

Head Nurses' Professionalism, Systems Thinking and its Relation to Safe Nursing Care

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ABSTRACT

Background: Professionalism and systems thinking play an important role in any health care institution as they shape and affect the nature of head nurses' knowledge, behaviors, skills and attitudes that contribute to deliver safe nursing care within the rapidly altering work environment. **Aim:** The present study aims to investigate head nurses' professionalism, systems thinking and its relation to safe nursing care at Oncology Center. **Design:** A descriptive correlational design. **Setting:** All Oncology Center's inpatient units. **Subjects:** 110 head nurses for study sample. **Tools:** Data were collected by the use of nurses' professionalism inventory, systems thinking scale, and safe nursing care questionnaire. **Results:** The highest percent of head nurses showed high level of professionalism, systems thinking and safe nursing care (53.6%, 43.6%, and 55.5%) respectively. There was highly statistically significant positive correlation between safe nursing care with both head nurses' professionalism and systems thinking. **Conclusion:** There was highly statistically significant positive correlation between safe nursing care with both head nurses' professionalism and systems thinking. **Recommendations:** Provide safe environment that enhances head nurses' professionalism and systems thinking to enhance safe nursing care. Developing of training programs to increase head nurses' knowledge and skills related to systems thinking. Meeting regularly with head nurses in order to listen to them as well as foster their responsibility and accountability to provide safe nursing care.

Key words: *Head nurses, Professionalism, Safe nursing care, Systems thinking*

INTRODUCTION

Current healthcare practice is changing and developing rapidly, requiring the necessity for highly qualified nurses to provide patient care. This care requires latest knowledge as well as skills, proficient competence, critical management skills, and the capacity to deliver appropriate and safe moral and legitimate services (Cusack, Drioli & Brown, 2019). As a result, attaining professionalism is a key objective for nurses. Professionalism is linked to the overall knowledge, attitudes, as well as behaviors of head nurses that make up proficient nursing practice. Professionalism is crucial in nursing as it assists nurses perform well as a team, confirms that they deliver the top standards of care to their patients, and fosters their professional growth (Kelly, 2020).

All careers have an important degree of professionalism, which has been defined as a system of beliefs about the duties and functions of an occupation (Ageiz, Elshrief & Bakeer, 2021). It is a multifaceted idea that presents chances for head nurses to advance both personally and professionally. Those attitudes and beliefs that support nurses' professional activities and aid in their professional development are known as their professionalism. It serves as a manual for head nurses to follow in order to improve results for staff members, patients, and organizations (Foster, 2022).

Head nurses should be aware of the essential professionalism, behaviors, and attitudes that will help them to develop their identity as an essential health care providers. Nursing professionalism means delivering the potential greatest care to patients while maintaining the codes of accountability, empathy, in addition to fairness (Ichikawa, Mitani, Taka, Tanaka & Takemura, 2020). And it can be altered by enhancing inservice education, changing responsiveness, raising professional and social standards for the next generation, and altering the working conditions for nurses. Head nurses apply professionalism by knowledge, skills and attitudes that represent a multidimensional method to the laws, values, and standards that essential for effective systems thinking and clinical practices (Bakar, Khaerah, Hidayati, & Hamid, 2022).

Systems thinking is a problem-solving method that analyses a problem within its system, surrounding components that interrelate with the problem or are influenced by it, and together formulate a method that accomplishes the objective of the system (Hamlin., 2021). The ultimate objective of a systems-thinking style is to form a safe setting in which wholly participants can find out the unseen results of their collected acts and

challenge their thinking. Systems thinking is aimed to deliver safe patient care through the awareness of the whole healthcare system, its elements, their interactions and the efficiency of utilizing the system resources (Dolansky, & Mahsoon, 2021).

Systems thinking emphasizes on understanding the whole instead of the separate items. It is centered on the complex interactions, communication, synchronization, and interaction of individuals, procedures, and technology. It assists in locating the vital linkages and interactions that are critical for a successful implementation. Nursing practice that incorporates systems thinking makes it easier to recognize and address issues that compromise patient safety. To improve the standard and effectiveness of nursing care, systems thinking must become an essential component of organizational procedures in the healthcare industry (Dolansky, Moore, Palmieri & Singh, 2020).

