

Professional self-concept and job satisfaction among nurses in psychiatric clinics

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ABSTRACT

Background: Nurses' professional self and job satisfaction directly affect their professional practices. For this reason, it is important to find out about their perceptions of their professional self, the factors that affect and are affected by the professional self, and nurses' job satisfaction.

Purpose: The aim of this study was to determine the relationship between the professional self-concept and job satisfaction of nurses working in psychiatry clinics.

Material and Methods: The universe of this descriptive and correlational study was the psychiatric nurses in Turkey and its sample comprised of 103 nurses employed in the psychiatry clinics and polyclinics of university hospitals randomly selected from provinces representing the

seven geographical regions in Turkey. The data collection tools used in the study were Information Form, Professional Self Concept Scale and Nursing Job Satisfaction Scale in Nurses.

Results: Psychiatric nurses have a high professional self-concept and moderate job satisfaction. There is a statistically significant positive correlation between the professional self-concept and job satisfaction of nurses.

Conclusion: Professional self-concepts and job satisfaction of psychiatric nurses are affected by demographic characteristics and these two variables are related to each other.

Keywords: Nurse, psychiatry, psychiatric nursing, professional self, job satisfaction

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INTRODUCTION

Quality professional services can only be possible with a strong professional self and high job satisfaction [1].

As in all areas of nursing, psychiatric nurses who are assigned with the care of individuals who have psychiatric disorders, who are stressed or anxious are strong in terms of their professional self and professional behavior [2,3].

Knowing how nurses perceive their professional selves is important for the development of the profession, because the perceptions and thoughts of the self-have the highest priority and the greatest influence on one's behavior rather than the perceptions in the society [1].

Studies on the subject emphasize that professional identity development and professional self are important for the individual and profession [4-7]. Inadequacy of professional self-development can lead to problems such as inability to improve professionally, failure to meet accepted standards of the profession, failure to fulfill the nursing role successfully [4,8], inability to earn recognition from peers, and inability to connect with the profession [7].

In the literature, there is a number of studies showing that with the development of a positive professional identity, commitment to the profession and job satisfaction increase, while burnout and dropouts are reported to decrease [5-8].

Studies conducted on the professional self-concept of nurses in different countries give different results [4,9]. However, an overall view shows that nurses in Turkey, where it is one of the toughest professional pursuits, usually have moderate to low professional self-concept scores [5,6].

As in all fields, professionals working in the field of psychiatric nursing need to have a high motivation and job satisfaction as well as the required professional skills [8,10-12].

However, since there are yet no studies evaluating the professional self-concepts of nurses working in the field of psychiatry and examining them in terms of job satisfaction, it is not possible to fully determine the professional self-concepts of nurses working in this field.

A high level of professional self-concept will help nurses to be more efficient in their practice, have more job satisfaction, and be more effective at teamwork [8,13-15].

Determining the level of professional self and job satisfaction in psychiatric nursing and performing prospective work of improvement along these lines are important for psychiatric nurses to overcome all the difficulties they face in a professional way and to improve the profession [1,16].

MATERIALS AND METHODS

Aim

The aim of the study was to evaluate the professional self-concept and job satisfaction among nurses working in psychiatric clinics and the relation between these two factors.

Study design and subjects

This is a descriptive and correlational study. The subjects of the study were nurses working in the psychiatric clinics of the university hospitals in Turkey. The study universe consisted of the psychiatric nurses in university hospitals selected from 7 geographical regions by simple random sampling method (N: 146). Nurses who were employed in psychiatry clinics of hospitals and who met the inclusion criteria (n=103) made up the study sample. Inclusion criteria: nurses who agreed to participate in the research and working nurse on the date of data collection. The study was performed in 12 hospitals. The study universe was covered at 70.5%.

Data collection

The study data were collected in the hospital environment outside the working hours through face-to-face interviews with the subjects.

