

Nursing Professional Pride Scale: Turkish adaptation and psychometric properties

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Abstract

Purpose: This study established the Turkish validity and reliability of the Nursing Professional Pride Scale (NPPS).

Design and Methods: The study was a descriptive and cross-sectional conducted in Turkey. The sample consisted of 301 nurses with at least one year of work experience. Data were collected online between August and September 2020 and analyzed using the SPSS 25.0 and LISREL 8.80. Confirmatory factor analysis, linguistic and content validity, and reliability analyses were performed.

Findings: The Turkish version of the Nursing Professional Pride Scale (NPPS-TR) had a content validity index of 0.95 and Cronbach's alpha of 0.89 and a five-factor structure with acceptable psychometric properties ($\chi^2/df = 2.85$, RMSEA = 0.079, CFI = 0.92, SRMR = 0.08).

Practice implications: The NPPS-TR is a valid and reliable measure of professional pride in Turkish nurses.

KEYWORDS

nursing, pride, professional, reliability, validity

1 | INTRODUCTION

Nursing is a scientific discipline based on professional values, principles, and standards.¹ Nursing care is a holistic and continuous approach, and therefore, nurses spend more time interacting with patients or healthy individuals than other healthcare professionals.^{2,3} Effective and high-quality nursing care depends on professional attitudes, perceptions, and satisfaction. Professional recognition and prestige depend on care quality, qualifications, and public perception. However, the recognition of nursing as a profession relies not only on public opinion but also on nurses' perceptions of their profession.⁴⁻⁶ Therefore, nurses who make a conscious choice to pursue a career in nursing and identify with and commit themselves to their job are likely to develop a stronger professional identity and perceive their job more positively.⁷⁻⁹

Healthcare providers who are part of a professional team with the same qualifications and standards are likely to have a more positive attitude towards their jobs and higher job satisfaction.^{10,11}

However, the quality of nursing education in Turkey varies from faculty to faculty, which remains an obstacle in the path of professionalism, because nursing students who receive an education of different quality have difficulty providing care that meets appropriate standards and fulfilling their professional roles. Moreover, inadequate staffing, a high nurse-to-patient ratio, severe and stress-inducing working conditions, and insufficient professional autonomy cause nurses to develop negative attitudes towards their job.^{12,13}

Nurses' supportive position to evaluate the needs of patients and their families in a holistic approach, to provide comprehensive care, to protection and maintenance of health, increases the development of positive perception towards the profession and professional pride in nurses.^{5,14} Although nursing has empowering and satisfying aspects, some social, environmental, and personal factors reduce nurses' professional pride and motivation. Some of those factors are a hierarchical work environment that does not care about physical and mental health, menial tasks outside their job description, the negative public image of nursing, low wages, insufficient

autonomy, physician-centered care, and other personal experiences.^{15–17} Qualitative and quantitative studies address the factors affecting professional life and pride.^{18–20} Tjoflåt et al.²⁰ found that nurses were proud of their job, motivated by the desire to help those in need, and satisfied with patient-centered care.¹⁸ reported that the greater the professional pride and job satisfaction, the higher the intention of job retention.¹⁹ determined that newly graduated nurses were proud of their job and highly committed to it, and wanted to do it as best as possible. Nurses with professional pride and motivation have a positive attitude towards their job. On the other hand, nurses with low professional pride and motivation are at risk for developing physical and mental health problems (inadequacy, worthlessness, depression, burnout, low job satisfaction, lack of motivation, etc.), resulting in reduced productivity, higher absenteeism, and the intention to quit the job.^{5,12,13,18} Burnout and job dissatisfaction negatively affect nurses' mental status and the quality of care they provide, resulting in adverse health outcomes in patients. Therefore, it is of paramount importance to make sure that nurses take pride in their job and are motivated and satisfied enough to provide high-quality care.

Low quality of care affects the individual, family, and society, increasing employee turnover rates, health costs, and workload, resulting in perceived incompetence among nurses. In other words, professional perceptions and attitudes have both health and social implications (individual, social, and economic).^{5,21,22} Therefore, professional perceptions and attitudes should be evaluated. Professional pride encompasses feelings for the job, role performance, and intentions to remain in the profession. However, there is no scale measuring nurses' professional pride in Turkey. Therefore, this study aimed to adapt the reliability and validity of the Nursing Professional Pride Scale to Turkish and examine its psychometric properties.