The provision of high quality care while utilizing safe nursing practices is characterized by the use of nurses' abilities and knowledge to reduce the risk of patient injury (Moazez, Miri, Foroughameri & Farokhzadian, 2020). Additionally, it is the avoidance of harm that practice errors might bring about. More than merely providing life-saving care, safe nursing care must adhere to the basic standard of care. It is regarded as a patient right and a component of the safety net provided by the welfare state. Limited resources cannot compromise this vital principle (Mansouri, Mohammadi, Adib, Lili & Soodmand, 2019). The primary factor in determining the superiority of nursing care is safe nursing care, which is correlated with institutional status and size, resource planning, the professional conduct and competencies of head nurses, systems thinking, and leadership style. Head nurses must therefore be morally sensitive, professional, and cognizant of ethical concepts in order to deliver safe nursing care (Jin & Yi, 2019).

A good working atmosphere was crucial to delivering safe nursing care. This environment is intentionally created when head nurses use proper managerial techniques to run the ward, stand up for and support nursing staff, assign tasks to nurses in accordance with their abilities and skill sets, trust nurses and praising the best nursing safe practices, and foster an environment where mistakes can be reported and corrected (Hwang, Kim & Chin, 2019). Inform the nurses during nursing rounds and offering regular supervision or guidance that was very beneficial in warning nurses of risks to patient safety, decreasing the likelihood of nursing practice errors, bringing the error to the nurses' attention and talking about that in ensuring that it will not happen next time,

and being certain about the delivery of safe nursing care (Torkaman, Momennasab, Yektatala & shahrbabaki, 2022).

Significance of the study

Any health-care organization must encourage professionalism and systems thinking because they influence the head nurses' knowledge, behaviors, abilities, and attitudes that help them deliver safe nursing care in a quickly changing workplace (Kakemam, Ghafari, Rouzbahan, Zahed & Sook, 2022). Professionalism is a code of ethics for head nurses that helps them behave in ways that benefit nurses, patients, organizations, and systems. It is crucial because it makes sure that head nurses are aware of ethical concepts, guarantees that their patients receive the best standards of care, enables them to function well as a team, and promotes their professional growth. The ability to find both planned and unintentional repercussions of any health activity is another strong pathway made possible by systems thinking. These are essential components for building any health system and delivering safer and more effective nursing care. Some studies have been conducted in USA to increase understanding about systems thinking and safe nursing care as Nurses' perceptions of systems thinking and safe nursing care ((Moazez, et al., 2020). The association of professionalism and systems thinking on patient safety competency (Kakemam, et al, 2022). Safety culture and systems thinking for predicting safety competence and safety performance among registered nurses in Saudi Arabia (Dolansky, & Mahsoon, 2021). No attempts were done to examine head nurses' professionalism, systems thinking and its relation to safe nursing care at Oncology Center. So, the present study aims to investigate head nurses' professionalism, systems thinking and its relation to safe nursing care at Oncology Center, Mansoura University.

AIM OF THE STUDY

The study aims to investigate head nurses' professionalism, systems thinking and its relation to safe nursing care at Oncology Center.

Research objectives:

- Determine the level of professionalism as perceived by head nurses.
- Determine the level of systems thinking as perceived by head nurses.
- Determine the level of safe nursing care as perceived by head nurses.
- Find out the relation between safe nursing care and both head nurses' professionalism and systems thinking at Oncology Center.

SUBJECT AND METHOD:

Design: A descriptive correlational study design was used.

Setting: All of the inpatient units at the Oncology Center were involved in this study. Following Mansoura University Hospitals in Mansoura City, Dakahelia Governorate, with 500-bed capacity represents the Ministry of Higher Education and provides a range of medical services to the Delta Region.

Subjects: Convenience sample of head nurses (n=110) working in the mentioned setting and meets the requirements of having at least one year of experience, as well as who is available during data collection time, study sample is included to express their viewpoint about studied variables.

Tools of data collection:-

The Nurses' Professionalism Inventory (NPI), the Systems Thinking Scale (STS), and the Assessment of Safe Nursing Care Questionnaire (ASNCQ) were the three tools used in the current study to collect data .

Tool I: Nurses' Professionalism Inventory (NPI): It was developed by Ichikawa, et al. (2020). It is used to evaluate head nurses' professionalism. It is divided into two parts:

First part: Personnel characteristics as age, marital status and years of experience.

