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Factors Affecting the Professional Behavior of Iranian Nurses: A Qualitative Study

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ABSTRACT

Background: Capability and professional behavior of nurses play a significant role in promoting the quality of patients' care. The present study aimed to explain the experiences of nurses from the challenges of nurses' professional behavior.

Method: This study is a qualitative study was conducting using conventional approach to content analysis. A total of 31 participants, including nurses, nursing faculty members and medical ethics specialists, participated in the study. The sampling method was selected purposefully. A semi-structured in-depth and individual interview method was used for data collection.

Results: In data analysis, 4 main themes including individual prerequisites, professional prerequisites, structure failure and social factor were considered as factors influencing on professional behavior in nursing.

Conclusion: The organizational and educational structure reform and changing the social image of nursing can help improve the professional behavior of nurses.

INTRODUCTION

Nursing is one of the most influential medical groups in providing health services and they play a significant role in the quality of health services and patients' care [1]. For this reason, the professional ability of the nurse is one of the concerns of health care providers in different countries [2]. Based on the available scientific evidence, sociologists have been the initiators of professionalism. Flexner (1910) defines professional people as those with specific occupations, knowledge exceeding basic education, a high level of intellectual performance, a sense of responsibility, scientific and specialized knowledge, willingness to learn and expand education, self-learning, and altruism [3]. Richard Hall (1967),

another sociologist, proposed five criteria for professionalism: providing services to society, membership in professional organizations, belief in self-regulation, independence in performance, and commitment to the profession rather than financial incentives [3,4].

Along with the efforts of sociologists, many nursing researchers have tried to define the characteristics of a professional nurse and created a significant part of the nursing research related to professionalism. The American Nurses' Association (AACN) passed the Code of Nursing Ethics for Nurses in 1950, and interpretive statements were attached in 1976. And its amendments were made in 1985 and 2001 [5, 6]. In dealing with the issue of professional behavior,

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observing the ethical requirements of the profession has always been considered and has had a special place. According to Cartin (1988), "the ethical codes of a profession encompasses includes a set of ideals and interpretation and their application is core center to performance" [7]. Further, the American Association of Nursing College (AACN) has identified seven characteristics for professionalism in nursing including altruism, equality, freedom, respect for human dignity, justice and honesty, satisfaction, and belief in values [8]. The RN Nursing Association in Ontario has also developed standards of professionalism and professional nursing characteristics, including "knowledge, the spirit of inquiry, accountability, autonomy, advocacy, innovation and visionary, collaboration and collegiality, and ethics" [9]. Camille Primm a professional strategist, describes the characteristics of professionalism for nursing in eight domains including lifelong learning, responsibility and innovativeness, self-care and personal growth, accountability and sense of duty, compassion and respect to others, honesty and self-confidence, teamwork and professional behavior of nurses and expressed concern for the well-being of others [10]. Various factors affect professionalism in nursing, and identifying them can play a decisive role in the development of professionalism and nurses' commitment to professional behavior. A review of existing studies in professionalism shows the relationship between professionalism and various functional indicators, including the relationship between professionalism and job satisfaction [2, 11-13], job stability, and durability [2, 14] and job performance [15]. In front of, challenges and obstacles were designed to adhere to professional behavior. Studies done in our country shows that what was mostly proposed by nurses was job dissatisfaction. In a qualitative study of phenomenology conducted by Nasrabadi et al. (2004), nurses considered the nursing experience the same as equivalent to "experiencing problems" [16]. Moreover, the qualitative study of Valizadeh et al. (2016) considered job dissatisfaction as an obstacle to the sociability of nurses [17]. Obviously, for a nurse to behave professionally, she/he needs to be satisfied with the job.

Investigating affecting factors of professional behavior in clinical nurses can offer strategies to develop the professionalism as well as making health policymakers raise their awareness of obstacles to the development of professional behavior.