Data Collection Tools

Information Form

Based on the previous literature [5,10,12], a questionnaire consisting of 30 questions was prepared: 10 questions on sociodemographic characteristics of the study nurses, such as age, gender, marital status, and education level, and 20 questions related to work, such as hospital of employment, time in employment and working style.

Professional Self Concept Inventory for Nurses

Professional Self Concept Inventory for Nurses is a scale in Turkish developed and validated by Sabancıoğulları [5]. In this study, the Cronbach Alpha coefficient of the scale was found 0.908. There are three subdimensions (professional satisfaction, professional competence, professional attitude and skills), 4-point Likert type, and a total of 36 items of which 28 were positive and 8 negative (reversed). Professional satisfaction, one of the subdimensions of the scale, differs from job satisfaction, which is the satisfaction nurses experience in practising their profession and means the satisfaction about the professional field of

nursing in general. The professional competence subdimension refers to the professional qualifications required of nurses to perform the profession. The professional attitude and skill subdimension deals with the qualifications of the profession and the feelings, thoughts, and beliefs related to its performance. The scale is assessed on the basis of the score obtained by adding the scores of all statements in the subdimensions. The negative statements were scored from reverse. The total score varies between 36 and 144, while the scores in the subdimensions would be in the following ranges: *professional satisfaction* 5-20, *professional competence* 7-28, and *professional attitude and skill* 24-96. An increase in the score obtained from the scale indicates a positive change in professional self-concept [5]. In the sample of this study, Cronbach Alpha coefficient of PBLS was 0.908.

Minnesota Job Satisfaction Scale

The scale was developed by Dawis et al., (1967) to determine the level of job satisfaction. It was adapted to Turkish by Ergin [17]. It is a 5-point Likert type scale, which has 20 items that reveal the internal and external job satisfaction factors. The overall satisfaction score is obtained by dividing the sum of all scores from various statements by 20. Accordingly, the lowest score is 1, the highest is 5. Internal satisfaction score consists of elements related to success, recognition or appreciation, the job itself, responsibilities of the job, changes in tasks and duties due to promotion and the like. External satisfaction score consists of elements of the work environment, such as corporate policy and management, audit method, relations with managers, work and subordinates, working conditions, and wages. The neutral satisfaction score of the scale is 3. A score which is greater than 3 means high job satisfaction. In the sample of this study, the Cronbach Alpha coefficient of Minnesota Job Satisfaction Scale is 0.907.

Ethical considerations

Prior to collecting study data, written approvals were obtained with resolution no. 2014/136 from X Ethics Committee, no. 15-09/18 from Y, and no. 1 from Z Committee. Written permission from the authors of scales and authors of scales have been translated which are used in the study. Furthermore, written and oral consent were obtained from the administrations of the institutions participating in the study and from all nurses.

Data analysis

Statistical analysis of the data was performed with SPSS 21 statistical package software. For the descriptive statistics for categorical variables of sociodemographic characteristics and occupational characteristics of nurses, number (n) and proportions

(%) were used. For the scores of scale subdimensions and total scale scores, the mean and standard deviation values were used. For socio-demographic characteristics, professional characteristics, professional perspectives, and professional questions, in order to compare the mean scores of the scales in two groups, from among parametric tests the Student's -t test was used, the scale mean scores were compared using ANOVA (Analysis of Variance), and from the non-parametric tests the Man Whitney-U test was used. Correlation Analysis was used to investigate the correlations between scales and Pearson Correlation Coefficient was provided. For all comparisons, statistical significance level (p) was maintained at 0.05. Cronbach Alpha coefficients of the scales were calculated.

RESULTS

The percentage of females among the nurses working in the psychiatry clinic was 96.1%; 67.0% of the nurses were married and 72.8% had children. The mean age was 36.9 ± 7.57 (min. 20-max. 56). The nurses with an undergraduate degree made up 57.3% of the total; 74.8% chose to work in the clinic, 72.8% held the status of clinical nurse, 47.6% worked on a shift basis, and 46.6% were on duty 5-10 times per month.