2 | METHOD

2.1 | Objective

This study established the Turkish validity and reliability of the Nursing Professional Pride Scale (NPPS).

2.2 | Study design

This is a methodological validation study.

2.3 | Participants and setting

The study population included of all professional nurses in Turkey. A common rule of thumb for scale adaptation is to have a sample size five to ten times the number of items in the scale.²³ The International Testing Commission (ITC)²⁴ recommends a sample size of 300 to determine the psychometric properties of a scale. The Nursing

Professional Pride Scale (NPPS) consists of 27 items. Therefore, the sample consisted of 301 voluntary nurses (more than ten times the number of items) with at least one year of work experience. Data were collected using a sociodemographic form and the Turkish version of the Nursing Professional Pride Scale (NPPS-TR) between August and September 2020. Test-retest was used to determine whether the NPPS-TR could yield consistent results when repeated over time (reliability). The retest ($n = 76$) was performed two-three weeks after the original test ($n = 301$).

2.3.1 | Sociodemographic information form

The sociodemographic information form was based on a literature review conducted by the researchers. The form consisted of items on age, gender, marital status, number of children, educational status years of experience as a nurse, working position, hospital type and working hours per week.

2.3.2 | Nursing Professional Pride Scale

The Nursing Professional Pride Scale (NPPS) was developed by JaeHee et al.²⁵ to measure levels of professional pride in nurses. The scale consists of 27 items and five subscales. The items are scored on a five-point Likert-type scale of (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree). The subscales are feeling of vocation, (six items, 1, 2, 3, 4, 5, and 6), role satisfaction (six items, 7, 8, 9, 10, 11, and 12), role of problem solver (six items, 13, 14, 15, 16, 17, and 18), self-achievement (four items, 19, 20, 21, and 22), and willingness to stay (five items, 23, 24, 25, 26, and 27). The total score ranges from 27 to 135, with higher scores indicating greater professional pride. The NPPS has a Cronbach's alpha of 0.92, while its subscales have a Cronbach's alpha of 0.74–0.85.²⁵

2.4 | Data analysis

The data were analyzed using the Statistical Package for Social Sciences (SPSS, version 25) and LISREL 8.80. Content and construct validity were analyzed. Content validity was determined using content validity ratio (CVR) and content validity index (CVI). In construct validity, confirmatory factor analysis was made. In confirmatory factor analysis, χ^2/df , RMSEA, CFI, NFI, NNFI, RFI, GFI, SRMR values were examined. It is hereby stated that; χ^2/df fit index may vary between 2 and 3 and the model is acceptable within this interval.²⁶ RMSEA values lower than 0.05 reveals good harmonization whereas lower than 0.08 reveals that it is acceptable.^{27,28} Regarding CFI, GFI and AGFI value; 0.90 reveals good fit index, 0.95 and any value overexpresses excellent harmonization.^{28,29}

Reliability was determined using test-retest, item-total correlation, the pearson correlation coefficient, Cronbach's alpha coefficient

(internal consistency), intraclass correlation coefficient (ICC), and a Bland–Altman plot. A Cronbach's alpha of 0.60–0.79 indicates good reliability, while greater than 0.80 indicates high reliability.²³ According to Hinton et al.³⁰; Cronbach alpha values reveal moderate in between the interval of 0.50–0.70, high in between the interval of 0.70–0.90, and excellent reliability over 0.90. ICC values between 0.75 and 0.90 reveal good reliability whereas the values over 0.90 reveal excellent reliability.³¹

2.5 | Ethical considerations

Dr. Eun-Joo Kim, one of the developers of the NPPS, was emailed to get permission. The study was approved by the Human Research Ethics Committee (Date/No: 23.06.2020/2020/76). Nurses were informed about the purpose and procedure, and written consent was obtained from those who agreed to participate before online data collection.

3 | RESULTS

3.1 | Participant characteristics

The mean age of participants was 31.28 ± 6.70 . Of participants, 80.7% were women, 75.1% had a bachelor's degree, 52.2% were married, 44.2% had 1–5 years of work experience, 80.4% were clinical nurses, 73.4% worked in shifts, 56.1% worked 41–50 h per week, 54.1% worked in public or training and research hospitals, and 73.8% chose the nursing profession willingly (Table 1).