MATERIALS AND METHODS

This study was conducted with a conventional content analysis approach. Content analysis is a method of analyzing oral, written, or visual messages, and considered as a purposeful and regular tool for describing and analyzing data [18]. To conduct this study, 31 clinical nurses and faculty members of nursing and medical ethics specialists with at least ten years of full-time clinical experience participated as research communities. To increase the diversity of data, participants with different sex, age, specialized and departments were interviewed. The targeted sampling method was used. Data were collected through semi-structured and individual interviews. The duration of the interviews ranged from 45 minutes to 2 hours in one to two sessions. To ensure goal achievement, the study was done based on interview guidelines premade by researchers of the present study. Some of the main questions included: What factors make you committed to professional behavior? Were there any circumstances in which you were challenged? In this case, describe this situation. Probe questions were used to further deepen the findings such as: Can explain more? Give an example of this case. Do I understand correctly what you mean? According to the answers given and at the same time with the analysis of the obtained data, some questions were raised in subsequent interviews. Then simultaneously with data collection the analysis of the interview was performed in 5 steps with the content analysis method proposed by Graneheim and Lundman [19]. These Steps include:

- Implement the interview immediately after each interview
- Read the whole text to get a general understanding of its content
- Determine the unite of meaning and open coding
- Classify similar primary codes in more compressive categories
- Determining the main themes of the categories

Most of the interviews were conducted by telephone due to COVID-19 and the need for special protection without presenting in hospitals. Only one interview was conducted at the School of Nursing and Midwifery, and two interviews at the hospital's nursing office.

Moral considerations

The research plan has been approved by the ethics committee of Shahid Beheshti University of Medical Sciences (Code: IR.SBMU.SME.REC.1398.120.). Before each interview, the consent form was emailed to

interviewees. Participants were also informed of the purpose of the study by telephone, the optional nature of the study, and the possibility of withdrawing at any stage of the interview was clarified to them, Moreover, before each interview, participants were allowed to record the interview. To keep the confidentiality of information, the participants remained anonymous and numeric codes were used instead.

Data Rigor

To evaluate the quality of qualitative data obtained from Lincoln and Guba criteria, including Credibility, Dependability, transferability and Confirmability were used [20]. All interviews were conducted by the corresponding researcher of the study and immediately the entire text of the interviews was typed. Besides, the present study was conducted in teamwork by supervisor and external audit. The findings were given to two of qualitative researchers to confirm the validity of data analysis. To ensure the Credibility of the data, the researcher has involved with participants and data for a long time, so each interview was listened several times to fill in the blanks correctly. Frequent contact with participants by telephone and e-mail was also made to ensure the accuracy of their statements and clarify their experiences and statements, to reach Confirmability, the researcher tried to get data without imposing their personal opinions and beliefs and observed the principles of an open and in-depth interview. The researchers tried to increase the transferability of the research by the rich description and presentation of examples from interviewees' sayings and detailed

attention to the manner of expression and making notes on these points (pause and excitement) during the interview. Covering a wide range of participants in terms of type of hospital, level of education, type of specialization, gender and age, efforts were made to enable transferability of data for evaluations by others. Besides, the codes obtained from the interviews were provided to the participants by mail to express their views on the given issues.

DATA ANALYSIS

In the process of data analysis, the entire text of the interviews was read several times by the researchers to obtain a comprehensive view of the data and understand the basics of the participants' experiences. The whole interview was read carefully. Sentences and paragraphs with special concepts were identified as the analysis unit and underlined. Considering that each analysis unit had, the coding was done. The primary codes, semantically similar to each other, were classified under one category. In this regard, different codes were compared in terms of similarities and differences and categorized. Due to the wide range of codes in each categorization, codes with similar meanings were recategorized in sub-categories, and as a result, each category consists of several sub-categories. Then, to summarize, the text of the interviews, codes and categories was read several times to determine the connections between the codes, the assigned categories and the main themes. Atlas-ti 7.5.18 was used to analyze the data and classify the codes.

Table 1: 10 main categories and eventually 4 main themes

categories	Sub categories
Individual prerequisites	Cognitive characteristics
	Emotional-psychological characteristics
	Value-normative characteristics
Professional prerequisites	Professional expertise
	Professional interaction
	Professional commitment
	Behavior based on professional norms
Structure failure	education structure failure
	organization structure failure
Social factors	External factors

RESULTS

Demographic of participants: Of the 31 participants, 8 were men and the rest were women. They were between 53 and 36 years of age, with a mean age of 45 years and mean work experience of 16 years. Participants have been working at government

medical universities and government educational and non-educational hospitals. Participants included 5 nurses, 3 head nurses, 3 supervisors, 17 nursing faculty members and 3 medical ethics specialists. Among the participants, 9 had a bachelor's degree, 2 had a master's degree, 17 had a PhD in nursing, and 3

had a medical Ethics specialist. In the data analysis process, 1056 initial codes were extracted. These codes led to 10 main categories and eventually 4 main themes. (Table 1). The four main themes included individual prerequisites, professional prerequisites, structure failure, and social factors.