The second part: included 28 items that are related to the head nurses' professionalism at work. These items divided into five dimensions namely; Accountability (8 items), self-improvement (8 items), professional attitude (5 items), advancement of nursing profession (4 items), and finally, professional membership (3 items).

Scoring system:-

The five-point likert scale utilized to measure responses from 1 to 5 (1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, and 5 = highly agree). Based on a cut-off point of 50%, there are three levels of professionalism: (50%) low professionalism, (50-75%) moderate professionalism, and (75%) high professionalism.

Tool II: Systems Thinking Scale (STS): This tool was developed by Dolansky, et al. (2020). The STS is a 20-item scale developed to assess a head nurse's capacity to

identify, comprehend, and synthesize the causal sequences of events, potential multiple causes, various sorts of occurrences, feedback, and linked factors.

Scoring system:-

The five-point rating scale used to measure responses ranging from 1 to 5 (1 = never; 2 = rarely; 3 = sometimes; 4 = often; 5 = always). (<50%) low level of systems thinking, (50-75%) moderate systems thinking and (> 75%) high level of systems thinking based on cut of point 50%.

Tool III: Assessment of Safe Nursing Care Questionnaire (ASNCQ): This tool was developed by Rashvand, et al. (2017). It utilized to assess practice of head nurses to prevent patients from harm and promoted early error detection. The questionnaire has 32 items that are divided into four categories which are: Assessment of the nursing skills (13 items), Assessment of the patient's psychological needs (7 items), assessment of the patient's physical needs (7 items), and finally assessment of the nurses' teamwork (5 items).

Scoring system:-

One to five scores on a five-point rating scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = always) were given as responses. Based on a cut-off point of 50%, there are three levels of safe nursing care: (50%) low, (50-75%) moderate, and (75%) high.

Pilot study

A pilot study was carried out on 10% of the head nurses from different Oncology Center units (n=12) to assess the clarity and applicability of the tools. Based on their responses, any necessary modifications were made and they were excluded from the overall sample.

Validity

The tools were translated into Arabic by the researchers, and five nursing administration experts from nursing faculties (Mansoura & Tanta nursing faculties) reviewed them for relevance and content validity. The necessary adjustments were as a result made.

Reliability

To assess the dependability of the tools, Cronbach's alpha was used. The professionalism inventory scored (0.91), the systems thinking scale scored (0.89), and the safe nursing care questionnaire scored (0.89), respectively (0.92).

Field work:

The actual field work started from December 2022 to February 2023. Data gathered by meeting with the head nurses and explaining the study's goal to them. The surveys were distributed to subjects covertly at their worksites, and they took between 25 and 30 minutes to complete the study.

Ethical consideration:

The study received ethical approval from the Faculty of Nursing- Mansoura University Research Ethical Committee. Participation in the study was voluntary, and they have the right to withdraw from the study at any time. The confidentiality of the data collected was maintained. An oral consent was obtained from head nurses who accept to participate in the study after providing the explanation of nature and aim of the study. The privacy of the study sample was respected, and the results were used to guide future research, publications, and learning. Researchers received official approval from the hospital administrators to conduct this study after explaining its goal to the administrative staff.

Data analysis

The gathered data were processed, tabulated, and statistically assessed using SPSS software. SPSS Inc., Chicago, Illinois, USA, "Statistical Package for the Social Sciences, version 22." For quantitative data, the range, mean, and standard deviation were estimated. To compare two groups of qualitative data and move further, the Chi-square (2) test was utilized. The means of two groups of parametric data from independent samples were compared using the student t-test. To determine whether the means of two groups of non-parametric data from independent samples were comparable, the Mann-Whitney test's Z value was used. To identify the association between the variables, the Pearson's correlation coefficient was used (r). Significant results were adopted at $p \leq 0.05$ in order to understand the significance test results.

RESULTS:

Table (1): Shows that the mean of the studied head nurses age was (30.93±6.13), (55.5 %) of them were ranged from 31-40 years old. Most of them (84.5%) were married. Finally, (51.8%) of head nurses with experience years more than ten years.

Table (2): Shows head nurses' professionalism, systems thinking, and safe nursing care mean scores. Regarding to professionalism, total mean score was (103.09±29.73), self-improvement dimension was the highest with mean score (30.92±8.06), while, professional membership was the lowest with mean score (11.05±3.47). Total systems thinking mean score was (68.41±21.44). Concerning safe nursing care, total mean score was (118.41±32.54), assessment of the nursing skills was the highest category with mean score (46.86±13.93), while, assessment of the nurses' teamwork was the lowest with mean score (18.13±5.52).