3.2 | Validity

3.2.1 | Linguistic and content analysis

Three experts (two in nursing and one in English) translated the English version of the Nursing Professional Pride Scale (NPPS) to Turkish separately. The researchers evaluated the translated versions and developed a Turkish draft, assessed by an expert in Turkish Language and Literature. The researchers revised the items based on expert feedback. Thirteen experts (12 academics with a Ph.D degree in nursing and one expert in assessment and evaluation) were consulted for content validity. Another expert who knew both languages translated the Turkish version back to English, which was then assessed and approved by Dr. Eun-Joo Kim. After expert feedback, CVR and CVI were determined, the latter of which was found to be 0.95.

3.2.2 | Construct validity

Confirmatory factor analysis was used to determine the construct validity of the scale. The fit indices of the NPPS-TR were as follows:

TABLE 1 Descriptive characteristics

Variables		n	%
Age	M (SD) 31.28 (6.70)		
Gender	Female	243	80.7
	Male	58	19.3
Marital status	Single	144	47.8
	Married	157	52.2
Educational status	Health vocational high school	23	7.6
	Associate degree	16	5.3
	Bachelor degree	226	75.1
	Postgraduate	36	12.0
Years of experience as a nurse	1–5 years	133	44.2
	6–10 years	67	22.3
	11–15 years	48	15.9
	16 years more than	53	17.6
Working position	Clinical nurses	242	80.4
	Manager nurses	29	9.6
	Other	30	10.0
Working style	Shift	221	73.4
	Just day shift	64	21.3
	Just night shift	16	5.3
Working hours per week	40 h and less than	59	19.6
	41–50 h	169	56.1
	51 h and more than	73	24.3
Hospital type	Public Hospital/Training and Research Hospital	163	54.1
	City Hospital	30	10.0
	University Hospital	96	31.9
	Private Hospital	12	4.0
The status of willing to perform the profession	Yes	222	73.8
	No	79	26.2

RMSEA = 0.079, CFI = 0.92, NFI = 0.88, NNFI = 0.91, RFI = 0.87, GFI = 0.82, SRMR = 0.08, and $\chi^2/df = 2.85$ (Table 2). Figure 1 shows the factor loadings, indicating that the NPPS-TR had the same factor structure as the original scale.

3.3 | Reliability

Cronbach's alpha coefficient, test-retest, ICC, and item-total correlations were used to determine reliability. The NPPS-TR had a Cronbach's alpha of 0.89 (Table 3). The subscale “feeling of vocation” had a Cronbach's alpha of 0.68 and an ICC of 0.76. The subscale “role

TABLE 2 Confirmatory factor analysis fit indices for the Nursing Professional Pride

Fit indices	Model tests
Root mean square error of approximation (RMSEA)	0.079
Comparative fit index (CFI)	0.92
Normed fit index (NFI)	0.88
Non-normed fit index (NNFI)	0.91
Relative fit index (RFI)	0.87
Goodness of fit index (GFI)	0.82
Standardized root mean square (SRMR)	0.08
χ^2/df	894.50/314 = 2.85

satisfaction” had a Cronbach's alpha of 0.77 and an ICC of 0.86. The subscale “role of problem solver” had a Cronbach's alpha of 0.72 and an ICC of 0.77. The subscale “self-achievement” had a Cronbach's alpha of 0.62 and an ICC of 0.81. The subscale “willingness to stay” had a Cronbach's alpha of 0.68 and an ICC of 0.84. Test-retest ($n = 76$) was used to ascertain whether the scale could yield consistent results when repeated over time (reliability). The test-retest correlation was 0.82 for the whole scale, while it ranged from 0.62 to 0.76 for the subscales (Table 3). The total correlations of the items in the feeling of vocation subscale were observed to vary between 0.278 and 0.495, the role satisfaction subscale varied between 0.349 and 0.592, the role of problem solver subscale varied between 0.227 and 0.578, the self-achievement subscale varied between 0.440 and 0.541, the willingness to stay subscale varied between 0.429 and 0.565 (Table 4). The Bland-Altman plot had a random pattern (Figure 2). The limits of agreement ranged from 12.1 to -16.8 ($-2.3 \pm 1.96 \times 7.35$). The average of the differences was close to zero, indicating good compatibility/consistency between the test and retest.