Individual prerequisites
In this context, three main categories including cognitive, psychological-emotional and value-normative characteristics were obtained.

Cognitive Characteristics
This category involves sub-categories: thinking and creativity, clinical reasoning and decision-making ability. Based on participant's experience Professional behavior provides a framework through which nurses can make decisions using knowledge, state of the art technology, and critical thinking skills, and fulfill their professional duties to the best of their ability.
One of the participant's states:
"If a nurse has a critical view and critical thinking as well, it will affect the scientific promotion of the profession" (A faculty member, N: 1).
Another participant noted:
"Especially in the intensive care unit, when you announce the CODE, you may be alone and without a doctor, your decision is crucial to the patient at that moment" (A clinical nurse, N:9)

Emotional and psychological characteristics
This category involves sub-categories of self and emotion management. Participants identified love and empathy with the patient as the key features of a professional nurse. Besides, professional nurses must be patient, adaptable, and resilient in stressful situations and maintain their professionalism.
One of participant said:
"A Nurse must cope with the tension; we face many stressful situations in the Emergency ward. We have to coping with the physicians, head nurse, patients, colleague and… it is very difficult … but we have to be able to manage with this situation." (A clinical nurse, N:14).

A nurse mentioned:
"Well, as a nurse, you need to be patient, altruist, loyal even if you see injustice, be conscientious and kind. this is necessary for a nurse" (A clinical nurse, N:25).

Normative value characteristics
The subclass derived from this class includes intrinsic values. Participants believe that loyalty and self-sacrifice are the fundamentals of nurses' work. Being

conscientious and honest in providing safe services to the patient is one of the principles of human values, making the nurse responsible for providing services and responsiveness to her performance.

A nurse state:
"I do my best to fulfill my duties, In ICU, the patient has nobody except the nurse and God, if we pass the buck, no one notices" (A clinical nurse, N:15).

Another nurse Said:
"In many cases, it is necessary a nurse as a human to being with patient and just listen to him/her" (A clinical nurse, N:30).

Professional prerequisites
In this context, four main categories were obtained, which include: professional expertise, professional interactions, professional commitment and behavior based on professional norms.

Professional specialization
For participants, professional specialization is the heart of professionalism in nursing. Having knowledge, skills and effective use, as well as analyzing information and using evidence to meet the needs of the patient were the most important factors emphasized by the participants of this study, which created a sense of empowerment and professionalism among nurses.

A participant said:
*"*My colleague and I were on the night shift, she was asleep. A thirty young man was referred, I called to bring GP (no use), I just asked the worker to bring Trolley code and could get EKG, the patient was interior and inferior MI. It was a hodgepodge of many things, then the pressure drop. The doctor ordered Morphine, I refused to inject it. I said the patient has Contraindications and then prescribed drugs immediately. Hopefully, we were allowed to give drugs without the doctors' permission, while we are not allowed to do so at other wards. But I did not inject Morphine. In post EKG, ST was asleep. The next day, I was encouraged and I felt effectiveness" (A clinical supervisor, N:28).

Professional interactions
For participants, communication is one of the fundamental elements of professional behavior in nursing. Nurses' communication with colleagues, patients, and companions determines society's mentality about nursing in general, so participants consider the role of communication as an effective factor in professionalism. An experienced head nurse

describes her experience in communicating with the patient and gaining the patient's trust as follows:
"At the time of internship, we had an instructor, she behaved with patients so well that they became delightful and relax so that 10 diazepam pill could not have such an effect. In my opinion, communication is very important" (A head nurse, N:26).

Professional Commitment
According to participants, this category is one of the most basic topics and concepts in nursing professionalism, because, on the one hand, it includes feeling dependent to the profession and valuable as a nurse, and on the other hand, it shows the effort made for professional development by membership and participation in professional organizations, participants believed that any impairment in professional commitment can underestimate (underrate) the best nursing services.

According one of participants
"You need to be committed to your profession in nursing. It is really important to stay. You must be compassionate, responsible and kind." *(A clinical nurse, N:25).*

A nursing faculty member said
"For professional behavior, beside academic certificate, having membership certificate from professional organizations and different institutions help to show our competency to the society" (A nursing faculty, No:4).