Table (3): show that levels of head nurses' professionalism, systems thinking, and safe nursing care were high (53.6% , 43.6% , 55.5%) respectively.

Figure (1): show that levels of head nurses' professionalism, systems thinking, and safe nursing care were high (53.6% , 43.6% , 55.5%) respectively.

Table (4): shows that there were highly statistically significant relationship between levels of head nurses' professionalism and safe nursing care levels (p= **0.000****). High professionalism head nurses had high level of safe nursing care.

Table (5): presented that there were highly statistically significant relationship between levels of systems thinking and safe nursing care levels (p= **0.000****). High systems thinking head nurses had high level of safe nursing care.

Figure (2): showed that there is highly statistically significant positive correlation between head nurses' professionalism and safe nursing care. (P ≤0.01).

Figure (3): showed that there is highly statistically significant positive correlation between head nurses' systems thinking and safe nursing care (P ≤0.01).

Table (1): Personal characteristics of the studied head nurses (n=110)

Personal characteristics	N	%
Age years:		
▪ 20-30	61	38.2
▪ 31-40	42	55.5
▪ > 40	7	6.4
Mean±SD	30.93±6.13	
Marital status		
▪ Single	17	15.5
▪ Married	93	84.5
Years of experience:		
▪ 1-5	15	13.6
▪ 6-10	38	34.5
▪ > 10	57	51.8
Mean±SD	12.14±6.63	

Table (2): Head nurses' professionalism, systems thinking, and safe nursing care mean scores (n= 110)

The study variables	No of items	Min	Max	Mean ± SD
A. Total head nurses' professionalism	28	39.0	140.0	103.09±29.73
A1. Accountability	8	9.0	40.0	28.83±9.06
A2. Self-improvement	8	12.0	49.0	30.92±8.06
A3. Professional attitude	5	5.0	25.0	17.83±5.78
A4. Advancement of nursing profession	4	4.0	20.0	14.46±4.68
A5. Professional membership	3	4.0	15.0	11.05±3.47
B. Total head nurses' systems thinking	20	23.0	100.0	68.41±21.44
C. Total head nurses' safe nursing care	32	48.0	160.0	118.41±32.54
C1. Assessment of the nursing skills	13	15.0	65.0	46.86±13.93
C2. Assessment of the patient's psychological needs	7	9.0	35.0	25.25±7.46
C3. Assessment of the patient's physical needs	7	11.0	35.0	28.17±6.30
C4. Assessment of the nurses' teamwork	5	5.0	25.0	18.13±5.52

Table (3): levels of professionalism, systems thinking, and safe nursing care among the studied head nurses (n=110)

The study variables	Levels of the study variables	Score	N	%
A. Professionalism	▪ Low (<50%)	28-69	19	17.3
	▪ Moderate (50-75%)	70-105	32	29.1
	▪ High (>75%)	106-140	59	53.6
B. Systems thinking	▪ Low (<50%)	20-49	21	19.1
	▪ Moderate (50-75%)	50-75	41	37.3
	▪ High (>75%)	76-100	48	43.6
C. Safe nursing care	▪ Low (<50%)	32-79	20	18.2
	▪ Moderate (50-75%)	80-120	29	26.4
	▪ High (>75%)	121-160	61	55.5

