)	11 (2.2)	168 (33.6)	170 (34.0)	149 (29.8)
12	Requesting peer review of their own professional practice	26 (5.2)	67 (13.4)	210 (42.0)	136 (27.2)	61 (12.2)
Action				***n* (%)**		
4	Participating in the determination of national policy decisions affecting the allocation of resources	7 (1.4)	32 (6.4)	222 (44.4)	132 (26.4)	107 (21.4)
16	Contributing to the development of ethical guidelines	1 (0.2)	14 (2.8)	208 (41.6)	162 (32.4)	115 (23.0)
17	Taking responsibility for the society in terms of the execution and observance of nursing standards	1 (0.2)	11 (2.2)	192 (38.4)	182 (36.4)	114 (22.8)
18	Taking part in the determination of work conditions and rules	2 (0.4)	14 (2.8)	157 (31.4)	162 (32.4)	165 (33.0)
23	Participating in the determination of corporate decisions affecting the allocation of resources	3 (0.6)	29 (5.8)	188 (37.6)	159 (31.8)	121 (24.2)
Autonomy				***n* (%)**		
19	Recognizing the limits of professional nursing practice	5 (1.0)	20 (4.0)	186 (37.2)	151 (30.2)	138 (27.6)
20	Using the title of nurse in line with education to raise the image of the profession	17 (3.4)	40 (8.0)	148 (29.6)	142 (28.4)	153 (30.6)
21	Providing high-quality nursing care in line with standards	2 (0.4)	11 (2.2)	129 (25.9)	152 (30.5)	127 (25.4)
22	Participating in the evaluation of standards for improving nursing care	1 (0.2)	14 (2.8)	141 (28.2)	185 (37.0)	159 (31.8)
Human dignity				***n* (%)**		
13	Providing information so that the individual/family can make decisions	7 (1.4)	27 (5.4)	213 (42.6)	174 (34.8)	79 (15.8)
14	Recognizing that the individual has the right to choose the treatment plan	3 (0.6)	20 (4.0)	190 (38.0)	160 (32.0)	127 (25.4)

(Continues)

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TABLE 2 | (Continued)

Items	Sub-dimensions	Not important	Less important	Important	Very important	Extremely important
15	Comply with written guidelines for providing information when asked to disclose confidential information	2 (0.4)	15 (3.0)	196 (39.3)	130 (26.1)	156 (31.3)
24	Refusing to participate in care practices that conflict with professional values	2 (0.4)	21 (4.2)	160 (32.0)	140 (28.0)	177 (35.4)
25	Acting as a patient advocate	15 (3.0)	63 (12.6)	199 (39.8)	115(23.0)	108 (21.6)
26	Providing unprejudiced care to individuals with different lifestyles	0 (0)	9 (1.8)	150 (30.0)	145 (29.0)	196 (39.2)
27	Securing the individual's right to privacy	0 (0)	5 (1.0)	117 (23.4)	136 (27.2)	242 (48.4)
28	Confronting healthcare team members with questionable or inappropriate practices	3 (0.6)	10 (2.0)	134 (26.8)	144 (28.8)	209 (41.8)
29	Protecting the rights of participants in research	3 (0.6)	14 (2.8)	169 (33.8)	160 (32.0)	154 (30.8)
30	Using appropriate research in practice	0 (0)	14 (2.8)	179 (35.8)	183 (36.6)	124 (24.8)
31	Using ethical principles as a guide in practice	1 (0.2)	9 (1.8)	145 (29.0)	155 (31.0)	190 (38.0)

The significant relationship observed between factors that nurses perceive as negatively affecting their professionalism and their NPVS scores underscores the interaction between characteristics related to the nursing profession and professionalism values. Nurses identifying issues such as differences in education levels, tasks beyond their job descriptions, lack of organization, limited involvement in healthcare policy-making, hierarchical hospital structures, and economic insufficiency hindering their ability to follow scientific developments tend to have higher NPVS scores. These results suggest that education, scope of practice, and participation in health policies should be prioritized in professionalization. Nurses must take individual responsibility and establish professional organizations to control their policies and behaviors and be independent. However, while medical applications require teamwork, they often have a hierarchical structure due to the need for functional dominance. Medical expertise in diagnosis and treatment planning means other healthcare professions are subject to physicians' authority. A hierarchy based on scientific expertise is typically established in producing medical knowledge, with physicians playing the leading role (Sena 2017).

Our study revealed that 21.4% of nurses expressed concerns about their ability to keep pace with scientific advancements due to economic constraints. Interestingly, those who voiced these concerns tended to score higher in responsibility, autonomy, and human dignity on the NPVS scale. This underscores the importance of raising awareness of scientific standards and improving nurses' income levels to support their professional development. Addressing economic challenges requires comprehensively evaluating the state's and legal systems' roles within the broader institutional framework. The state can be pivotal in enhancing nurses' professional autonomy through legislative measures, educational initiatives, and healthcare reforms. However, it can also restrict their autonomy by failing to align job descriptions with responsibilities, offering inadequate salaries, and failing to support their involvement in scientific endeavors.

In our study, the highest and lowest sub-dimension scores were in human dignity and autonomy, similar to most studies in Türkiye (Can and Acaroglu 2015; Zengin et al. 2018; Suzen and Cevik 2020). Autonomy, action, and human dignity scores were higher in head and assistant head nurses and those with managerial positions at any point in their professional careers. Autonomy scores are expected to be high for nurses in managerial positions as they enable them to exercise primary control in practice, establish authority over their work functions, and make independent decisions in communication and collaboration with their team members. Nurses who willingly chose and enjoyed the profession also exhibited higher autonomy scores.