The mean score of professional self-concept scale of the nurses working in a psychiatry clinic was 114.17 ± 11.84 . As for the subdimension of the scale, professional satisfaction was 14.48 ± 2.87 , professional competence was 23.00 ± 2.90 , and the mean score of professional attitude and skill subdimension was 76.67 ± 7.84 . Professional satisfaction and professional competence scores were good and professional attitudes and skills can be considered very high (Table 1).

The overall satisfaction score under the Minnesota Job Satisfaction Scale for the nurses working in psychiatry clinics was 3.24 ± 0.61 . This value shows that the job satisfaction of the nurses working in psychiatry clinics is moderate. An evaluation of the subdimensions of the scale showed that the internal satisfaction score was 3.65 ± 0.6 and the external satisfaction score was 3.05 ± 0.6 . In this study, job satisfaction of the nurses working in psychiatry clinics is moderate in subdimensions (Table 1).

A significant difference was found only between the age variable of the nurses working in a psychiatry clinic and the mean score of professional satisfaction subscale ($p < 0.05$). It was found that this difference was linear and as the age of nurses increased, so did the mean scores at professional satisfaction subscale (Table 2).

It was found that there was a significant difference between the genders of the nurses and professional self-concept and job satisfaction scale

scores only in terms of the mean score of professional satisfaction subdimension ($p < 0.05$). An examination of the difference between the groups showed that women had higher mean scores of professional satisfaction than men (Table 2).

Furthermore, mean scores of professional self-concept, professional attitude and skill scores of

single nurses were higher than those of their married colleagues ($p < 0.05$) (Table 2). It was found that married nurses scored significantly higher ($p < 0.05$) than the single ones only in the mean score of external job satisfaction (Table 2).

Table 1. Psychiatry nurses' professional self concept and job satisfaction levels

Scales and Sub-Dimensions	Mean ± Standard Deviation	Minimum	Maximum
Professional Self Concept			
Professional Satisfaction	14.48±2.87	6.00	20.00
Professional Competence	23.00±2.90	18.00	28.00
Professional Attitude and Skill	76.67±7.84	64.00	96.00
Total	114.17±11.84	96.00	144.00
Minnesota Job Satisfaction			
Internal Satisfaction Score	3.65±0.66	2.25	5.00
External Satisfaction Score	3.05±0.68	1.25	4.13
Overall Satisfaction Score	3.24±0.61	1.85	4.35

Table 2. Psychiatry nurses' demographics-professional self concept and job satisfaction levels

