

## Professional Identity among Nurses' At Mansura University Hospital

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**Abstract:** Although professional identity is a term that is commonly written of in nursing literature, its theoretical origins remain unclear, and available empirical evidence of its presence or ability to change is omitted from nursing research. Aim: To determining the professional identity of nurses at Mansura University hospital. The study was conducted at Mansura University Hospital departments as Critical car, Surgical, Orthopedic, Medical, and Emergency. Subjects; (n=200) included all the available (32) first line manager and (186) of nursing staff. Tool of the study: The questionnaire sheet is consisted of two sections: a) the first section related to demographic attributes (gender, working experience, etc). The second section; consisted of 56 questions for assessing nurses' professional identity. Results, revealed that there were more than half (52.5%) of the sample had low professional identity level. More than one third of the nurses (41%) have moderate professional identity level and only (6.5%) have high professional identity level. There were significant effects of the job description, educational level, years of experiences and attending in –services training program on nurses' professional identity level. Recommendation, professional identity as a concept should be stressed in nursing education program and should be reflected by faculty member's behavior.

**Keywords:** Professional identity, nursing, experiences, and education

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Date of Submission: 02-10-2018

Date of acceptance: 18-10-2018

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### I. Introduction

Nurses' professional identities develop throughout their lifetimes, from before entering nursing education, throughout their years of study and clinical experience, and continue to evolve during their careers. Education is, however, a key period as it is during this time student gain the knowledge and skills that separate nurses as professional healthcare workers from lay people. ( Johnson, etal., 2012)

Professional identity is defined as including both personal and professional development. It involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns gains experience, reflects, and grows in the profession. Internalization of ethical codes of conduct is imperative. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Integral to this outcome is the nurse's commitment to advocacy for improved health care access and service delivery for vulnerable populations and to the growth and sustainability of the nursing profession(National League for Nursing, 2014).So these study done for determining the professional identity of nurses at Mansura University hospital.

Significance of the study:This study is particularly significant to the discipline of nursing as it undertakes an inquiry into professional identity. Because there continues to be debate amongst nurses that nurses do not understand what they do, they cannot adequately define nursing work. For this to be possible nurses' must first understand their identity (Georgina, 2013).

### II. Material And Methods

This descriptive study was carried out on patients of department of critical car, surgical, orthopedic, medical, emergency at main Mansura University Hospital-Egypt.The data collection phase of the study was carried out from August to November (2017). A convenience sample of head and staff nurses (200) works in the selected units at the Mansura University Hospital.

**Study Design:**A descriptive design.

**Study Location:** The study was conducted in the following departments; critical care, surgical, orthopedic, medical, emergency at main Mansura University Hospital-Egypt.

**Study Duration:** August to November (2017).

**Sample size:** 200 nurses.

**Subjects & selection method:** A convenience sample of head and staff nurses (200) works in the selected units at the Mansura University Hospital. They are distributed as (32) Head nurses & (168) Staff nurses.

**Inclusion criteria:**

1. Staff nurse
2. Head nurse
3. Either sex
4. Experience  $\geq$  1 year

**Exclusion criteria:**

5. Experience less than one year

**Procedure methodology**

An official permission was obtained from the dean of faculty of nursing, Damanshour University as well as from the hospital administrator of main Mansura University Hospital, the nursing service director and head nurses of each unit. The questionnaire was used to carry out data collection which is consisted of two sections. The first section related to socio-demographic characteristics of the study sample. It consisted of (job title, department, years of experience, qualifications, gender, and in-services training programs). The second section of the tool consisted of 56 questions developed by Ali (2004). It consisted of 56 items; 27 items covered professional image; 25 items covered assertiveness and 4 items covered self-responsibility. Pilot study was conducted aiming at evaluating the study tools clarity and relevance to the study objectives. It was conducted on a sample of 20 nurses. These were not included in the main study sample. After making the necessary modifications to ensure the clarity of the study tool, the actual data collection from nurses at main Mansura University Hospital was started.

**Statistical analysis**

Data were coded manually by the researcher and presented in a descriptive form. The statistical analysis is checked and data were coded entered the computer by using the statistical packages for social science (SPSS), version 16. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, means, standard deviations, and ANOVA test was done.

**III. Result**

Table (1) represented that the majority (94%) of the sample was female nurses, while (6 %) were male nurses. Also show that, the majority (84%) of the sample was staff nurses. The minority (16%) was head nurses.