6.3 | Nurses' Status in the Context of Professionalism Criteria and Professional Values

Our findings demonstrate a significant correlation between the professionalism criteria recognized by nurses and their professional values. Furthermore, there is a linear relationship between their status in the context of professionalism and the scale scores (Table 3).

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TABLE 3 | Analyzing the relationship between questionnaires and NPVS.

Categorical variables		NPVS	Safety	Responsibility	Action	Autonomy	Human dignity
Education level	Vocational colleges	115.46 ± 22.46	15.15 ± 3.08	24.62 ± 5.36	18.23 ± 3.88[ab]	14.85 ± 3.11[ab]	42.62 ± 8.61
	Associate degree	114.95 ± 16.06	15.34 ± 2.25	25.08 ± 3.82	17.79 ± 3.02[a]	15.08 ± 2.63[a]	41.66 ± 6.65
	Undergraduate	118.12 ± 19.56	15.82 ± 2.85	25.6 ± 4.81	18.67 ± 3.5[a]	15.43 ± 3.03[a]	42.6 ± 7.58
	Master's degree	124.41 ± 18.31	16.29 ± 2.65	27.06 ± 4.64	20.24 ± 3.26[b]	16.97 ± 2.72[b]	44.14 ± 7.2
	p	0.051	0.292	0.091	**0.001**	**0.001**	0.346
Position	Head nurse/assistant head nurse	129.41 ± 17.27	17 ± 2.5	28.06 ± 4.94	21.11 ± 3.29[b]	17.06 ± 2.01[b]	47.06 ± 6.69[b]
	Supervisor	120 ± 16.09	15.79 ± 2.52	25.79 ± 4.07	19.02 ± 3.1[ab]	16.46 ± 2.79[ab]	43.02 ± 6.95[ab]
	Clinical nurse	117.59 ± 20.09	15.74 ± 2.91	25.58 ± 4.91	18.65 ± 3.52[a]	15.35 ± 3.11[a]	42.27 ± 7.66[a]
	Polyclinic nurse	120.26 ± 18.01	15.95 ± 2.5	25.87 ± 4.43	18.94 ± 3.54[ab]	15.88 ± 2.79[ab]	43.61 ± 7.12[ab]
	p	0.067	0.298	0.214	**0.032**	**0.012**	**0.033**
Holding a managerial position at any period of their professional life	Yes	122.49 ± 17.55	16.11 ± 2.5	26.37 ± 4.58	19.47 ± 3.44	16.53 ± 2.77	44.19 ± 6.89
	No	117.62 ± 19.77	15.75 ± 2.87	25.55 ± 4.8	18.63 ± 3.51	15.33 ± 3.03	42.35 ± 7.64
	p	0.012	0.189	0.106	**0.023**	**< 0.001**	**0.015**
Choosing the profession willingly	Yes	119.5 ± 18.43	15.88 ± 2.66	25.98 ± 4.59	18.87 ± 3.4	15.81 ± 2.9	43.02 ± 7.25
	No	117.22 ± 21.11	15.74 ± 3.03	25.28 ± 5.06	18.73 ± 3.72	15.2 ± 3.2	42.29 ± 7.99
	p	0.239	0.601	0.121	0.671	**0.034**	0.323

Professionalism criteria according to nurses[a]		NPVS	Safety	Responsibility	Action	Autonomy	Human dignity
Standardization and adequacy of education	Yes	121.85 ± 19.08	16.15 ± 2.8	26.31 ± 4.79	19.37 ± 3.55	16.1 ± 2.94	44.01 ± 7.25
	No	114.72 ± 19.06	15.43 ± 2.74	25.01 ± 4.63	18.12 ± 3.33	14.98 ± 3	41.18 ± 7.55
	p	**< 0.001**	**0.004**	**0.002**	**< 0.001**	**< 0.001**	**< 0.001**
Minimum undergraduate education requirement	Yes	119.75 ± 19.59	15.98 ± 2.79	25.96 ± 4.76	19 ± 3.54	15.73 ± 2.99	43.14 ± 7.58
	No	115.34 ± 18.32	15.33 ± 2.74	25.03 ± 4.71	18.25 ± 3.36	15.18 ± 3.06	41.55 ± 7.17
	p	**0.033**	**0.029**	0.067	**0.044**	0.088	**0.047**
Strong professional organization	Yes	120.37 ± 19.82	16.01 ± 2.81	26.12 ± 4.79	19.15 ± 3.62	15.75 ± 3.06	43.4 ± 7.62
	No	114.23 ± 17.39	15.34 ± 2.7	24.7 ± 4.53	17.93 ± 2.99	15.2 ± 2.87	41.06 ± 6.92

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TABLE 3 | (Continued)