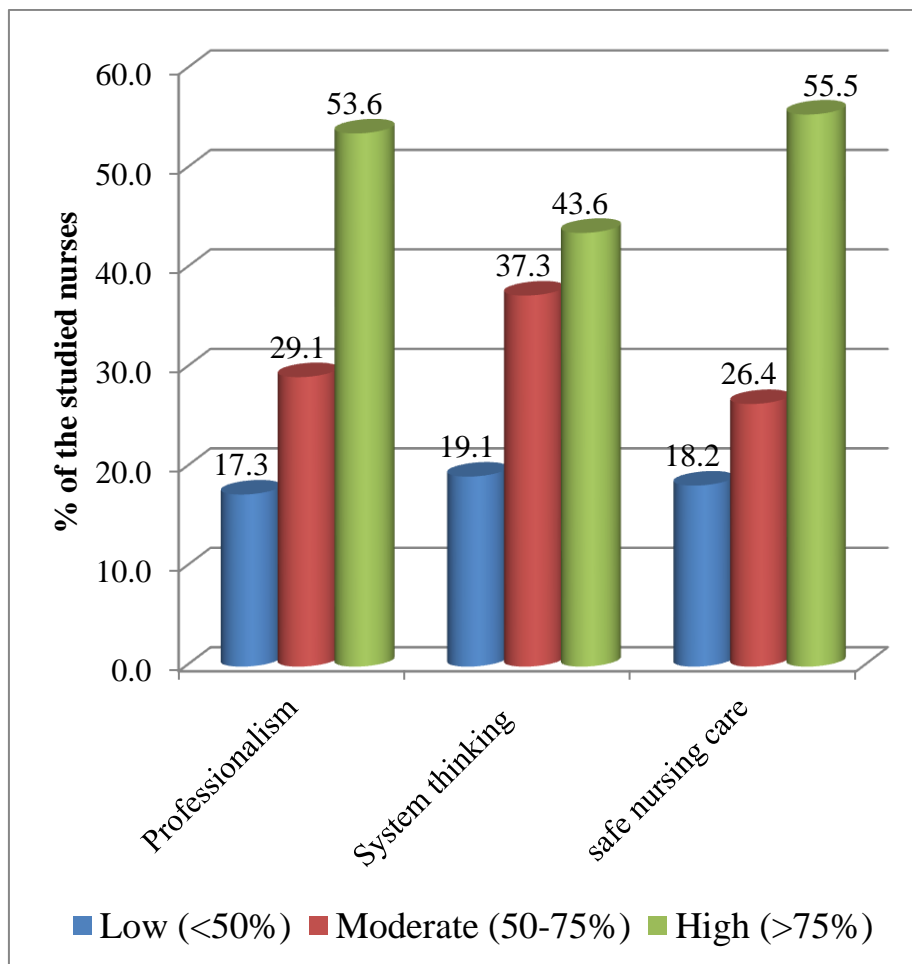
**Figure (1): Levels of professionalism, systems thinking, and safe nursing care among the studied head nurses (n=110).**

Table (4): Relationship between levels of head nurses’ professionalism and safe nursing care levels (n=110).

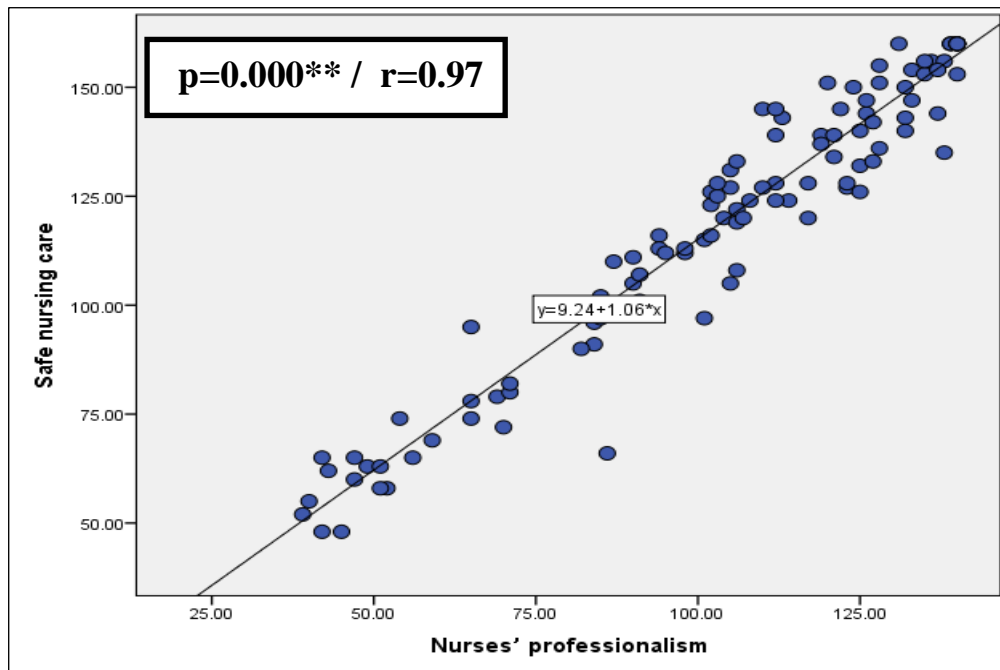
Levels of professionalism	Levels of safe nursing care						$\chi^2 / p\text{-value}$
	Low (<50%)		Moderate (50%-75%)		High (>75%)		
	n	%	n	%	n	%	
Low (<50%)	18	94.7	1	5.3	0	0.0	148.46/0.000**
Moderate (50%-75%)	2	6.3	24	75.0	6	18.8	
High (>75%)	0	0.0	4	6.8	25	93.2	