Behavior based on professional norms
Professional values and norms are one of the most fundamental issues in professional nursing behavior. Participants believed that commitment to the principles of professional nursing ethics and professional norms make nurses responsible and committed so that they prioritize patient's health and well-being by observing professional standard and attempt to keep their professional dignity. Participants believed that considering professional and moral values exceed legal duties. One of participants describes his experiences as follows:
"the professional behavior means not to think of yourself, be pious. In professional behavior, doing God-pleasing things is the most perfect thing. It is the peak of perfection" (A nursing faculty, No:6).

"Another participant states that: you must sacrifice yourself in specific circumstances. For example, you shrug off and ignore your responsibility in the plight of situations and say that I am tired, I have children

and family, Bye-bye. For instance, now… during the plight of Corona" (A nursing faculty, No:5).

Structural failure
Structural reforming can affect the clinical performance and quality of nursing care. And play an important role in nurse's adherence to professional behavior. Two categories of this main theme included: failure of the educational structure and failure of the organizational structure.

Failure the educational structure
In this category four sub categories included, nursing curriculum failure, inappropriate clinical environment, student admission system failure, ineffectiveness of nursing instructors.
Nursing educational failure was one of the important disruptive factors in the training of professional nurses, which was repeatedly emphasized by the participants. They believed that educational curriculum failure and content of nursing courses, especially at the undergraduate level, are an obstacle to the path of professionalism in nursing. One of the educators says:
"Our Master's students wished they could have the Theory of nursing during the graduate period because it would change their view and direct them to a path so that they could look at the patient as a system" (No 24).

Another instructor said:
We just focus on bioscience and this weakness originates from the faculty, instructors and professors of this field. We don't educate students with critical thinking; we don't explain the professionalism principles. They think that a professional nurse is someone who can do IV injection (intravenous injection) well". (No 26).
Participants also believed that a proper and safe context for education, cooperation between the treatment and educational system and the lack of facilities have a fundamental role in the training and clinical education of students. Participants considered the lack of a clinical context as one of the most important disruptions in the training of professional nurses. some of the educators say:
"I, as an instructor, am not accepted by nurses and head nurses. For the students, there is not a safe environment for students and instructors" (No 16,20,4).

Another nursing faculty state:
"There wasn't enough facilities and equipment for student training. The students want sterile gloves, there isn't. He/she need to dressing sterile set, there isn't…. So, how can I educate them?" (No 20)

student admissions system failure was other subject that were highlighted by the participants. They believe that the lack of a proper admission system has led to delivering low-skilled and unqualified graduates to nursing systems which declines the quality of nursing services and a serious obstacle to professionalism. One of the nurse's states:

"I think the national entrance exam is not enough alone for nursing. Having interest and love is important. The majority of nurses blame themselves so much. They ruined mentally" (No 26).

According to participants, experienced and competent trainers has a fundamental role in education of professional nurses. Participants considered one of the most fundamental failure of educational structure to be the lack of skill and clinical experience of the educational instructor, and considered it a major obstacle in the training of professional nurses. Experienced and competent trainers play the main role in creating students' self-confidence and ability in the clinical field. Furthermore, the role of the instructor as a model (hidden curriculum) has a great impact on students. An experienced nurse said:

The effectiveness comes from the instructor who has clinical experience. For instance, a lady came with an MA degree and attracted to the member faculty proposal. She comes to the patients' bed with no experience, she cannot even inject TNG drop" (No 18).

A nursing faculty member state:

"When we enter the hospitals, instructors tried to break the self-confidence of students, they believed that a nurse must lose her self-confidence to be a good nurse, they humiliated students and said who are you? why did you have a neck stethoscope? did you think you are a medical student? You should go and give drugs to patients. go... go, So, students lose their confidence with this behavior" (No 21).

Failure of the organizational structure

Organizational structure failure was one of the most important variables affecting professional behavior in nursing. Participants experiences showed that lack of proper organizational climate, lack of organizational management support, failure of evaluation and encouragement system and lack of proper organizational position are considered as important organizational barriers affecting the professional behavior of nurses. According to the participants, the inability of the system to create an organizational supportive culture, the growth of innovation and creativity in the nurse as well as the lack of necessary facilities and equipment creates an unsuitable context for the activity and behavior of professionalism

leading to nursing dissatisfaction, lack of motivation, lack of confidence and creativity that ultimately do not provide high-quality services and achievements in the health system. One of faculty member said: *"There is no context for nurses to show their competence. If in some cases, we saw nurses who wanted to manifest their innate competence were suppressed. The system cannot stand it." (No 4).*

According to the participants, the lack of a competent management system and the supportive nursing system is another important obstacle in the development of professionalism and lack of motivation.