Table (2) showed that, more than half (52.5%) of the sample had low professional identity level ( $x=135. \pm 45.25$ ), and the least (6.5%) had high professional identity level ( $x= 201. SD\pm 14.84$ ), Maximum score was 212 and minimum score was 103 ( $x=164.26.SD \pm 20.97$ ).

Table (3): showed that the highest professional identity mean score was found among head nurses with bachelor degree ( $X177.7.\pm 14.9$ ). They represented (16%) of the total sample. The majority (21) of head nurses had moderate professional identity level. On the other hand, the lowest professional identity mean score was that of staff nurses with diploma degree ( $X161.7.\pm 21.0$ ). They represented 84% of the total sample. According to ANOVA test, there were highly statistically significant ( $P.\leq 0.000$ ) differences in level of professional identity between head nurses and staff nurses.

Table (4): showed that the highest professional identity mean score was found in nurses at surgical unit ( $X171.6.\pm 18.1$ ). They represented 20% of the total sample. The majority (24) of nurses in surgical units had moderate professional identity level. Moreover, the lowest professional identity mean score was that of nurses at Emergency ( $X 157.2. \pm 17.3$ ), they represented (17%) of the total sample. According to ANOVA test, there highly statistically significant ( $P.\leq 0.0002$ ) differences in level of nurses' professional identity based on different units' specialties.

Table (5): showed that the highest professional identity mean score was found in nurses with one year to five years of experience ( $X 186.0.\pm 16.7$ ). They represented (4.5%) of the total sample. The lowest professional identity mean score was that of nurses with five years to less than ten years of experience

(158.7±23.8). They represented (24.5%) of the total sample. According to ANOVA test, there were highly statistically significant ( $P \leq 0.164$ ) differences in level of nurses' professional identity based on their years of experience.

Table (6):showed that the male nurses have highest professional mean score ( $X 166.8 \pm 7.8$ ).while the female nurses means score was ( $X 164.1 \pm 21.2$ ). ANOVA test indicated that there were no statistically significant ( $P \leq 0.663$ ) differences in level of nurses' professional identity based on gender.

Table (7):showed that the highest professional identity mean score was found in nurses who attended more than one in-service education program ( $X 182.0 \pm 16.1$ ) which represented (6%) of the total sample. The lowest professional identity means score was found in nurses who did not attended one in-service training program ( $X 162.1 \pm 21.0$ ).they represented (85.5%). According to ANOVA test, there were highly statistically significant ( $P \leq 0.001$ ) differences in level of nurses' professional identity based on in-service training program.

**Table no 1:** Shows general profile of the studied sample at pre and post educational session.

Items	No	%
Level of education		
Bachelor (Head nurse)	32	16%
Diploma (staff nurse)	168	84%
Sex :Male	12	6%
Female	188	94%
Experience years:		
1 < 5	9	4.5%
5 < 10	49	24.5%
10 < 15	107	53.5%
>15	35	17.5%

**Table no2:** Show thee nurses' professional identity levels (Total No. =200).

Professional identity level	(n=200)	%	X	±SD
High professional identity level (>190)	13	6.5	201	14.84
Moderate professional identity level (168:190)	82	41	179	15.55
Low professional identity level (>168)	105	52.5	135	45.25
Highest score (224)	--	---	164.26	20.97

**Table no3:**Shows the nurses' professional identity by job position and education level (Total No. =200).

Job category	Professional identity level			%	X	±SD	F.	Value P
	H.	M.	L.					
Head nurses	4	21	7	16	177.7	14.9	16.93	0.000*
Bachelor								
Staff nurses	9	61	98	84	161.7	21.0		
Diploma								

N.B. H: High. M: Moderate. L: Low.

**Table no 4:** Showsnurses' professional identity by unit type (total No. =200)

Unit	Professional identity level			%	X	±SD	F.	Value P
	H.	M.	L.					
Critical car	3	15	30	24	160.8	±20.3	3.58	0.002*
Surgical	4	24	12	20	171.6	±18.1		
Orthopedics	4	13	9	13	166.2	±29.3		
Medical	2	17	15	17	171.6	±13.2		
Emergency	0	6	28	17	157.2	±17.3		
Others	0	7	11	9	173.8	±14.6		

N.B. H: High. M: Moderate. L: Low.