Professionalism criteria according to nurses[a]		NPVS	Safety	Responsibility	Action	Autonomy	Human dignity
	p	**0.001**	**0.018**	**0.003**	**0.001**	0.068	**0.002**
Specialization	Yes	120.25 ± 19.77	16.03 ± 2.84	25.97 ± 4.85	19.14 ± 3.58	15.86 ± 3.07	43.31 ± 7.56
	No	114.5 ± 17.64	15.29 ± 2.59	25.1 ± 4.45	17.93 ± 3.12	14.89 ± 2.75	41.29 ± 7.18
	p	**0.002**	**0.009**	0.071	**< 0.001**	**0.002**	**0.008**
Scientific knowledge production in application areas	Yes	121.61 ± 20.09	16.16 ± 2.89	26.34 ± 4.89	19.37 ± 3.65	16.06 ± 3.04	43.75 ± 7.62
	No	114.4 ± 17.42	15.34 ± 2.56	24.84 ± 4.42	18 ± 3.11	14.92 ± 2.84	41.3 ± 7.11
	p	**< 0.001**	**0.001**	**< 0.001**	**< 0.001**	**< 0.001**	**< 0.001**
Ability to act independently and make decisions to fulfill one's own responsibilities	Yes	120.11 ± 19.89	15.97 ± 2.85	25.96 ± 4.93	19.18 ± 3.6	15.84 ± 2.95	43.23 ± 7.64
	No	116.22 ± 18.19	15.58 ± 2.68	25.34 ± 4.42	18.18 ± 3.25	15.18 ± 3.09	41.94 ± 7.21
	p	**0.032**	0.133	0.150	**0.002**	**0.020**	0.066
Taking part in decision mechanisms and being authorized by law	Yes	120.66 ± 19.85	16.08 ± 2.81	26.08 ± 4.94	19.22 ± 3.6	14.98 ± 2.86	43.41 ± 7.7
	No	115.01 ± 17.9	15.34 ± 2.7	25.08 ± 4.33	18.06 ± 3.19	15.93 ± 3.04	41.54 ± 6.97
	p	**0.002**	**0.005**	**0.020**	**< 0.001**	**0.001**	**0.007**

Professional organization		NPVS	Safety	Responsibility	Action	Autonomy	Human dignity
Membership in a national and/or international association							
Turkish Nurses Association		122.85 ± 20.26[a]	16.3 ± 2.84	26.75 ± 4.99[a]	19.72 ± 3.78[a]	16.32 ± 3.00[a]	43.95 ± 7.58
Specialty associations		123.95 ± 17.33[ab]	16.16 ± 2.41	27.09 ± 4.54[ab]	19.84 ± 3.31[ab]	16.65 ± 2.67[a]	44.21 ± 6.97
Other health organizations		117.35 ± 19.5[ab]	15.55 ± 2.84	25.33 ± 4.83[ab]	18.34 ± 3.35[b]	15.25 ± 3.19[ab]	42.89 ± 7.83
Not a member of any association		116.62 ± 18.96[b]	15.67 ± 2.8	25.22 ± 4.6[b]	18.44 ± 3.38[b]	15.25 ± 2.94[b]	42.03 ± 7.41
	p	**0.008**	0.139	**0.006**	**0.001**	**0.001**	0.075
Reasons for not being a member of any association[a]							
Believing that associations do not do anything on behalf of the profession	Yes	119.48 ± 19.5	15.91 ± 2.8	26 ± 4.69	18.95 ± 3.56	15.77 ± 3.02	42.91 ± 7.52
	No	116.75 ± 18.96	15.64 ± 2.77	25.05 ± 4.9	18.49 ± 3.35	15.16 ± 2.98	42.41 ± 7.48
	p	0.132	0.299	**0.034**	0.170	**0.031**	0.458

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TABLE 3 | (Continued)

Professional organization		NPVS	Safety	Responsibility	Action	Autonomy	Human dignity
Not wanting to pay membership fees	Yes	118.98 ± 19.31	15.86 ± 2.78	25.82 ± 4.73	18.86 ± 3.49	15.67 ± 2.98	42.83 ± 7.52
	No	111 ± 20.51	15.07 ± 3.01	23.4 ± 5.22	17.87 ± 4.16	13.73 ± 3.61	40.93 ± 7.06
	p	0.112	0.279	0.051	0.275	**0.014**	0.325
Feeling that associations do not adequately represent themselves	Yes	119.72 ± 19.5	15.86 ± 2.8	26.02 ± 4.77	19 ± 3.54	15.83 ± 2.99	43.07 ± 7.52
	No	114.99 ± 18.52	15.73 ± 2.78	24.7 ± 4.59	18.16 ± 3.31	14.74 ± 2.97	41.67 ± 7.41
	p	**0.047**	0.713	**0.019**	0.051	**0.002**	0.152
Following up innovations in nursing		**NPVS**	**Safety**	**Responsibility**	**Action**	**Autonomy**	**Human dignity**
Following scientific publications	Yes	124.01 ± 18.97	16.42 ± 2.82	26.7 ± 4.87	19.96 ± 3.59	16.43 ± 2.75	44.63 ± 7.22
	No	116.32 ± 19.11	15.56 ± 2.74	25.3 ± 4.65	18.3 ± 3.35	15.23 ± 3.06	41.92 ± 7.49
	p	**< 0.001**	**0.001**	**0.002**	**< 0.001**	**< 0.001**	**< 0.001**
Writing scientific articles	Yes	127.09 ± 20.41	16.75 ± 3.04	27.57 ± 5.15	20.96 ± 3.78	16.83 ± 2.9	45.71 ± 7.5
	No	118.33 ± 19.26	15.79 ± 2.77	25.66 ± 4.73	18.72 ± 3.46	15.55 ± 3.01	42.63 ± 7.49
	p	**0.034**	0.099	0.060	**0.002**	**0.041**	**0.049**
Participating as a listener in scientific events	Yes	123.6 ± 18.05	16.49 ± 2.56	26.7 ± 4.82	19.67 ± 3.46	16.43 ± 2.73	44.42 ± 6.93
	No	115.49 ± 19.58	15.39 ± 2.86	25.1 ± 4.62	18.26 ± 3.43	15.06 ± 3.08	41.67 ± 7.69
	p	**< 0.001**	**< 0.001**	**< 0.001**	**< 0.001**	**< 0.001**	**< 0.001**
Participating in scientific events with studies conducted or involved	Yes	129.15 ± 17.13	16.81 ± 2.61	28 ± 4.54	21.13 ± 3.2	17.2 ± 2.67	46.15 ± 6.42
	No	116.94 ± 19.2	15.66 ± 2.79	25.35 ± 4.69	18.42 ± 3.4	15.33 ± 2.99	42.18 ± 7.54
	p	**< 0.001**	**0.001**	**< 0.001**	**< 0.001**	**< 0.001**	**< 0.001**
Inability to follow innovations	Yes	115.74 ± 19.25	15.45 ± 2.74	25.17 ± 4.67	18.22 ± 3.38	15.15 ± 3.09	41.75 ± 7.55
	No	123.08 ± 18.78	16.39 ± 2.77	26.57 ± 4.77	19.69 ± 3.51	16.27 ± 2.77	44.25 ± 7.21
	p	**< 0.001**	**< 0.001**	**0.001**	**< 0.001**	**< 0.001**	**< 0.001**
Reasons for not following up innovations in nursing[a]							
Lack of time due to long working hours	Yes	116.24 ± 18.98	15.53 ± 2.77	25.21 ± 4.6	18.34 ± 3.27	15.23 ± 3.05	41.93 ± 7.43