** Highly statistically significant (p<0.01)

Table (5) Relationship between levels of head nurses’ systems thinking and safe nursing care levels (n=110).

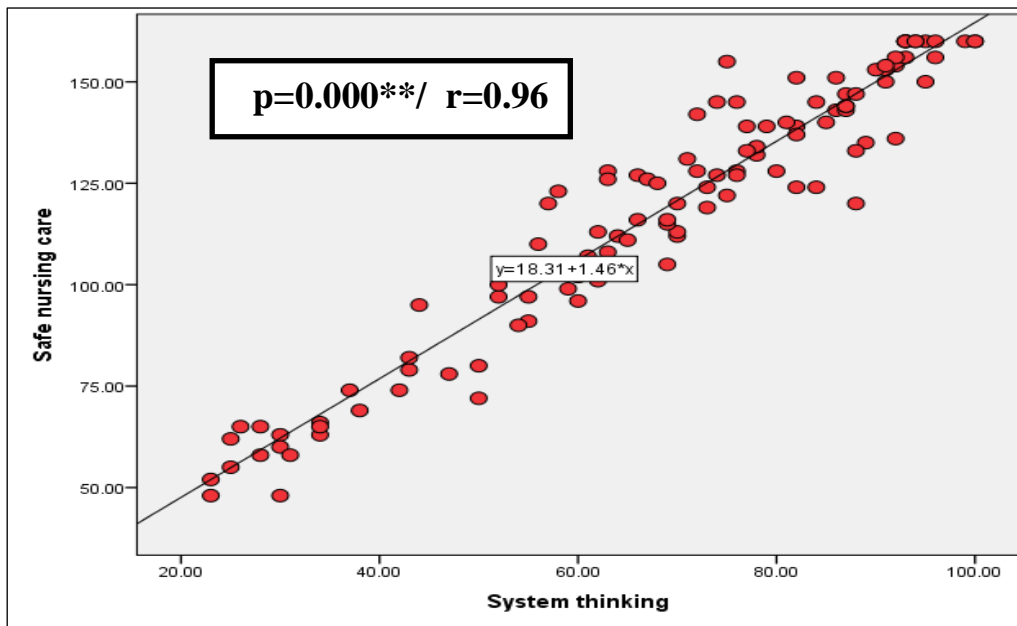
Levels of systems thinking	Levels of safe nursing care						$\chi^2 / p\text{-value}$
	Low (<50%)		Moderate (50%-75%)		High (>75%)		
	n	%	n	%	n	%	
Low (<50%)	19	90.5	2	9.5	0	0.0	139.63/0.000**
Moderate (50%-75%)	1	2.4	26	63.4	14	34.1	
High (>75%)	0	0.0	1	2.1	47	97.9	

** Highly statistically significant (p<0.01)



** Highly statistically significant (P ≤0.01)

Figure (2): Correlation between head nurses’ professionalism and safe nursing care as perceived by the studied head nurses (n=110).



** Highly statistically significant ($P \leq 0.01$)

Figure (3): Correlation between head nurses' systems thinking and safe nursing care as perceived by the studied head nurses (n=110).

DISCUSSION:

Patients receive better and safer nursing care, team communication is enhanced, there is more liability among health care providers, and the clinical atmosphere is generally extra favorable when head nurses display professional practices and systems thinking. By identifying and resolving health-system difficulties, healthcare organizations will run more successfully and effectively, and wholly shareholders—consisting of patients, other participants of the healthcare team (Žiaková, Kalánková and Tomagová, 2022).