4 | DISCUSSION

This study adapted the Nursing Professional Pride Scale to Turkish and analyzed its psychometric properties. Professional pride, besides the development of the professional sense of belonging, desire to maintain the profession and provision of professional satisfaction, also affects the care quality. Besides, professional pride is an important source of motivation contributing to the development and improvement of the profession of the nursery. For this reason, a tool that measures the nurses' pride level is necessary. However, there exists no comprehensive measuring tool in Turkish culture, which has been developed to assess the professional pride and of which the validity reliability has been achieved. Therefore, we need a valid and reliable scale to assess the professional pride of nurses in Turkey.

The study adhered to the criteria laid down by the ITC²⁴ and the World Health Organization³² to adapt the Nursing Professional Pride

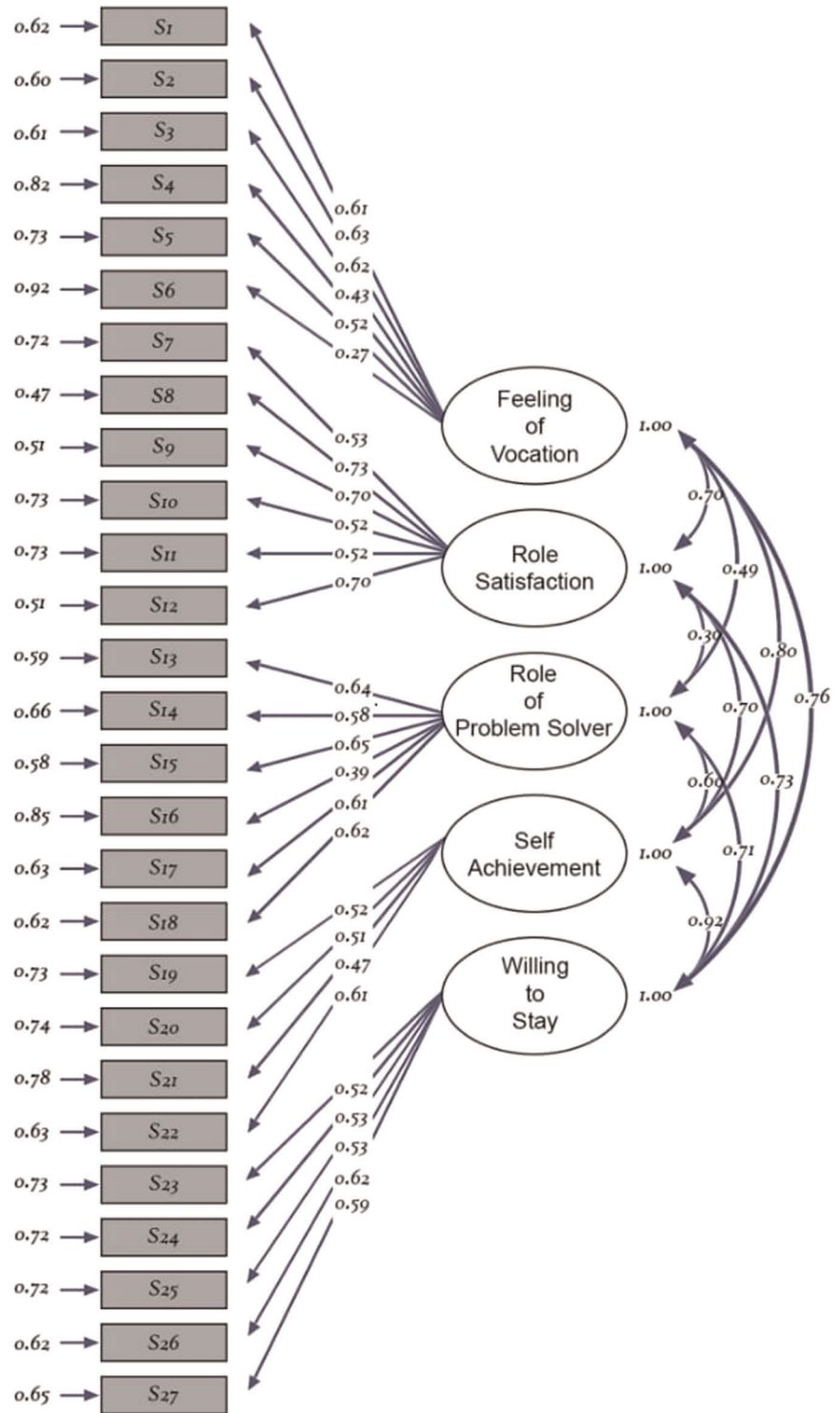
Scale to Turkish. Firstly, three experts translated the scale to Turkish for linguistic validity. Afterward, thirteen academics evaluated the relevance of the items (content validity) on a scale of 1–4 (1 = very relevant, 2 = relevant but needs minor alteration, 3 = in need of revision, 4 = not relevant). Content validity ratio (CVR) was calculated using the Davis technique.³³ A CVI of 0.78 or greater is recommended for adequate content validity.³⁴ The Turkish version of the Nursing Professional Pride Scale (NPPS-TR) had a CVI of 0.95.