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TABLE 3 | (Continued)

Following up innovations in nursing		NPVS	Safety	Responsibility	Action	Autonomy	Human dignity
	No	120.87 ± 19.5	16.1 ± 2.78	26.2 ± 4.86	19.24 ± 3.66	15.93 ± 2.95	43.49 ± 7.51
	p	**0.008**	**0.023**	**0.021**	**0.004**	**0.009**	**0.021**
Lack of desire/interest	Yes	112.52 ± 19.55	15.26 ± 2.68	24.6 ± 4.67	17.77 ± 3.3	14.32 ± 3.33	40.6 ± 7.55
	No	119.46 ± 19.25	15.9 ± 2.8	25.88 ± 4.76	18.95 ± 3.51	15.76 ± 2.94	43.03 ± 7.47
	p	**0.014**	0.116	0.065	**0.021**	**0.001**	**0.027**
Doing the job just to earn money	Yes	112.43 ± 19.05	14.52 ± 2.76	24.61 ± 4.31	18.13 ± 3.35	14.74 ± 2.97	40.43 ± 7.3
	No	119.04 ± 19.36	15.9 ± 2.78	25.8 ± 4.78	18.86 ± 3.52	15.65 ± 3.01	42.89 ± 7.51
	p	0.110	**0.021**	0.242	0.331	0.158	0.126
Prioritizing family responsibility	Yes	113.98 ± 19.53	15.42 ± 2.89	24.8 ± 4.59	17.91 ± 3.4	14.7 ± 3.14	41.16 ± 7.67
	No	120.23 ± 19.11	15.96 ± 2.75	26.04 ± 4.78	19.11 ± 3.5	15.89 ± 2.92	43.28 ± 7.4
	p	**0.002**	0.064	**0.013**	**0.001**	**< 0.001**	**0.007**
Having autonomy		**NPVS**	**Safety**	**Responsibility**	**Action**	**Autonomy**	**Human dignity**
Yes		121.88 ± 19.68	16.25 ± 2.83	26.54 ± 4.81	19.35 ± 3.48	15.91 ± 3.04	43.96 ± 7.68
No		117.2 ± 19.07	15.63 ± 2.75	25.36 ± 4.69	18.57 ± 3.5	15.46 ± 2.99	42.19 ± 7.36
	p	**0.011**	**0.018**	**0.009**	**0.019**	0.111	**0.013**
Reasons affecting autonomy negatively[a]							
Prioritize dependent functions such as satisfying physician requests	Yes	119.95 ± 18.6	16.04 ± 2.67	25.91 ± 4.66	19.08 ± 3.41	15.81 ± 2.91	43.11 ± 7.25
	No	116.52 ± 20.59	15.47 ± 2.96	25.45 ± 4.94	18.37 ± 3.64	15.24 ± 3.18	42.18 ± 7.93
	p	0.059	**0.028**	0.302	**0.029**	**0.045**	0.186
Traditional perspective	Yes	122.45 ± 19.96	16.19 ± 2.79	26.51 ± 5.09	19.54 ± 3.67	16.19 ± 2.97	44.02 ± 7.59
	No	116.04 ± 18.52	15.58 ± 2.77	25.19 ± 4.44	18.31 ± 3.3	15.19 ± 2.98	41.88 ± 7.33
	p	**< 0.001**	**0.015**	**0.003**	**< 0.001**	**< 0.001**	**0.002**
Reasons affecting inter-team communication negatively[a]							
Insufficient tools-equipment	Yes	119.84 ± 19.86	16.13 ± 2.82	26.02 ± 4.87	19.05 ± 3.65	15.72 ± 2.96	42.92 ± 7.65
	No	117.68 ± 18.89	15.55 ± 2.74	25.48 ± 4.65	18.61 ± 3.36	15.5 ± 3.07	42.64 ± 7.38

(Continues)

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TABLE 3 | (Continued)