A nursing mentioned:

"In nursing, in my opinion, nursing managers are not selected based on meritocracy but based on the obeying, because nurses choose to say: Yes, sir "(No29). Participants also believed that the lack of an appropriate system of encouragement, punishment, supervision, and control destroy self-confidence and motivation to serve. And it is one of the obstacles to the growth and development of professionalism. One of the participants says:

"We don't have any encouragement system, a perfect and responsible nurse does not differ from a nurse with no sense of responsibility (hit-and-run), assessment and supervision system is problematic." (No 11).

The experiences of most of the participants show that the description of the duties and regulations of the nursing system is so impaired that it has led to a deviation in the mission of nursing services, which in itself is an important obstacle to professional behavior in nursing. One of the participants describes: *"Nurses' tasks are not defined based on care and professionalism. They are based on gain and loss systems of organization. They don't point to the loss and gain of people working in this system. We just hear the slogans of patients' rights, nurses' rights, nurses' ethics, medical ethics, patients' ethics and so on. But who cares?" (No 7).*

Social factors

Social support makes the nurse confident and resistant to various tensions. So, social support is one of the reasons that a nurse continues to provide professional services with love, despite the obstacles and problems. In this context, one main category was obtained. Participants considered the lack of acceptance of the field by the community, the family and by other fields as well as the negative role of mass media as the most important disruptions and obstacles in the path of professional behavior in nursing. A nurse said:

"TV series show nurses illiterate and bad-tempered" (No 25).
Another participant mentioned:
"You know; the midwives look down on us while the head nurse of the Maternity ward is replaced with nurses" (No 26).

DISCUSSION

Nurses play a key role in health system, but they face serious challenges professional care in the workplace. Investigating the effective factors professionalism in nurses suggests that four themes of individual prerequisites, professional prerequisites, structure failure and social factors generally play a role in shaping and appearing professionalism challenges in nurses, which greatly influences nurse's perceptions of their professional.

According to the participants in the study, one of the main theme of professionalism was individual prerequisites leading to facilitating behavior in nursing. The categories derived from this field included: cognitive, emotional and psychological, and normative-value characteristics that conceptualize it. For participants, cognitive characteristics included the ability to think critically, the ability to make decisions, and clinical reasoning.

Adams (1999) believes that the development of cognitive skills and thinking ability allows nurses to enhance their position from following the instructions of others to make independent decisions [21]. Participants in the study believed that nurses' inability to analyze the patient's condition, use the evidence appropriately, and consequently make the right decisions in the patient's care program can cause distrust in colleague's medical teams and make them obedient to the physician's instructions. On the one hand, it is an obstacle to professional growth and independence in professional decision-making in patient caring, and on the other hand, it causes job dissatisfaction.

Nurses must have a high level of ability in critical thinking, clinical decision making, clinical judgment, and ethical reasoning. Miller (1983) in his professional wheel model, and Hall (1968) in his model, consider the ability of clinical reasoning and judgment as the professional competence of the nurse [22,23]. The American Nurses Association (AACN) also sees the ability of critical thinking and clinical judgment as one of the most important criteria for facilitating the behavior of professionalism [24].

Participants in the study defined nursing as having emotional and psychological characteristics and the ability to control workplace tensions, as well as high patience as one of the factors influencing nurses' professional behavior. And they considered the role

of management support and appropriate relationships effective in standing job pressures.

Empowering nurses psychologically increases their ability to cope with stressors in the workplace [25, 26]. Feeling empowered not only helps nurses manage their stress but also affects the quality of patient care [27]. Hass stated that stress can reduce the quality of treatment and thus reduce the effectiveness of patient's care [28].

Moreover, participants in this study cited nursing as having normative-value characteristics as one of the factors influencing the development of professional behavior in nursing. They believed that being as a nurse not only gaining knowledge and expertise, but also paying attention to inner values such as self-sacrifice, work conscience, honesty and respect to human dignity. They also were sure that, these factors cause adherence to professional behavior and gain public trust in the nurse. However, the results of research conducted in our country show a lack of respect for professional values and respect for human dignity [29,30].