All fit indices were within acceptable levels (CFI). A $2 < \chi^2/df < 3$ shows that the model is acceptable.²⁶ The NPPS-TR had a χ^2/df of 2.85, indicating an acceptable fit. A RMSEA < 0.08 ,²⁷ a SRMR ≤ 0.08 ,²⁸ and a CFI, GFI, and NNFI > 0.90 ²⁹ indicate an acceptable fit. Our results showed that the NPPS-TR had acceptable fit indices. When the factor loads are examined, the factor load of item 6 is seen as; 0.27, which is a low value. The expression in item 6, which is “Nursing is involved in community service activities” may have led the nurses to ignore their role of attending the activities aiming to serve the society, as all the nurses who attended the activities are entirely clinic nurses and for this reason, the study sampling has a homogeneous structure. However, in our country, nurses have important roles which are relevant to social health such as vaccination, follow up of pregnant women, home care services and attending training for every level of society. For this reason, item 6, as it is not an item involving cultural difference, has been protected based on the original scale.

Cronbach's alpha and intraclass correlation coefficients were calculated for reliability. The original scale has a Cronbach's alpha of 0.92, while its subscales have a Cronbach's alpha of 0.74–0.85.²⁵ The NPPS-TR had a Cronbach's alpha of 0.89, while its subscales had a Cronbach's alpha of 0.62–0.77. According to Hinton et al.³⁰; Cronbach alpha values reveal moderate in between the interval of 0.50–0.70, high in between the interval of 0.70–0.90, and excellent reliability over 0.90. In this study has moderate reliability with its three subscales. Alpar²³ stated that Cronbach's alpha values 0.60–0.79 indicates good reliability, while greater than 0.80 indicates high reliability. According to these values, the study has good reliability with its three subscales. On the other hand, the low number of questions may lead to Cronbach alpha values being low.³⁵ When Cronbach alpha values regarding our study's subscales are examined, the value of the “self-achievement” subscale was determined as 0.62 and it consists of 4 items in this subscale. The reason why the Cronbach alpha value is low may source from this situation. Besides, it is further stated that; “feeling of vocation” and “willing to stay” subscales are; 0.68, on the border, and according to various sources; it is stated that this value is an acceptable level.^{23,30} When the values, in case of deletion of the item, are examined, Cronbach alpha values are seen to be constant. The NPPS-TR had a Cronbach's alpha within the recommended range, indicating that the scale was reliable.

ICC values less than 0.50 indicate poor reliability, values between 0.50 and 0.75 indicate moderate reliability, values between 0.75 and 0.90 indicate good reliability, and values greater than 0.90 indicate excellent reliability.³¹ The subscales of the NPPS-TR had an ICC value of 0.76 to 0.86, indicating good reliability. The test-retest correlation was significant ($r = 0.82$; $p < 0.01$).

FIGURE 1 Structural equation model for nursing pride



The item-total correlations ranged from 0.227 to 0.592. Item total correlation coefficients should be greater than 0.20,³⁶ 0.25,²³ or 0.30.^{37,38} Item 16 of the NPPS-TR had an item-total correlation of 0.227, which was within acceptable limits. Therefore, no item had to be removed from the NPPS-TR.

It is thought that various factors are affecting the nurses' pride level in Turkish society. Particularly, as professional members have various educational level in our society, this may affect professional

pride. Besides, as the research data are collected in the process in which COVID 19 pandemic has been continuing, due to intensive working hours, society's attitude towards health professionals, nurses' being away from their families, institutional and managerial problems may affect the professional pride, desire to continue the profession and professional satisfaction negatively. For this reason, the inclusion of any valid measuring tool in our country with confirmed reliability shall be an important source for the literature.