Having autonomy		NPVS	Safety	Responsibility	Action	Autonomy	Human dignity
	p	0.214	**0.018**	0.209	0.156	0.409	0.672
Disturbed sleep	Yes	119.71 ± 20.12	16.07 ± 2.8	26.1 ± 4.93	18.98 ± 3.56	15.66 ± 3.14	42.89 ± 7.72
	No	117.36 ± 18.23	15.5 ± 2.75	25.24 ± 4.47	18.6 ± 3.43	15.54 ± 2.84	42.62 ± 7.22
	p	0.184	**0.023**	**0.047**	0.234	0.671	0.699
Job definition		**NPVS**	**Safety**	**Responsibility**	**Action**	**Autonomy**	**Human dignity**
Those who say there is a definition and those who define it correctly		123.3 ± 20.19[a]	16.56 ± 2.74[a]	26.88 ± 5.04[a]	19.38 ± 3.72[a]	16.02 ± 3.03[a]	44.46 ± 7.59[a]
Those who say there is no definition and those who do not define		114.36 ± 18.59[b]	15.62 ± 2.75[b]	24.78 ± 4.29[b]	17.91 ± 3.21[b]	14.95 ± 2.93[b]	41.09 ± 7.68[b]
Those who say there is a definition and those who make the definition wrong		119.45 ± 17.35[ab]	15.8 ± 2.69[ab]	25.62 ± 4.36[ab]	19.08 ± 3.33[ab]	15.84 ± 2.85[a]	43.3 ± 6.74[ab]
p		**0.001**	**0.017**	**0.002**	**0.002**	**0.011**	**0.002**

Note: Bold values indicate statistically significant.
[a]Participants marked more than one choice.

6.3.1 | Nursing Education

According to the ICN, the education of nurses faces challenges due to deficiencies in curriculum, infrastructure, and insufficient numbers of instructors. One of the objectives of the Bologna Declaration (1999) is to have at least 3 years of undergraduate nursing education and to increase postgraduate education. However, there are discrepancies in nursing education curricula and levels across Europe (Zabalegui et al. 2006). In Türkiye, a minimum of 4 years of undergraduate nursing education became mandatory in 2007. However, in institutions offering undergraduate education across Türkiye, there is a shortage of sufficient lecturers, so students in applied education areas receive instruction in large groups. The lack of alignment between practice areas and educational standards harms the critical thinking abilities of new nurses. Although nurses have learned the fundamentals of autonomous practice during their education, they cannot acquire sufficient practical skills (Skår 2010). The majority of participants in our research had undergraduate and graduate education. While clinical experience is recognized as the primary focus of nursing education, participants feel that the education they received before graduation is inadequate for service delivery. Nursing education remains problematic despite the understanding that clinical experience is vital for developing competent, confident, and professionally engaged nurses. The primary reason cited was the inadequate coverage of necessary service delivery aspects in educational content.

In our study, a small percentage (0.9%) mentioned reluctance to engage in professional development activities as a reason for not finding education sufficient. This reluctance may be due to a lack of recognition of the importance of clinical competence. Developing clinical competence, which combines cognitive, affective, and psychomotor skills, is crucial for effective learning in nursing education.

Specialized training is crucial for defining professional boundaries and authority (Sena 2017). In our research, the desire of other professional groups to control nursing practices was mentioned as a reason for seeing pre-graduate education as insufficient. This highlights the importance of undergraduate education in clarifying professional authority and job descriptions, and the need to review and standardize the educational curriculum's adequacy. The reason “incapability to self-manage in alignment with the received education” for perceiving pre-graduate education as insufficient could be linked to the lack of professional autonomy (Table 1). Notably, the quality of vocational education significantly impacts autonomy levels.

6.3.2 | Professional Organization

Association members are more likely to possess autonomy and be more involved in problem-solving (Haley-Andrews and Winch 2001). However, there is a global trend of decreasing association memberships and reluctance to participate (Esmaeili et al. 2013). The membership rate of the ANA is only 18% (Walton 2017). In Türkiye, while nurses recognize the importance of a strong professional association,

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TABLE 4 | Analyzing the relationship between factors negatively affecting professionalism and NPVS.