Another theme of professionalism was professional prerequisites leading to the facilitation of professionalism in nursing. The categories (classes) of this theme included professional expertise, professional interactions, professional commitment and behavior based on professional norms.

Participants considered having the necessary knowledge and skills to perform nursing procedures as one of the important and influential factors in the development of professionalism in nursing. However, disregarding the design of the care plan for each patient was considered a weakness in the nursing system due to workload and overemphasis on procedures. The results of the study by Weis et al. (2000) on nurses' professional values showed that responsiveness, ability to use theoretical knowledge in practice and knowledge are the basic factors of professional values [31]. Dikmen (cited from Hampton) believes that a professional person has a body of knowledge acquired by formal education, a wide range of skills, a certificate for entry into the profession, and a set of behavioral norms recognized in the professional definition [32].

Professional interaction is one of the basic foundations of professional behavior in nursing. Participants believed that appropriate communication and respect to patient are effective factors in attain the patient trust. But participants saw the high volume of written assignments or paperwork and workload as factors that prevented spending time with patients. Apker (2008) states that having effective communication skills is essential for nursing today [33]. Nurses rarely work alone, so the role of

proper communication within organizations in establishing appropriate relationships among nurses, patients and other medical professionals, nurses' awareness of the rules and regulations related to responsibility and accountability for services provided cannot be ignored [34]. Thus, having proper communication and knowing the rules are effective factors in facilitating and developing professionalism in nursing.

Participants defined the professional commitment a sense of dependence on the profession, the priority of commitment to the profession over their economic interests and bias to the profession as well as professional development. This definition is very close to what texts define. Researchers define professional commitment as a way of thinking about one's career and loyalty to that profession [35]. Highly-committed professionals attempt to expand their professional values and have high accountability. Professionals are committed to their careers and strive to promote it [36].

most participants, both clinical nurses and university professors, knew the reason for their presence in the profession as a kind of forced acceptance and saw themselves in a situation in which they had no choice. Because it is the only way ahead, they have to work honestly. And even most nursing professors said that the reason for continuing their education was to run away from the bed. Therefore, there is no real professional development in Iranian nursing, and despite a large number of postgraduate nurses, they have the role of physician assistants. Moreover, most of the participants, believed that nursing organization is ineffective in the development of nursing and under the control of the medical system. And they knew their choice through invisible pressures and forces. Participants also believed that Responsibility and conscientiousness in the professional lifestyle of the nurse are fundamental and leaving it causes confusion, disorder and damage. Results of the study of Shiri et al. (2014) show that nurses' responsibility has a significant relationship with merit [37]. Besides, competence and power had a relatively good relationship with responsibility. Therefore, to provide high-quality services to patients, it is necessary to consider performance standards including responsibility, conscience, and accountability. [38]. However, the participants considered the lack of management support, law and insurance support as factors that impairing the acceptance of responsibility and accountability of the nursing error.

According to participants in the study, failure of the educational structure was another affecting factors of professional behavior. The components of this category included: nursing curriculum failure, inappropriate clinical environment. Student admission system failure and ineffectiveness of nursing instructors, which conceptualized it.

Participants believed, the current undergraduate curriculum needs to be revised. Because on the one hand, the curriculum does not consider the main role of the nurse as a patient caregiver, and on the other hand, it does not consider nursing theories as the basis of patient care; and over-emphasis on bio-science without empowering students in using the evidence as well as performance-based on professional values is a serious obstacle to the professional behavior of nursing. Cited by Azarberin, a study by Furlong & Smith (2005) noted that nursing theoretical courses should have flexible planning and be modified based on the needs of the community and the setting of care. It noted out that to achieve advanced nursing, the needs of the client, family, and community must be taken into account [39]. In Khodamvisy et al's study, participants pointed to the need assessment and socialize nursing education programs [40].

The lack of facilities and clinical context and the distance between faculty members and clinical nurses are obstacles that do not provide a safe context for clinical education. Most of the participants stated that what is taught in the Nursing school and Skill lab is not executable in the hospital and the real environment. In a qualitative study, Heshmati Nabavi et al. (2010) named the distance between clinical educators and clinical nursing "invisible wall" [41]. The study found that when clinical nurses identify students as their future co-workers, the student's dependence on the profession increases, (Brammer., cited by Jokar) [42].