Subscales	Cronbach alfa coefficient	Test mean \pm SD	Retest mean \pm SD	ICC	r
Feeling of vocation	0.68	19.96 \pm 3.77	21.38 \pm 3.12	0.76	0.62
Role satisfaction	0.77	14.38 \pm 4.61	16.28 \pm 4.35	0.86	0.76
Role of problem solver	0.72	23.90 \pm 3.40	25.09 \pm 2.80	0.77	0.63
Self achievement	0.62	13.31 \pm 3.13	14.09 \pm 2.89	0.81	0.68
Willing to stay	0.68	17.28 \pm 3.63	19.07 \pm 2.91	0.84	0.73
Total	0.89	88.82 \pm 14.46	95.91 \pm 12.51	0.90	0.82

Note: $p < 0.01$.

TABLE 4 Item total correlations according to Nursing Professional Pride

Items	Corrected item-total correlation	Cronbach's alpha if item deleted
Item-1	0.479	0.887
Item-2	0.495	0.887
Item-3	0.477	0.887
Item-4	0.376	0.890
Item-5	0.455	0.888
Item-6	0.278	0.891
Item-7	0.349	0.890
Item-8	0.552	0.886
Item-9	0.520	0.886
Item-10	0.461	0.888
Item-11	0.592	0.884
Item-12	0.551	0.886
Item-13	0.578	0.885
Item-14	0.366	0.890
Item-15	0.470	0.888
Item-16	0.227	0.892
Item-17	0.338	0.890
Item-18	0.369	0.890
Item-19	0.465	0.888
Item-20	0.470	0.888
Item-21	0.440	0.888
Item-22	0.541	0.886
Item-23	0.429	0.889
Item-24	0.466	0.888
Item-25	0.420	0.889
Item-26	0.565	0.885
Item-27	0.538	0.886

TABLE 3 Cronbach alfa values and retest analyses

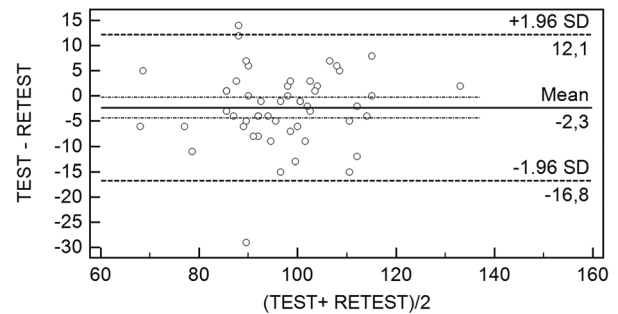


FIGURE 2 Test retest analyses

5 | LIMITATIONS

This study had two limitations. First, this is a validation study which data were collected online. Therefore, the sample consisted of nurses who were able to complete web-based questionnaires. Second, the participants had similar characteristics. Therefore, future studies should recruit larger and more heterogeneous samples.

6 | IMPLICATION IN NURSING PRACTICE

Nursing has professional values. Nurses with a positive view of their job are more likely to fulfill professional duties, provide quality care, and develop professionalism. Nurses' positive point of view towards their nursery profession, the development and support of the professional pride, take an important place. Supporting the nurses' competences and continuous development, arranging personal training shall contribute to increase the nurses' professional pride and loyalty. Particularly, for the nurses who already stepped into their profession, their managers' and colleagues' mentorship and sharing their professional experiences is considerably important for the formation and sustainability of their professional belonging and their will to sustain their profession.¹⁹ Nurses' lower professional pride level affects their professional identity, belonging and care quality adversely.³⁹ In this direction, in Turkish culture, a tool of assessment that determines the nurses' professional pride level is

necessary. To our knowledge, this is the first study to adapt the Nursing Professional Pride Scale (NPPS) to Turkish. The results showed that the Turkish version of the Nursing Professional Pride Scale (NPPS-TR) was valid and reliable. The psychometric values, internal consistency coefficients, and validity results indicated that the NPPS-TR had a five-factor structure, as did the original scale. This scale is a supporting tool for the nurses and nurse managers to accomplish their professional roles and to determine their satisfaction in these roles, their desire to sustain their professions and to determine their roles for their feelings towards their profession and their roles for problem-solving. This measuring tool may be utilized for the planning of appropriate training for the employees to increase their professional pride level and even for the evaluation of the change of their pride levels in the progress of time during their applications. At the same time, it may be used as an auxiliary tool for finding the problems encountered by the nurses who have already stepped into this profession just after graduation or by the experienced members of the profession; to determine the aspects which are needed to be strengthened and to form professional policies.