Reasons affecting professionalism negatively[a]		NPVS	Safety	Responsibility	Action	Autonomy	Human dignity
Differences in education levels	Yes	123.88 ± 19.04	16.45 ± 2.74	26.98 ± 4.79	19.88 ± 3.51	16.32 ± 2.94	44.35 ± 7.26
	No	114.65 ± 18.69	15.35 ± 2.74	24.76 ± 4.51	17.99 ± 3.27	15.04 ± 2.96	41.52 ± 7.48
	p	**< 0.01**	**< 0.001**	**< 0.001**	**< 0.001**	**< 0.001**	**< 0.001**
The distinction between education and practice	Yes	119.83 ± 19.73	15.94 ± 2.76	25.98 ± 4.94	19.13 ± 3.59	15.74 ± 3.04	43.04 ± 7.57
	No	117.57 ± 18.97	15.72 ± 2.82	25.49 ± 4.56	18.5 ± 3.39	15.46 ± 2.99	42.5 ± 7.44
	p	0.194	0.373	0.250	**0.047**	0.300	0.424
Hierarchical structure in hospital	Yes	120.55 ± 19.58	16 ± 2.72	26.25 ± 4.89	19.15 ± 3.57	15.85 ± 3.09	43.30 ± 7.57
	No	114.99 ± 18.46	15.49 ± 2.92	24.7 ± 4.32	18.16 ± 3.28	15.10 ± 2.8	41.71 ± 7.29
	p	**0.003**	0.056	**0.001**	**0.003**	**0.009**	**0.026**
Undertaking tasks beyond job descriptions	Yes	120.49 ± 18.89	16.12 ± 2.69	26.04 ± 4.77	19.08 ± 3.57	15.86 ± 2.91	43.4 ± 7.28
	No	114.95 ± 19.93	15.22 ± 2.91	25.09 ± 4.69	18.29 ± 3.33	15.08 ± 3.18	41.44 ± 7.84
	p	**0.003**	**0.001**	**0.038**	**0.019**	**0.009**	**0.007**
Shortage of staff and equipment	Yes	120.11 ± 19.87	16.09 ± 2.74	26.05 ± 4.91	19.03 ± 3.6	15.74 ± 3.04	43.21 ± 7.78
	No	116.77 ± 18.45	15.45 ± 2.83	25.3 ± 4.49	18.53 ± 3.36	15.43 ± 2.97	42.18 ± 7.01
	p	0.060	**0.012**	0.087	0.115	0.271	0.123
Inability to establish organized empowerment	Yes	122.5 ± 19.69	16.15 ± 2.82	26.51 ± 4.92	19.65 ± 3.52	16.2 ± 2.94	44 ± 7.62
	No	115.42 ± 18.51	15.56 ± 2.74	25.07 ± 4.52	18.1 ± 3.34	15.09 ± 2.99	41.7 ± 7.26
	p	**< 0.001**	**0.019**	**0.001**	**< 0.001**	**< 0.001**	**0.001**
Inability to follow scientific developments due to economic insufficiency	Yes	122.85 ± 19.84	16.27 ± 2.88	26.68 ± 4.97	19.36 ± 3.67	16.14 ± 2.83	44.35 ± 7.48
	No	117.62 ± 19.12	15.72 ± 2.76	25.49 ± 4.67	18.68 ± 3.45	15.46 ± 3.05	42.35 ± 7.47
	p	**0.014**	0.068	**0.021**	0.073	**0.039**	**0.015**
Insufficient motivation from managers regarding professionalism	Yes	120.67 ± 19.27	15.89 ± 2.72	26.31 ± 4.71	19.38 ± 3.57	15.84 ± 3.06	43.25 ± 7.36
	No	117.59 ± 19.38	15.8 ± 2.83	25.41 ± 4.76	18.5 ± 3.44	15.47 ± 2.99	42.5 ± 7.59
	p	0.087	0.748	**0.042**	**0.006**	0.180	0.283
Lack of involvement in policy-making on healthcare	Yes	124.06 ± 19.45	16.31 ± 2.77	26.71 ± 4.87	20 ± 3.48	16.29 ± 3.04	44.71 ± 7.33
	No	116.25 ± 18.87	15.61 ± 2.78	25.29 ± 4.65	18.27 ± 3.39	15.29 ± 2.95	41.87 ± 7.43
	p	**< 0.001**	**0.008**	**0.002**	**< 0.001**	**0.01**	**< 0.001**

Note: Bold values indicate statistically significant.
[a]Participants marked more than one choice.

membership rates remain low (Karabey et al. 2020; Gozum et al. 2000; Kahriman et al. 2015). This pattern is consistent with research over the last decade, and similar results were found in our study. Having more members helps represent the profession, empowers nurses to shape health policies, and protects their rights (Gozum et al. 2000). It also contributes to better nursing care, improved working conditions and health standards, and an enhanced social image of the profession (Esmaeili et al. 2013).

Despite being a crucial part of healthcare, nurses often are not actively involved in health policy decisions (Catallo et al. 2014). They expect associations to advocate for their rights. However, the lack of new member engagement and reluctance of existing members to sustain their memberships weaken the organization (Walton 2017). Globally, there is a lack of understanding about the importance of joining nursing organizations. Main reasons include high membership fees, heavy workloads (Esmaeili et al. 2013), lack of understanding about the

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organization's purpose (Walton 2017), lack of time, and not seeing the benefits (Alotaibi 2007). In Türkiye, reasons for not joining associations include unfamiliarity with their activities, difficulty accessing them, time constraints, trust issues (Gozum et al. 2000), perceptions of associations as useless, and inadequate self-introduction (Kahriman et al. 2015). Unlike some countries, membership fees are not a significant barrier in Türkiye.

In our research, distrust was a primary reason for not joining associations, with many nurses believing associations do not act in the profession's best interest and fail to represent them. Furthermore, 24.2% of Türkiye's 33 nursing associations do not align with their founding objectives, leading to distrust, poor organizational perception, reduced professional belonging, teamwork, and motivation (Karabey et al. 2020). A study evaluating nursing association websites found that they focus on international and European nursing issues at 20% and 60%, respectively (Catallo et al. 2014). This study includes organizations like ICN and ANA, which shape ethical principles and responsibilities in nursing. Our research found that the belief that associations do not adequately represent nurses is the only significant reason related to NPVS scores for not becoming a member.

6.3.3 | Following Up Innovations in Nursing

In Türkiye, nurses believe that using research in patient care improves service quality, enhances autonomy, and advances nursing as a scientific profession (Kelleci et al. 2008). However, they often have limited knowledge of evidence-based practices and struggle to apply innovations. Nursing research began in the 1950s with the establishment of nursing schools in Türkiye. Graduate education programs started in 1972, allowing nurses to become researchers (Yava et al. 2007). Between 2011 and 2015, only 11.1% of articles in nursing journals focused on nursing principles, indicating a need for more research and clinical nurse involvement (Karaca and Karadag-Aydin 2016). Nurses use research results less in practice than they participate in research. Barriers include not seeing practical benefits, lack of time, insufficient institutional support, and not viewing research as part of their role. These barriers are influenced by both individual and institutional factors.

