PROFESSIONAL SELF-CONCEPT OF NURSES AND WILLINGNESS TO REMAIN IN THE PROFESSION

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Abstract. *The professional self-concept of nurses, who make up the majority of medical practitioners and who participate in the implementation of public health policy, plays an important role in job satisfaction, productivity, which leads to patient satisfaction and development of the profession. Whereas, nurse job satisfaction affects nurse's future plans related to willingness to remain in the profession. Nursing self-concept is shaped and influenced by many different factors, one of them global self-esteem. The aim of the study is to investigate the relationship between the factors forming the professional self-concept, self-esteem and willingness to remain in profession of practicing nurses. The results revealed that there are statistically significant links between some groups of socio-demographic data: age and self-esteem, level of education and self-esteem, as well as the desire to remain in the profession. Statistically significant differences have been identified between respondents' answers according to age group, education level, length of service and certificate in relation to different sub-scales of self-concept.*
Keywords: *nursing, self-concept, professional self-concept, self-esteem.*

Introduction

Nurses in providing holistic patient care are key elements at each stage of the healthcare delivery system and their contribution is essential to achieving health-related development goals (Engeda et al., 2014). The nursing profession has entered the new thousand years with a growing problem: the demand for nursing specialists, and as the European population ages, the demand for medical care is only increasing. In most European countries, there is or is projected to be a shortage of nurses in the labour market (Cowin et al., 2006; Halperin & Mashiach-Eizenberg, 2014) and retention is a priority worldwide.

Research has more frequently looked at potentially modifiable factors in nursing practice, such as workload, burnout and quality of care at the workplace, which are recognised as important influencers in nursing's intention to leave the workplace. However, other aspects as fulfilling the role and self-concept are often

underestimated in terms of attracting and sustaining care staff. The shortage of nurses highlights the importance to study nurses` life and work situation (Cowin et al., 2006; Heinen et al., 2013; Andresena et al., 2017). Evaluation of the nurses' self-concept can help to understand, address recruitment and retention problems (Cowin, 2001).

Many studies and publications (Heinen et al., 2013; Sharifard et al., 2019; Bordignon & Monteiro, 2019; Andresen et al., 2017; Drennan et al., 2015; Buchan et al., 2018) focuses on the nurses' intention to quit, because nursing leaders and healthcare organizations can potentially influence that intent to prevent the actual employee from leaving.

The aim of the study: to investigate the relationship between the factors forming the professional self-concept, self-esteem and willingness to remain in profession of practicing nurses.

Quantitative cross-sectional research was carried out in order to achieve the goal by determining the average results of factors creating the professional self-concept and self-assessment, their relation to self-assessment and the desire to remain in the profession, taking into account socio-demographic data.

Literature review

Global self-esteem or self-concept and specific professional self-concept have been studied for a long time. Professional self-concept - how nurses see themselves as a nurse is vital in current and future nursing research and practise as it affects patient care. Nurses with positive self-concept have a positive impact on patient care, while nurses with low self-concept are more likely to have a negative impact on patient care (Randle & Arthur, 2007). The professional self-concept of nurses has often been studied in relation to job satisfaction, work stress and willingness to leave the profession (Cowin & Hengstberger, 2006; Cowin et al., 2008), but the nurse's self-esteem, one of its internal values, has not been widely studied in relation to the nurse's willingness to leave the profession, although in the literature there are often claims that the nurse's self-concept also affects the nurse's self-esteem and interrelationship between them.

A nurse with a high professional self-concept also affects other nurses. They improve self-image, self-assessment and confidence of other nurses (Angel, Craven, & Denson, 2012; Juanamasta et al., 2018). Table 1 summarises the differences between nurses with a high and low level of professional self-concept. Negative self-concept is an obstacle to independent and efficient performance, and those with low professional self-concept fear authority, work with a negative routine, avoid initiative, are reticent about changes and are negative about themselves (Jahromi et al., 2014). Often, negative dominance of doctors in nurses creates oppressive group sensations, which can lead to the development of a low

self-concept, which in turn can lead to negative self-esteem (Ten Hoeve et al., 2013).

Self-concept and self-esteem (global self-esteem) are the two main elements of self-esteem, both related to self-assessment. Self-concept applies primarily to the cognitive dimension (as I am), while self-esteem on the emotional side (how I feel about who I am).