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CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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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REFERENCES

- Stecker M. Exhibiting pride in the profession: making the case for continued professional development. *Surg Neurol Int.* 2016;7(8):S196. <https://doi.org/10.4103/2152-7806.179230>
- Evén G, Spaak J, von Arbin M, Franzén-Dahlin Å, Stenfors T Health care professionals' experiences and enactment of person-centered care at a multidisciplinary outpatient specialty clinic. *J Multidiscip Healthcare.* 2019;12:137-148. <https://doi.org/10.2147/JMDH.S186388>
- Delaney C, Bark L The experience of holistic nurse coaching for patients with chronic conditions. *J Holist Nurs.* 2019;37(3):225-237. <https://doi.org/10.1177/0898010119837109>
- İlslan E, Geçkil E, Kol E, Erkul M Examination of the professional values of the nurses and the associated factors. *Perspect Psychiatr Care.* 2020;57:56-65. <https://doi.org/10.1111/ppc.12524>
- Vikström S, Johansson K Professional pride: a qualitative descriptive study of nursing home staff's experiences of how a quality development project influenced their work. *J Clin Nurs.* 2019;28(15-16):2760-2768. <https://doi.org/10.1111/jocn.14884>
- De Braganca AV, Nirmala R Nurses' perception about stakeholders' image of a nurse. *J Health Allied Sci NU.* 2020;2018:6170352. <https://doi.org/10.1055/s-0040-1716810>
- Alharbi M, Kuhn L, Morphet J. Undergraduate nursing students' adoption of the professional identity of nursing through social media use: a qualitative descriptive study. *Nurse Educ Today.* 2020;92:104488. <https://doi.org/10.1016/j.nedt.2020.104488>
- Guo B, Zhao L, Gao Y, Peng X, Zhu Y The status of professional identity and professional self-efficacy of nursing students in China and how the medical documentaries affect them: a quasi randomized controlled trial. *Int J Nurs Sci.* 2017;4(2):152-157. <https://doi.org/10.1016/j.ijnss.2017.03.006>
- Çelik M, Yıldız B. Occupational commitment, identification and intention to leave of nurses: public sector and private sector comparison. *Kastamonu Univ J Econ Administrative Sci Faculty.* 2018;20(2):47-75.
- Dikmen Y, Yönder M, Yorgun S, Usta YY, Umur S, Aytekin A Investigation of nurses' professional attitudes and factors influencing these attitudes. *J Anatolia Nurs Health Sci.* 2014;17(3):158-164.
- Baik D, Zierler B RN job satisfaction and retention after an inter-professional team intervention. *Western J Nurs Res.* 2019;41(4):615-630. <https://doi.org/10.1177/0193945918770815>
- Aytekin A, Yılmaz-Kurt F Factors affecting the job satisfaction of nurses working in the Neonatal Intensive Care Unit. *J Dr Behcet Uz Children's Hospital.* 2014;4(1):51-58. <https://doi.org/10.5222/buchd.2014.051>
- Tekir Ö, Çevik C, Arık S, Ceylan G Examining health workers' burnout, job satisfaction levels and life satisfaction. *J Kırıkkale Univ Faculty Med.* 2016;18(2):51-63.
- Kim AY, Sim IO Communication skills, problem-solving ability, understanding of patients' conditions, and nurse's perception of professionalism among clinical nurses: a structural equation model analysis. *Int J Environ Res Public Health.* 2020;17(13):4896. <https://doi.org/10.3390/ijerph17134896>
- Obeidat RF, Qan'ir Y, Turaani H The relationship between perceived competence and perceived workplace bullying among registered nurses: a cross sectional survey. *Int J Nurs Stud.* 2018;88:71-78. <https://doi.org/10.1016/j.ijnurstu.2018.08.012>
- Valizadeh L, Zamanzadeh V, Habibzadeh H, Alilu L, Gillespie M, Shakibi A Threats to nurses' dignity and intent to leave the profession. *Nurs Ethics.* 2018;25(4):520-531. <https://doi.org/10.1177/0969733016654318>
- Vander Elst T, Cavents C, Daneels K, et al. Job demands-resources predicting burnout and work engagement among Belgian home health care nurses: a cross-sectional study. *Nurs Outlook.* 2016;64(6):542-556. <https://doi.org/10.1016/j.outlook.2016.06.004>
- Kim NJ, Lee EH, Jeon JH, Kim EJ Effects of role conflict, job satisfaction and professional pride on retention intention of nurses working at long-term care hospital. *J Muscle Joint Health.* 2019;26(2):81-89. <https://doi.org/10.5953/JMJH.2019.26.2.81>
- Sneltvedt T, Sørli V Valuing professional pride and compensating for lack of experience: challenges for leaders and colleagues based on recently graduated nurses' narratives. *Home Health Care Manag Pract.* 2012;24(1):13-20. <https://doi.org/10.1177/1084822311412592>
- Tjoflåt I, John-Melissa T, Mduma E, Hansen BS, Karlsen B, Søreide E How do Tanzanian hospital nurses perceive their professional role? A qualitative study. *Nurs Open.* 2018;5:323-328. <https://doi.org/10.1002/nop2.139>
- Mudallal RH, Othman WAM, Al Hassan NF Nurses' burnout: the influence of leader empowering behaviors, work conditions, and demographic traits. *Inquiry.* 2017;54. <https://doi.org/10.1177/0046958017724944>