In Türkiye, nurses have strong theoretical knowledge but publish less (Adiguzel et al. 2011), frequently engage in data collection (Kavakli et al. 2009), and have low rates of following nursing publications (Gozum et al. 2000). These findings are similar to our study, and especially considering that the participants are nurses from a research and training hospital, these rates are surprisingly low. Nurses mainly focus on providing service rather than making significant scientific contributions.

In this study, the primary reason for not participating in research is the inability to allocate time due to long working hours (46%). Family responsibilities also play a role, reflecting gender inequality. Other reasons, such as lack of awareness, disinterest, financial gain, lack of institutional support, and burnout, fall under the category of motivation deficiency. This implies that lack of motivation is a common barrier, with one in four nurses struggling to keep up with field innovations, particularly due to long working hours. Interestingly, our research found significant relationships between reasons for not following innovations and NPVS scores, including long working hours, work–life balance, and lack of interest.

6.3.4 | Teamwork

In our study, nurses view themselves as essential team members (94.6%). Effective teamwork boosts nurse motivation and enhances patient care. However, team problems can lead to negative outcomes such as burnout, reduced job satisfaction, and conflicts (Bragadóttir et al. 2019). Despite the importance of nonhierarchical teamwork, traditional hierarchies still prevail in healthcare services (Nancarrow et al. 2013).

Our study highlighted various negative factors affecting team communication, as pointed out by the nurses. These factors primarily stem from systemic issues, including staff shortages, high patient volume, long working hours, disrupted sleep patterns, and inadequate tools-equipment (Table 1). Significance in the relationship between intra-team communication barriers and scale scores was found only in the case of disrupted sleep patterns under the safety and responsibility sub-dimensions and in adequate tools-equipment under the safety sub-dimension. The disruption in sleep patterns can be attributed to the prevalence of shift work. These findings support the idea that increasing personnel can improve teamwork, as Nancarrow et al. suggested (Nancarrow et al. 2013).

Although only 2% of respondents in our study reported interpersonal communication issues, these problems can still impact patient care. Communication errors can directly cause harm and contribute to other potential issues. The performance evaluation system disrupted workplace harmony in Türkiye because it did not include procedures performed by non-physician personnel, like injections and serum insertion, in the performance scoring (Kasapoğlu 2016). However, this issue was not mentioned in our study.

6.3.5 | Autonomy

Autonomy is crucial in professions dealing with human life and moral issues, allowing professionals to critically assess their actions and make ethically sound decisions independently. Our research revealed that 68.9% of nurses initially believed they influenced patient care decisions. However, after explaining autonomy, this dropped by almost half (Table 1). This highlights the challenge nurses face in grasping the concept fully, hindering its realization in nursing.

The study found that nurses often feel viewed as assistants to physicians or as intermediate/semiskilled staff, which limits their autonomy. They frequently do tasks at the physicians' request, reinforcing the idea of nurses as subordinates. This is partly due to the traditional belief that nurses have less autonomy, with physicians typically holding all the decision-making power. This tradition stems from the historical dominance of physicians in medicine (Sena 2017). This is also a result of the failure to fully implement the legal framework in practice in Türkiye, despite the recognition in 2007 of nurses'

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right to make independent decisions, the introduction of the specialist nursing concept, and the definition of diverse roles—primarily due to inappropriate employment policies. Another study conducted in Türkiye has also shown that while approximately half of the nurses are involved in decision-making related to patient care, the rate at which they implement these decisions is low (Korkmaz and Görgülü 2010).

A scientific education is crucial for professional autonomy in nursing (Skår 2010). In our study, nurses indicated that the lack of standardized nursing education poses a significant challenge to autonomy. This lack of consistency in education is a worldwide problem, and our participants recognize it as closely linked to autonomy. The obedient personality and gender are barriers to autonomy, suggesting that gender plays a role in nursing (Table 1). Nursing's historical association with being a female-dominated profession during a time when male-oriented definitions of professionalism were dominant delayed the development of nursing autonomy. This influence still lingers (Wynd 2003). In our research, the fact that significance in the relationship between autonomy barriers and scale scores is found only in the traditional perspective supports this (Table 3). While participants believe they have some autonomy, they feel restricted in their professional practice. The shared struggles among nurses from different cultures indicate that the profession hasn't progressed significantly in terms of autonomy, despite cultural variations in nursing practices.

6.3.6 | Job Description

Professional identity is closely linked to belonging to a specific profession, and the idea of duty is tightly connected to this identity. Although steps like standardized education, the establishment of professional associations, state recognition of a profession, and the development of ethical codes are crucial, they alone are insufficient for achieving professional recognition and autonomy. Defining professional boundaries is a key aspect that needs continuous attention in the legal, public, and institutional realms (Sena 2017). The uncertainty around these boundaries can lead to healthcare workers overstepping their roles or sharing responsibilities improperly (Ayaz 2010). This highlights clarifying job descriptions and roles within the profession.

If the job description is based on scientific knowledge, ethical principles, and professional standards—and if it includes areas where the nurse can make independent decisions, exercise judgment, and take responsibility—then working in accordance with the job description is a sign of professionalism. However, if the job description limits the nurse's autonomy in decision-making, defines a passive role that only involves following physician orders, and leaves no room for critical thinking, initiative, or professional judgment, then working in accordance with such a job description reflects obedience rather than professionalism (Karagozoglu 2008).