**Table no 5:**Show nurses professional identity by years of experience (total No. =200).

Years of experience	Professional identity level			%	X	±SD	F.	Value P
	H.	M.	L.					
1 < 5	4	4	1	4.5	186.0	±16.7	5.43	0.001
5 < 10	1	20	28	24.5	158.7	±23.8		
10 < 15	3	47	57	53.5	163.3	±18.0		
>15	5	11	19	17.5	169.2	±22.1		

**Table no 6:** Nurses professional identity by gender (total No. =200).

Unit	Professional identity level			%	X	±SD	F.	Value P
	H.	M.	L					
Female	13	79	97	94	164.1	±21.5	0.19	0.663
Male	0	4	8	6	166.8	±7.8		

**Table no7:** Nurses professional identity by in-service education program (total No. =200).

In-service training program	Professional identity level			%	X	M±SD	F.	Value P
	H.	M.	L					
None	8	68	95	85.8	162.1	±21.0	7.08	0.001

#### IV. Discussion

Professionalism is characterized by the degree of dedication displayed by individuals regarding the values and behavioral attributes of a specific career identity. Professionalism indicates attitudes that represent high levels of identification with and commitment to a specific profession. In the process of the professional development of nursing, various factors affect these obstacles, which may impede the professional development of nurses and their professional behaviors. This study was carried out with the aim of determining the professional identity of nurses in a hospital in Mansura University-Egypt.

Regarding general profiles of the present study, the majority of the study population are female, their experiences range from 10-15 years and 84% of them had nursing diploma while only 16% had BSC in nursing table. This indicates that the nursing profession still depends on women rather than men. This is on the same line with notions done by Fatma, et al., (2008), Virginia and Silvia, (2013) and Jamileh, et al., (2015) who stated that nursing is still primarily a female profession and the women who enter nursing are attracted to the care giving and nurturing role. Other studies (Adams et al., 2006; Worthington et al., 2013) support this finding. In Turkey, nursing is a predominantly female profession and is perceived as a profession for women.

The present study shows that the majority of the target population had low identity (52.5%). On the contrary, Pilevarzade et al., (2015) and Jamileh, et al., (2015) reported that 58% of the nurses had good professional identity. The present study also found that the nurses' professional identity by job position and education level showed the highest mean score among head nurses who are bachelor nurses while the lowest level of identity was found among staff nurses who had nursing diploma. That is because the head nurses take on different tasks such as, managerial responsibilities, team communication and interaction and autonomy while staff nurses' working hours and working conditions may have hindered their professional development and reduced professional satisfaction. The previous result was agreed with Masoumeh and Vahid, (2017), Selma and Selma, (2017) who mentioned that, the level of education is an important factor on nurses' professionalization. It was determined that as nurses' education levels increase so does their professional self-development.

This finding is consistent with the findings of previous studies (Hwang et al., 2009, Hisar and Karadag, 2010) they show the importance of the professional training process in professional self-development. The main reason for this difference may also be due to increased professional capacities of highly educated nurses since they conduct research, implement professional theories, and keep up with professional publications more. This result reveals that it is a necessity to increase the level of nursing education for the professionalization of nursing.

Additionally the present study found that there were the highest professional identity mean scores for nurses with one year to five years of experience. The lowest professional identity mean score was that of nurses with five years to less than ten years of experience with highly statistically significant differences in level of nurses' professional identity based on their years of experience. This finding is in reverse of other studies as Rabab and Wafaa, (2017) they found that there were statistically significant correlations between staff nurses' professional identity and nurses' years of experience. Benner et al., (2010) who clarified that the formation of professional values and identity occurs over time with transformation through experiential learning. Furthermore, Johnson et al., (2012) stated that professional identity is linked to self-identity, which starts before nursing school and continues afterward. In addition, Hove et al., (2014) cited strong influences between nurses' background and experiences which assert ethics, values and professionalism.

#### V. Conclusion

The study shown significant effects job description, educational level, experiences as well as the in – services training programs on nurses' professional identity level. So, it is a necessity to increase the level of nursing education for the professionalization of nursing through:

1. Reconstructing professional identity of nurses is through stressing professional roles.
2. Improve the feedback from social image can improve professional self-concept of nurses, which will develop nursing professional identity

3. The nurse's professional identity should be the subject of workshops, in-service programs, and other nursing education activities in various work settings.

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Elham Y. Elhanafy. "Professional Identity among Nurses' at Mansura University Hospital".  
IOSR Journal of Nursing and Health Science (IOSR-JNHS) , vol. 7, no.5 , 2018, pp. 88-92.