*Table 1 **Differences between nurses with High and low level of Professional self-Concept** (adapted from Montazeralfaraj et al., 2018; Cowin & Hengstberger-Sims, 2006; Jahromi et al., 2014; Wang et al., 2019)*

High level of professional self-concept	Low lewel of professional self-concept
Be more responsible for own results	Reduced clinical competence
Care for patients with greater interest and respect	Poorer clinical performance
Better interpersonal relationships	Burnout
Better ethical values	Job dissatisfaction
Better adapt to different changes	Desire to quit
More job satisfaction	High work stress
Reduced stress	Fear of authority
Reduced probability of burnout	Work routines
Has a positive impact on the profession	Fear to show initiative
Promotes patient satisfaction	Defies change
High self-confidence	Negative attitude towards self
Lower risk of leaving work	Higher risk of leaving work

Self-esteem is relatively stable, but in no case is there an inextricable feature. Individuals with a relatively high (or low) self-assessment at one stage of their life may have obtained a relatively high (or low) self-assessment decades later. Research has shown that the level of self-esteem of nurses is influenced both by the public image of nurses and by the professional self-concept of nurses. (Orth & Robins, 2014; Abdelrahman, 2018)

The intention to quit the job or profession is the process of thinking, planning and decision-making about leaving, and it does not necessarily lead to actual quitting; this is one step before the actual leaving (Sharififard, et al., 2019). Turnover and intention to leave the work are considered exactly the opposite terms of retention and intention to remain at work. A determinant that has a positive relationship to changeability is considered to deliver the same message as the same determinant that has a negative relationship to retention (Drennan et al., 2015).

Researcher L. Cowin has updated the concept of professional self-concept of nurses with six contributing factors. Whereas, in 2012, the group of researchers Angel E. and others (Angel et al., 2012) focuses on four dimensions of nursing self-concept. Each of the aforementioned authors has both common and different views on the factors creating the professional self-concept, but all three authors (see Figure 1) agree that the professional self-concept of the nurse consists of knowledge, care and leadership.

Lawrence D. (2000) created the theoretical concept of self-assessment. Self-esteem can be defined as a discrepancy (discrepancies, differences) between self-image (actual self) and ideal self. The concept of self-concept is a roof encompassing the actual self, ideal self and self-esteem, and self-esteem depends on the relationship between the actual self and the ideal self of the individual. (Lawrence, 2000; Çakir & Çakir, 2015)
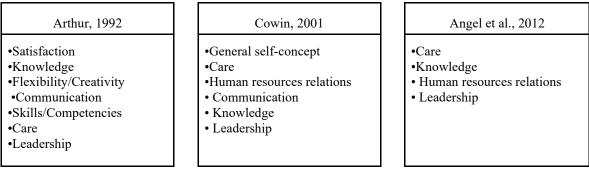
Arthur, 1992	Cowin, 2001	Angel et al., 2012
•Satisfaction •Knowledge •Flexibility/Creativity •Communication •Skills/Competencies •Care •Leadership	•General self-concept •Care •Human resources relations • Communication • Knowledge • Leadership	•Care •Knowledge • Human resources relations • Leadership

*Figure 1 **Factors creating professional self-concept** (Arthur, 1992; Cowin, 2001, Angel et al., 2012)*

It should be noted that self-esteem does not always reflect a person's objective talents and abilities, or even how others see the person. Researchers Orth & Robins (2014) notes that self-esteem only applies to and individual`s subjective assessment of how he or she perceive their value, and in their review authors provides an average predicted trajectory for self-assessment between the ages of 16 and 97, which concludes that self-esteem tends to increase from adolescence to average adulthood, peaking at around 50 to 60 and then declining sharply with age.

High self-esteem prospects success and well-being in areas of life such as relationships, work and health. Thus, self-confidence is a crucial factor in the nursing profession; it is the basis for the professional self-concept of nurses and plays the role of mediators in the performance of the work.

Nurses with healthy self-assessment work more successfully in their work (patient care), while nurses with low self-assessment do so with less value. Nurses with low self-assessment can develop immature behaviour in the workplace. A strong sign of low self-assessment is the inability or unwillingness to communicate effectively with patients or the use of inappropriate means of communication (e.g. negotiation) (Orth & Robins, 2014; Abdelrahman, 2018).

Nurses' desire to leave their jobs is concern throughout Europe. Research data show that in Norway (Andresen et al., 2017) one of the four nurses want to quit. The Project Report in London (Drennan et al., 2015) states that in England the nursing variability is 6% - 12% with the biggest variability in London. In addition, in Sweden (Rudman et al., 2014) one in five of the new nurses, five years on, seriously considered quitting profession.

The number of practising nurses in Latvia also decreases with each year, which results in provision of medical practitioners for 10,000 inhabitants being one of the lowest in Europe. Reducing the number of nurses leads other staff to take care of more patients, increasing the workload and stress of remaining staff which is contributing to job dissatisfaction and burnout (Bordignon & Monteiro, 2019). Although many determinants of nurse shortages have been nominated, nurse variability has been found to be one of the determinants, largely due to nurses' intention to quit profession (Engeda et al., 2014).