The findings of the current study revealed that the overall professionalism of the head nurses was high. This could be as a result of head nurses being aware of their accountability as nurses within the nursing profession, respecting the integrity and human rights of patients and their families, keeping records of their nursing to do their duties clear, offering patients and their families support according to their physical as well as psychological wants at the time, having the necessary capabilities to counsel and teach other nurses, and forging relations where ideas can be shared with other professional. This was in the similar line with Abate, et al. (2021) who stated that head nurses gave elevated score of overall professionalism, supporting the notion that head nurses who worth professionalism showed adherence to best practices in addition to training skills.

This findings agreed with Azemian , Ebadi and Afshar (2021) who informed that all categories of professionalism are perceived as important, and revealed that nurses who keep professionalism first in their careers may enhance the work environment by giving their patients proper care, enhancing teamwork among healthcare professionals, and keeping themselves and others responsible for the quality of care they offer. Additionally, Hano, Buyo, Iwane and Mizukoshi (2022) noted that nurses reported a modest level of professionalism, noting that professionalism fosters performance and work autonomy improves the capacity for critical thought, strengthens the capacity for performance reflection, and empowers people.

Regarding head nurses' total systems thinking, the finding of the present study revealed that total systems thinking was at a high level in the head nurses. This may be because head nurses take into account the relationships between coworkers in the work unit, think about the causes and effects of a situation, involve people in their work unit in the problem solving process, recognize that proposed changes can have an impact on the entire system, consider how various employees may be impacted by the improvement, understand that system thinking are influenced by previous events, and think about how multiple changes affect one another. This is in line with the findings of Elayyan (2020), who discovered that head nurses displayed a high level of systems thinking, showing that it has a favorable impact on wholly results for together the head nurse as well as institution.

According to Dolansky, et al. (2020), head nurses rated their systems thinking at a moderate level, which is constant with the results of the current study. I should also mention that systems thinking looks at nursing practices from the aspects of quality and safety. As a result, nurse directors may create a culture that not only encourages, supports, and values systems thinking, but also offers the necessary framework for getting nurses involved in it. Contrarily, Cave and Willis (2016) told that participants had a low level of systems thinking and noted that systems thinking is a critical component of nursing education that promotes quality and safety as well as the occurrence and reporting of undesirable outcomes.

Concerning safe nursing care, the result of the existing study showed that head nurses' safe nursing care was at the high level. This may be because head nurses maintain their abilities to perform nursing interventions based on their knowledge as well as

experience, carry out the nursing rounds at the patient's bedside, create an environment that promotes patient care delivery in a safe manner, educate inexperienced staff about patient safety, respond to patient questions, solicit patient feedback on safety procedures, and ensure that all prescribed medications are administered correctly. This is in the same line with the study of Kalantari, Sajadi and Pishgooi (2019) which showed that the majority of head nurses place a high value on safe nursing care.

According to Tonnessen, Scott and Nortvedt (2020), the majority of participants ranked safe nursing care as satisfactory, confirming that safety in nursing care is the primary determinant of nursing care quality. This finding was consistent with their findings. Additionally, Alanazi, Sim and Lapkin (2022) noted that nurses had a higher than average perception of safe nursing care, which they hypothesized may be related to the importance placed by healthcare associations on ongoing training for nurses around safe nursing care as well as adherence to accreditation standards. In contrast, Rashvand, et al. (2016), claimed that safe nursing care was undesired.

The findings of the current study showed a positive correlation between head nurses' professionalism and systems thinking and safe nursing care, which is demonstrated by higher levels of professionalism and systems thinking being connected with higher levels of safe nursing care. The findings of Khodaveis et al. (2021) who discovered a substantial positive link between professionalism and safe nursing care, are consistent with this. The same is true of Kimberly, Mary, Christopher, Elizabeth and Mamta (2022) who claimed that professionalism plays a significant role in enhancing the provision of safe nursing care through effective communication, honesty, respect for others, confidentiality, and responsibility. Additionally, it encourages nurse competency and active participation in quality improvement initiatives.

Furthermore, Moghadam, Pazokian, AbbasZadeh and FaghihZadeh (2020) stated that participants who had a higher level of safe nursing care were significantly more expectable presented positive professionalism. They apply standards correlated to professionalism as accountability as well as responsibility, knowledge, skills, professional principles, communication and professional cooperation, continuing competency, quality of care and self-regulation that promote safety of nursing care. This was in congruent with Torkaman, et al. (2022) who found that head nurses who had positive professionalism and aware of ethical principles, are responsive to the physical

and psychological requirements of their patients, enthusiastically recognize their wants and difficulties, discover a method to solve these difficulties in addition to deliver safe nursing care to them.