Participants also believed, the necessity of student admission through the interview and considering his/her interest and love in helping others should be considered as a principle. In Iran, students take the national entrance exam for higher education. Then they choose nursing based on score without interest. Thus, intrinsic motivation decreases during education [43]. Ineffective teachers are one of the factors that obstacle to the development of professionalism. In Japan, those nurses can train students who participate in nursing education courses, but this is not the case in Iran [43]. And instructors specially the clinical instructor can teach to students without any clinical experience. In appropriate organizational structure at the level of the heath system and consequently the nursing system has imposed unfavorable conditions on the nurse and in fact has created a serious obstacle in the professional behavior in nursing. Participants in the

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study repeatedly stated major structural nursing problems such as lack of appropriate organizational culture and context, management system failure, ambiguous and inadequacy in organizational role and position, and failure of evaluation and encouragement system in their experiences. Creating a Climate Centered-Knowledge in the Organizational Environment and Adopting Supervisory -Oriented Knowledge approach under the head nursing supervision, plays a vital role in the development of professionalism elevation of self-confidence, inner satisfaction and organizational commitment [44-47]. The majority of participants emphasized the role of the head nurse in creating an educational climate in the ward, and the need to establish a journal club, monitoring report and reviewing interesting cases and considered them effective in developing and creating nurses' interest and confidence.

Inadequate and inefficient communication between nurses and nursing managers is one of the important barriers to conflict and challenge. Participants consider selecting nursing managers not based on merit and capability as important factors in this conflict. Valizadeh et al. (2014) in their study stated that the participants emphasized the role of extra-organizational factors in gaining power and lack of transparency in the promotion process [48]. Participants saw physicians' dominance and the medical system as obstacles to the growth and development of professionalism, and these results were consistent with those of Valizadeh's study. In this regard, the results of the study of Rastegar et al. (2016) showed that the behavior of managers, including responsibility, fair behavior and trustworthy affects the loyalty and job satisfaction of nurses which can affect the quality of nursing care [49].

Inappropriate evaluation, encouragement system and financial payment system were considered a factor leading to additional shifts in other hospitals which causes extreme fatigue of the nurse and reduces the quality of services as well as increases the errors of the nurse. Mahmoudi et al. (2007) found that appreciation and praise of nurses and proper supervision can motivate nurses and improve the quality of health services [50]. Therefore, if the workplace of nurses is supportive and encouraging, the innovation and creativity of nurses will develop their commitment to the organization and increase motivation [51]. Moreover, most of the participants emphasized the lack of job position and differences of performances, despite the promotion of education were one of the reasons for the loss of job motivation and hopelessness in nurses. Herzberg also believed that self-development is one of the component of

professional success in the organization [52. Mirzabeigi et al. reported, the highest level of dissatisfaction of nurses is expressed under the description of their job duties [51].

The traditional view of nursing and the sensitivity of public opinion have created a special vision for nursing. This vision has greatly influenced nurses and their professionalization process. The nursing community is mainly recognized through traditional imagery. These traditional images include being less smart than physicians, dependent on physicians, being powerless and having lower wages [53]. The powerful influence of the media can be one of the effective factors in creating an inappropriate social look to nursing [54]. The media plays an important and powerful role in picturing the position, creating an attitude and informing the public about the nursing profession, these visions are not only effective in the public but also in the nurse's opinions [55]. Participants also believed that the negative attitude of the society caused the family to have a vague and incorrect picture of nursing. According to Mirzabeigi et al., the majority of nurses (80.7%) stated that due to the difficulty of working in this field, social views, low wages, unconventional working hours, etc., their children were not willing to choose the nursing profession [50].

CONCLUSION

Participants in the study share their experiences in four areas: individual, professional, social and structural. Factors influencing the professional behavior of the nurses were stated under the themes of individual prerequisite, professional prerequisite, structural failure and social factors. The results showed that professional behavior is influenced by various disruptive and facilitating factors. Having individual and professional ability such as knowledge, technical skills, self-management, professional interaction and behavior based on professional value and norms are facilitating factors and failure of organization structure and management system, educational system failure and negative attitude of the society, the negative role of the mass media and the lack of social status were mentioned as disturbing factors of professional behavior in nursing. These barriers have prevented nurses from experiencing professional confidence and value in their organization. Therefore, the fundamental efforts of policymakers and deep research on how to make reforms in the social, educational, and organizational domain can clear the path for nursing in promoting professional behavior.

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