Methodology

Four instruments have been used in conducting the research: Nursing self-concept questionnaire (NSCQ); Rosenberg's self-esteem survey; Nursing retention index; socio-demographic data questionnaire.

Data collection was started after the authorisation of the Ethics Committee, taking into consideration the principle of the protection of participants and the information of the participant. Participation in the study was voluntary. The aim, volunteerism and confidentiality of the research have been explained to the participants.

The research was conducted in hospitals of cities X and Y of Latvia. 368 practising nurses have completed full questionnaires. The questionnaires are completed both in paper format 155 (67.5%) and electronically.

Data obtained during the survey has been coded and processed using data processing programs Microsoft Excel and IBM SPSS Statistics 20.0. Descriptive statistics are used for summarising socio-demographic data of nurses, for determining the minimum value (min), maximum value (Max) mean arithmetic (Mean), standard deviation (SD), percentage (%). According to the Kolmogorov-Smirnov coefficient, the compliance of the data with the normal distribution is determined. Spearman`s coefficient of coerulation, Manna Whitney U-test and Kruskal-Valisa H-test were used for the conclusive statistics. Bonfferoni correction for identifying connections.

Research results

368 respondents with an average age of 40.7 participated in the research (SD = 11.43). Only women represented the study population, so the data were not further analysed by gender. 113 respondents represented the age group "40-49", which is 31% as a percentage. The second most represented age group was "30-39" - 98 respondents (27%) and "20-29" - 73 respondents (20%).

The breakdown of respondents by levels of education is 48% bachelor's degree, 26% first-level professional education, 18% secondary specialised education and 8% master's degree. The average length of service between respondents is 13.7 years (SD = 13.7). 35% of respondents have length of service

of more than 20 years, 29% 0-5 years, 17% 6-10 years. In the study, 65% are certified nurses and the others are not. The majority of respondents, i.e. 76% of the participants represented nurses from hospitals in Latvia, however, 24% of all the nurses interviewed represented outpatient practice. Most respondents, i.e. 71% work in one workplace, but the rest 29% of participants have two or more jobs.

Sub-scale averages of the Nursing self-concept instrument are shown in Table 2. The minimum number of points to be obtained for each sub-scale is 6, but a maximum of 48.

Table 2 *Averages of sub-scales of the professional self-concept of nurses (n = 368)(created by the authors)*

NSCQ sub-scales	Mean	SD	Median
general self-concept	**39.82**	5.83	41.00
care	**38.84**	5.09	39.50
staff relations	38.78	4.84	39.00
communication	**39.29**	5.02	40.00
knowledge	38.83	5.32	40.00
leadership	**32.51**	7.63	33.00

Note. Mean - mean arithmetic, SD - standard deviation, Median - median

Overall, general self-concept with average 39.82 got the highest result, followed by communication with average 39.29 and care with average 38.84, while lowest result for leadership sub-scale with indicator 32.51.

Analysing respondents' answers in Rosenberg's self-esteem survey, the minimum score obtained is 17, but the maximum score is 40 (a scale score of 10-40). The mean score obtained is 34.52 (SD = 4.99), but the median score is 36. Looking at the survey's items separately (see Table 3), the highest score of 3.74 is for the statement "All in all, I am inclined to feel that I am a failure." Since this is a reverse statement, it indicates that most of the responses to that question "strongly disagree", thereby obtaining a maximum score on that item.

Table 3 *Rosenberg's self-esteem survey averages (n = 368) (created by the authors)*

	M	SD
1. I feel that I'm a person of worth, at least on an equal plane with others	**3.64**	0.62
2. I feel that I have a number good qualities	**3.69**	0.60
3. All in all, I am inclined to feel that I am a failure	**3.74**	0.60
4. I am able to do things as well as most other people	3.58	0.66
5. I feel I do not have much to be proud of	3.48	0.86
6. I take a positive attitude toward myself	3.55	0.64
7. On the whole, I am satisfied with myself	3.55	0.65
8. I wish I could have more respect for myself	**2.56**	1.1
9. I certainly feel useless at times	3.24	0.99
10. At times, I think I am no good at all	3.48	0.88
Total	34.52	4.99

The second highest score of 3.69, just a little behind the highest score, has been earned by the item "I feel that I have a number of good qualities," followed

by the item ". I feel that I'm a person of worth, at least on an equal plane with others", averaging 3.64. With a strong preference, the low score of 2.56 is for the item "I wish I could have more respect for myself," which in turn has the highest standard deviation value, showing that the range of responses to this claim has been highest.