Additionally, Gaalan, Kunaviktikul., Akkadechanunt, Wichaikhum and Turale (2019) claimed that systems thinking was a strong indicator of safe nursing care, supporting the idea that nurses who are competent at systems thinking may be able to lower medical errors, support quality improvement programmes, and enhance problem-solving in addition to decision-making skills. According to Moazez et al., (2020) system thinking is essential for obedience with care, practice, controlling, in addition to accrediting requirements in healthcare places. This finding validates his findings. The system thinking aids nurse supervisors in reviewing and managing the safety events. This was in line with Dolansky & Mahsoon's (2021) asserted that Increasing nurses' awareness of systems thinking had positive effects on nurses' perceptions of safety culture, the frequency of medication events, and maintaining and promoting safety of care across all healthcare settings.

CONCLUSION:

More than half shown high levels of professionalism, less than half of head nurses demonstrated high levels of systems thinking and , and more than half demonstrated high levels of safe nursing care. Safe nursing care has a highly statistically significant positive relationship with both professionalism and systems thinking. Therefore, based on the abovementioned, we could come to the conclusion that raising the professionalism and systems thinking of head nurses has a chance of improving the quality of safe nursing care.

RECOMMENDATION

The following recommendations are made based on the results of the previous study:

- To improve safe nursing care, it is necessary for organization to provide safe environment that enhances head nurses' professionalism and systems thinking.
- Hospital management should support and encourage head nurses to participate in continuing education programs that help them to acquire necessary skills for advancement of nursing profession.
- Supervisors should realized that their support to head nurses is very significant, communicating important information to them and asking them to seek assistance when needed.

- Development of training programs to increase head nurses' knowledge and skills related to systems thinking.
- Managers should motivate head nurses to work collaboratively, remain updated and seek opportunities for self-improvements, to acquire new competencies.
- Meeting regularly with head nurses in order to listen to them as well as foster their responsibility and accountability to provide safe nursing care.
- Further research must be carried out about professionalism, systems thinking and safe nursing care among nursing personnel.

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احترافية رؤساء وحدات التمريض، التفكير المنهجي وعلاقتهم بالرعاية التمريضية الآمنة

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الخلاصة

يلعب التفكير المنهجي والاحترافية دورًا مهمًا في أي مؤسسة رعاية صحية لأنهم يشكلوا ويؤثروا على طبيعة معارف رؤساء وحدات التمريض وسلوكياتهم ومهاراتهم ومواقفهم التي تساهم في تقديم رعاية تمريضية آمنة في بيئة عمل تتغير بسرعة. الهدف: هدفت الدراسة الحالية إلى فحص احترافية رؤساء وحدات التمريض، تفكيرهم المنهجي وعلاقتهم بالرعاية التمريضية الآمنة في مركز الأورام. طرق وأدوات البحث: تم استخدام تصميم ارتباط وصفي. أجريت الدراسة في جميع الوحدات الداخلية بمركز الأورام، واشتملت عينة الدراسة على 110 من رؤساء وحدات التمريض. وتم استخدام ثلاث أدوات لجمع البيانات اللازمة. الاداة الأولى: استبيان لقياس احترافية رؤساء وحدات التمريض. الاداة الثانية: استبيان لقياس التفكير المنهجي، والاداة الثالثة: استبيان لقياس الرعاية التمريضية الآمنة. النتائج: أظهرت الدراسة أن رؤساء وحدات التمريض لديهم مستوى عالي من الاحترافية والتفكير المنهجي و الرعاية التمريضية الآمنة. وجود علاقة إيجابية ذات دلالة إحصائية عالية بين الرعاية التمريضية الآمنة مع كل من الاحترافية والتفكير المنهجي. يمكن الاستنتاج أنه يوجد علاقة إيجابية ذات دلالة إحصائية عالية بين الرعاية التمريضية الآمنة مع كل من الاحترافية والتفكير المنهجي. التوصيات: توفير بيئة آمنة تحسن احترافية رؤساء وحدات التمريض وتفكيرهم المنهجي لتحسين الرعاية التمريضية الآمنة.

الكلمات المرشدة: رؤساء وحدات التمريض ، الاحترافية ، الرعاية التمريضية الآمنة ، التفكير المنهجي