22. Nasurdin AM, Ling TC, Khan SN Linking social support, work engagement and job performance in nursing. *Int J Bus Soc.* 2018;19(2): 363-386.
23. Alpar R *Applied Statistics and Validity-reliability with Examples from Sports Health and Education Sciences.* Ankara: Detay Publishing; 2018.
24. International Test Commission [ITC]. The ITC guidelines for translating and adapting tests (Second edition). *Int J Testing.* 2018;18(2): 101-134. <https://doi.org/10.1080/15305058.2017.13981>
25. JaeHee J, EunHee L, EunJoo K Development of an instrument to assess the Nursing Professional Pride. *J Korean Acad Nurs.* 2020; 50(2):228-241. <https://doi.org/10.4040/jkan.2020.50.2.228>
26. Schermelleh-Engel K, Moosbrugger H, Müller H Evaluating the fit of structural equation models: tests of significance and descriptive goodness-of-fit measures. *Methods Psychol Res.* 2003;8:23-74.
27. Hooper D, Coughlan J, Mullen M Structural equation modelling: guidelines for determining model fit. *Electron J Bus Res Methods.* 2008;6(1):53-60.
28. Kline RB *Principles and Practice of Structural Equation Modeling.* 4th ed. New York, NY: Guilford Press; 2016.
29. Esin MN Reliability and validity of data collection methods and tools & data collection tools. In Erdoğan S, Nahcivan N, Esin MN, eds. *Research Process, Application and Critics in Nursing.* Ankara: Nobel Tıp Bookstore; 2014:193-234.
30. Hinton PR, McMurray I, Brownlow C *SPSS Explained.* 2nd ed. London: Rowledge; 2014.
31. Koo TK, Li MY A guideline of selecting and reporting intraclass correlation coefficients for reliability research. *J Chiropr Med.* 2016;15(2):155-163. <https://doi.org/10.1016/j.jcm.2016.02.012>
32. World Health Organization [WHO]. Process of translation and adaptation of instruments. 2020. Available from https://www.who.int/substance_abuse/resear. Accessed June 01, 2020.
33. Davis L Instrument review: getting the most from a panel of experts. *Appl Nurs Res.* 1992;5(4):194-197. [https://doi.org/10.1016/S0897-1897\(05\)80008-4](https://doi.org/10.1016/S0897-1897(05)80008-4)
34. Polit DF, Beck CT, Owen SV Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Res Nurs Health.* 2007;30(4):459-467. <https://doi.org/10.1002/nur.20199>
35. Streiner DL, Norman GR, Cairney J. *Health Measurement Scales: A Practical Guide to Their Development and Use.* 5th ed. USA: Oxford University Press; 2015.
36. Tavşancıl E *Measuring Attitudes and Data Analysis with SPSS.* 6th ed. Ankara: Nobel Akademi Press; 2018.
37. DeVellis RF *Scale Development: Theory and Application.* 4th ed. California: Sage Publications; 2016.
38. Büyüköztürk Ş *Manual of Data Analysis for Social Sciences.* Ankara: Pegem Academy Publications; 2007.
39. Sneltvedt T, Bondas T Proud to be a nurse? Recently graduated nurses' experiences in municipal health care settings. *Scand J Caring Sci.* 2016;30(3):557-64. <https://doi.org/10.1111/scs.12278>

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