The second lowest score is for the item "I certainly feel useless at times." This is also a reversed claim, which means that the majority of respondents have responded negatively to this claim.

In order to answer the research concept, the relationship between Nurse Self-Concept Questionnaire sub-scales and self-esteem was sought. According to the results of the Spearman correlation coefficient, all sub-scales of the professional self-concept form positive, statistically significant correlations with self-esteem (see Table 4).

*Table 4 **Correlation between the results of professional self-concept and self-esteem**
(created by the authors)*

MPI (NSCQ) **sub-scales**	R
general self-concept	0.34**
care	**0.39****
Staff relations	0.32**
communication	**0.40****
knowledge	**0.25****
leadership	0.28**

**p<0.01

The relationship between the sub-scales of the professional self-concept and self-esteem is moderately close, except for the sub-scale of knowledge, where there is a weak correlation. The closest relationship with self-esteem is between communication (R = 0.40, n = 368, p < 0.01) and care (R = 0.39, n = 368, p < 0.01), but the weakest link to knowledge (R = 0.25, n = 368, p < 0.01).

Mann-Whitney U-test and Kruskal-Walisa H-test were used to find out if there were significant differences between respondents' responses based on socio-demographic data (see Table 5).

*Table 5 **Relationship between socio-demographic data and Rosenberg's self-esteem results**
(created by the authors)*

Data	H/U
Age group	**19.80***
Education level	**17.16****
Length of service	2.69
Certified/Uncertified	13882
Primary workplace	12183
Workplace by region	**13.11****
Number of jobs	3.22

*p<0.05; **p<0.01

The results reveal that there is a statistically significant relationship between age groups and self-esteem (H = 19.80, p = 0.01 < 0.05), between the level of education and self-esteem (H = 17.16, p = 0.00 < 0.05) and the place of placement according to the region of Latvia and self-esteem (H = 13.11, p = 0.00 < 0.05).

Comparing the differences in self-esteem according to the levels of education with Bonferoni correction, it was found that there is a statistically significant relationship between respondents with first level professional education and bachelor's degree (Z-51.905 *; * p < 0.05).

The range of points in the Retention index is between 6 and 48. The average score obtained in the study is 37.74 (SD = 8.54), median 40.

Analysing the statements of the retention index, Table 6 shows that among the 6 items the highest score of 6.57 has been obtained by the statement "It is my intention to continue with my nursing career in the foreseeable future". The lowest score of 5.90 has been obtained by the statement "As soon as it is convenient for me I plan to leave the nursing profession," which is consistent with the overall positive outcomes of the instrument.

Table 6 **Average work retention index indicators** *(n = 368) (created by the authors)*

	Mean	SD
1. It is my intention to continue with my nursing career in the foreseeable future	**6.57**	1.53
2. I would like to stay as in nursing as long as possible	**6.48**	1.51
3. As soon as it is convenient for me I plan to leave the nursing profession	**5.90**	1.85
4. I expect I will keep working as a nurse	6.50	1.46
5. My plan is to remain with my nursing career as long as I am able	6.27	1.65
6. I would like to find other employment by leaving nursing	6.02	1.95
Total	37.74	8.54

In the research, the relationship between factors creating the professional self-concept of nurses and the desire to remain in the profession has been sought. The Spearman correlation coefficient has been used. It is found that all sub-scales of the professional self-concept form positive, statistically significant correlations with self-esteem (see Table 7).

Table 7 **Correlation of Professional sel- Concept and retention Index**
(created by the authors)

NSCQ sub-scales	R
general self-concept	**0.57****
care	**0.42****
staff relations	**0.43****
communcation	0.35**
knowledge	0.41**
leadership	**0.29****

**p<0.01

All the connections between the sub-scales of the professional self-concept and the desire to remain in profession are moderately close. The closest relationship with the desire to remain in profession is between general self-concept (R = 0.57, n = 368, p < 0.01), staff relations (R = 0.43, n = 368, p < 0.01) and care (R = 0.42, n = 368, p < 0.01), while the weakest relationship is related to leadership (R = 0.29, n = 368, p < 0.01).

Analysing the link between self-esteem and desire to remain in profession (see Table 8), a positive, moderately close, statistically significant correlation was found (R = 0.29, n = 368, p < 0.01).

Table 8 **Correlation of self-assessment and retention index** (created by the authors)

Scale	R
Rozenberg`s self-esteem survey	.29**

**p<0.01

Mann-Witney U-test and Kruskal-Walisa H-test (see Table 9) were used to find out whether there are significant differences between socio-demographic data and the desire to stay in profession.