Despite the presence of job descriptions in institutional quality documents, only 75% of nurses surveyed reported having a clear understanding of their job description, with just 29.4% accurately defining it. Also, those who state that they have a job description and correctly define it have higher professional values scores. This indicates a lack of complete integration of professional identity among nurses. Failure to accurately comprehend or describe their job roles can be interpreted as a shortfall in meeting their obligations to their institution. Nurses are expected to be well-versed in their institution's policies and guidelines, and to deliver services accordingly to uphold service standards (Ayaz 2010). Moreover, to ensure efficient service delivery, it is imperative that job descriptions are clearly defined and considered during the recruitment process. Organizations can mitigate job ambiguity and foster a conducive work environment by delineating responsibilities and setting clear expectations. However, due to employment policies in Türkiye, nurses are not fully able to work in alignment with the professional roles defined in their job descriptions as stipulated by law.

In this study, nearly half of the nurses stated that they work under their job description. When analyzing the nurses' feedback on the job descriptions, it becomes evident that despite the written documentation, they emphasize challenges arising from their limited authority and involvement in various tasks. Factors such as prioritizing patient safety, ensuring continuous service, avoiding conflicts with administrators, and promptly addressing issues underscore disruptions in fulfilling duties, exercising authority, and bearing responsibilities for nurses and other healthcare professionals (Supporting Information S4). However, our research found no significant correlation between reasons for deviating from the job description and scale scores. An incomplete grasp of their professional identity, ambiguous roles, and inadequate focus on patient care impede the effective utilization of job descriptions and constrain nurses' professional influence and status. Understanding and adhering to job descriptions are crucial for nurses in their professional development and upholding professional values. The study's results indicate that job description problems have, at first, individual, thereafter, administrative, and systemic dimensions.

7 | Conclusion and Recommendations

There is a positively significant relationship between the attainability of professional standards and professional values. This finding underscores the importance of increasing nurses' awareness as a first step. The education on professionalism criteria should be given greater emphasis in both pre-graduate and postgraduate training programs. The issues expressed by nurses hinder the achievement of professional standards, and the most significant obstacle is systemic in nature. Nurses are unable to provide services in line with professional standards in Türkiye. This situation is particularly influenced by inappropriate employment and institutional policies that do not align with the areas of responsibility and authority defined in the updated Nursing Law—revised through the dedicated efforts of the Turkish Nurses Association—and with nursing specialties. As a result, nurses face worsening working conditions, are assigned non-nursing tasks, and experience income inequality. Organized advocacy should be strengthened, and the implementation of legal regulations should be ensured.

Although nurses' professional values score is above average, the majority do not have knowledge of professional criteria. They

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are not satisfied with their profession due to various reasons, including negative working conditions and low income. Nurses who are aware of the professionalism criteria tend to have a high rate of possessing professional values. Nurses tend to prioritize values related to human dignity and ethical matters more, but they have less autonomy in making their own decisions and independence. Many nurses do not work in accordance with their job descriptions, often due to a lack of authorization and personnel shortage. The significant relationships found between factors negatively affecting professionalism and NPVS scores demonstrate how the perception of professionalism is shaped by these factors. According to the results of our study, the biggest barriers to professionalization are the lack of working conditions that meet professionalism criteria and the nurses' insufficient commitment to their professional identity.

Nursing in Türkiye faces complex challenges in achieving a holistic understanding of professional identity and completing the professionalization process. Overcoming these challenges requires comprehensive efforts to address systemic issues, first ensure the implementation of the law, improve education and organizational structures, enhance the implementation of legally regulated autonomy in practice, and foster a culture of professionalism among nurses and healthcare managers. Additionally, it is important to strengthen nurses' positive perceptions of their profession and encourage their active participation in the professionalization process.

By identifying specific systemic barriers (e.g., long working hours, low income, hierarchical structure, lack of autonomy, and inadequate staffing), the study gives evidence-based insights for policy change, highlights misalignment between law and practice (e.g., job descriptions vs. real duties), encourages nursing associations and educational institutions to rethink curriculum and advocacy efforts, and emphasizes the need for legal and institutional reforms to enhance autonomy and participation in decision-making.

8 | Strengths and Limitations

Our study was the first to examine the association between NPV and the criteria of professionalism as well as the challenges and barriers to professionalization. It provides a comprehensive analysis of the challenges faced by nurses in achieving professional standards and values in the context of healthcare services. The study not only highlights the obstacles but also explores the interconnectedness of these challenges and their impact on nurses' professional identity and job satisfaction. The research emphasizes the importance of understanding the relationship between professionalism criteria and professional values, providing valuable insights into the intricate dynamics of nursing professionalism. It contributes to the understanding that the identified challenges and barriers are a global issue rather than specific to a single country.

This study has some limitations. This study selects participants from a state university hospital located in a densely populated area, and only nurses employed in this place constituted the study sample, and the results are limited to nurses working in tertiary healthcare settings. This situation may have led to selection bias and restricted the generalizability of this study's results. This study is a cross-sectional study and only observes the relationship between variables at a specific point in time.

Author Contributions

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE [http://www.icmje.org/recommendations/]): (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content.

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Ethics Statement

Ethical approval from Bursa Uludag University Clinical Research Ethics Committee (Ethical approval number: 2019-20/1; approval date: 04.12.2019) and institutional permission from Bursa Uludag University Hospital (Ethical approval number: 73115338-819/36040; approval date: 29.11.2019) were obtained. Written permission was secured to use the Turkish version of the NPVS (Approval date: 13.11.2019). Participants were informed about the right to self-determine participation and the assurance of anonymity. The study adhered to the principles of the Declaration of Helsinki.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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