Table 9 **Relationship between socio-demographic data and willingness to remain in profession** (created by the authors)

Data	H/U
Age group	**20.88***
Education level	2.48
Length of service	2.71
Certified/Uncertified	15135.5
Primary workplace	12060
Workplace by region	**9.61***
Number of jobs	1.65

*p<0.05

In carrying out the data analysis, it was concluded that there is a statistically significant relationship between the age groups and the desire to remain in the profession (H = 20.88, p = 0.00 < 0.05), as well as between the workplace by region of Latvia and the desire to remain in the profession (H = 9.61, p = 0.02 < 0.05).

Analyzing the data in more detail comparing each age group with results of the retention index with the Bonferoni correction, was found that there is a statistically significant relationship between the age groups "20-29" and "50-59" (Z=- 53.225 *), with willingness to remain in profession as well as between age groups "20-29" and "30-39" (Z=- 73.342 *; * p < 0.05).

Discussion

The average results of the sub-scales of professional self-concept are very similar to the research conducted in Australia (Cowin et al., 2006; Cowin &

Hengstberger-Sims, 2006). The highest assessment among the sub-scales of the professional self-concept was obtained by the general self-concept and the lowest - leadership, which coincides with the findings of other researchers (Cowin et al., 2006; Cowin & Hengstberger-Sims, 2006). Also, a research conducet in China (Wang et al., 2019) found its lowest results directly on the leadership sub-scale. Such a result indicates that leadership is the area nurses should develop.

Rosenberg's self-esteem survey results are relatively high compared to the one in Poland (Kupcewicz & Jóźwik, 2019), where nurses had medium-level self-esteem results. Simillary, in Germany conducted study by researchers (Van Eckert et al., 2012) showed average self-esteem results of nurses, moreover, it was concluded that nurses with academic education have statistically significant higher self-esteem outcomes than nurses without academic education. The authors' research also found a link between self-esteem and the level of education, as well as between the age group. Higher self-esteem is graded by nurses with a master's and bachelor's degrees, which indicates how important education is to nurses, not only because of knowledge, but also to raise the nurse's self-esteem.

When comparing age groups, in study conducted by authors, significant differences in self-esteem results were found with almost all age groups. It should be noted that, as in the study conducted by Orth and Robins (Orth & Robins, 2014), self-esteem is lower in young nurses.

The research results reveal that all sub-scales of the professional self-concept form positive, statistically significant correlations with self-assessment. The closest correlation for self-assessment has been revealed with the communication sub-scale, indicating that nurses who have noted that they communicate effectively and without difficulty with colleagues and patients also showed better self-esteem results. Also research conducted in Turkey in 2017 (Sabanciogullari & Dogan, 2017) found a positive statistically significant correlation between the self-concept and self-esteem of nurses, and concluded that the self-concept has relation to the nurse's age, educational level and length of service.

Similarly to self-esteem, the retention index develops statistically significant correlations with all sub-scales of the professional self-concept, indicating that the professional self-concept of nurses is a very important aspect of both the development of the nurse's self-esteem and future plans of the professional career. The similarity of the research results is found in the conclusions of the group of authors (Cowin et al., 2008) that the desire to remain in the profession is most closely related to the overall self-concept of a nurse.

Taking into account that the results of the retention index are relatively high, analysing the statements of the questionnaire separately, the averages largely coincide with the research results of researchers (Cowin & Hengstberger-Sims, 2006), where the highest assessment was obtained by the item "It is my intention to continue with my nursing career in the foreseeable future". It is

younger age who is more associated with wanting to quit profession, similar to the study carried out in Sweden (Rudman et al., 2014), where one in five of the young nurses, after five years of work, seriously considered quitting profession.

The obtained results revealed that there are statistically significant links between some groups of socio-demographic data: age and self-esteem, level of education and self-esteem, as well as willingness to remain in the profession. Statistically significant differences have been identified between respondents' answers according to age group, education level, length of service and certificate in relation to different sub-scales of self-concept.

Conclusions

1. Nurses showed relatively high results (compared to the cap) in self-concept, self-esteem and retention index instruments.
2. The highest assessment among sub-scales of the self-concept was obtained by the general self-concept scale, but the lowest - by the sub-scale of leadership.
3. There is a statistically significant relationship between nurse self-concept, self-esteem and willingness to remain in profession.
4. Socio-demographic data create statistically significant differences in different outcomes: the sub-scale of the professional self-concept (age, level of education, length of service, certificate), the assessment of self-esteem (age, level of education) and the desire to remain in the profession (age).

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