Demographics	n	Professional Satisfaction	Professional Competence	Professional Attitude & Skill	PSC Total	Internal Satisfaction	External Satisfaction	General Satisfaction
Age : Between the ages of								
20-29	17	13.8±2.5	23.5±3.2	77.5±8.5	115.0±12.3	3.5±0.7	2.9±0.7	3.1±0.7
30-39	49	14.4±2.9	23.4±2.9	77.8±7.9	115.7±12.2	3.6±0.6	3.1±0.5	3.2±0.5
40-49	33	14.4±2.7	22.0±2.6	74.4±7.6	110.9±11.2	3.6±0.6	2.9±0.7	3.2±0.6
50-59	4	18.5±3	22.5±1	77.2±1.5	118.2±5.5	4.0±0.2	3.2±0.5	3.5±0.3
p		p=0.033	p=0.148	p=0.271	p=0.279	p=0.605	p=0.616	p=0.575
Test Value		F=3.028	F=1.822	F=1.324	F= 1.299	F= 0.617	F=0.600	F=0.665
Gender								
Women		14.5±2.8	22.9±2.9	76.6±7.9	114.2±12.0	3.6±0.6	3.0±0.6	3.2±0.6
Men	99	11.7±1.5	24.0±2	77.7±6.5	113.5±7.0	3.7±0.2	2.6±0.3	3.1±0.3
p	4	p=0.052	p=0.489	p= 0.782	p=0.908	p=0.747	p=0.747	p=0.747
Test Value		MW=67.0	MW=142.0	MW=173.0	MW=193.0	MW=195.5	MW=108.5	MW=164.5
Marital Status								
Married	69	14.6±3.0	22.6±2.8	75.2±7.8	112.5±12.2	3.7±0.6	3.1±0.6	3.3±0.5
Single	34	14.0±2.4	23.8±2.9	79.5±7.1	117.5±10.3	3.5±0.7	2.8±0.8	3.1±0.6
p		p=0.759	p=0.328	p= 0.010	p=0.073	p=0.178	p=0.038	p=0.061
Test Value		t=1.229	t=1.362	t= -2.639	t= -1.925	t= 2.103	t=1.358	t=1.809
Education Status								
High School								
Associate Degree	7	15.4±2.4	24.8±3.1	82.5±9.0	122.8±13.3	3.6±0.5	3.0±0.6	3.2±0.5
Graduate Degree	20	15.5±2.6	22.3±2.6	73.1±5.5	111.0±9.6	3.9±0.5	3.3±0.4	3.5±0.5
Postgraduate	59	13.7±2.6	22.5±2.6	75.9±7.5	112.2±11.2	3.4±0.6	2.9±0.7	3.1±0.6
Degree	17	15.5±3.3	24.6±3.1	80.8±8.1	121.1±12.0	3.8±0.5	3.1±0.6	3.3±0.5
p		p=0.026	p=0.002	p= 0.001	p= 0.002	p=0.027	p=0.115	p=0.036
Test Value		F=2.886	F=4.689	F=4.826	F=4.682	F=2.880	F=1.908	F=2.674

Working with Own Choice in the Clinic								
Yes	77	15.0±2.8	23.1±2.9	77.0±7.8	115.2±12.0	3.7±0.6	3.1±0.7	3.3±0.5
No	26	12.8±2.2	22.5±2.6	75.6±7.7	111.0±10.9	3.4±0.7	2.9±0.6	3.0±0.6
p		p<0.000	p=0.341	p=0.461	p=0.119	p=0.071	p=0.071	p=0.071
Test Value		1	t=0.957	t=0.741	t=1.574	t=1.884	t=1.244	t=0.607
		t=4.096						
Working Status								
Responsible N.	22	17.4±2.5	23.0±2.6	79.0±5.3	119.5±8.62	3.6±0.7	2.9±0.8	3.1±0.7
Clinical Nurse	75	13.7±2.4	22.9±3.0	75.8±8.5	112.6±12.6	3.6±0.6	3.0±0.6	3.2±0.5
Policlinic Nurse	6	12.3±1.7	23.3±1.8	78.5±4.9	114.1±5.98	3.7±0.3	2.8±0.7	3.1±0.6
p		p<0.001	p=0.962	p=0.121	p=0.677	p=0.863	p=0.863	p=0.863
Test Value		F=14.84	F=0.232	F=1.167	F=2.046	F=0.944	F=0.396	F=0.133
		8						
Demographics	n	Professional Satisfaction	Professional Competence	Professional Attitude & Skill	PSC Total	Internal Satisfaction	External Satisfaction	General Satisfaction
Working in This Profession During								
1-12 Years	75	14.1±2.8	23.2±2.9	77.3±8.2	114.7±12.4	3.6±0.6	3.0±0.6	3.2±0.5
13-24 Years	19	14.5±2.2	22.3±2.7	75.1±6.3	112.0±9.8	3.6±0.8	2.9±0.9	3.2±0.7
25-36 Years	9	17.3±2.7	22.6±2.9	74.3±6.3	114.3±11.3	4.0±0.1	3.3±0.2	3.5±0.1
p		p=0.006	p=0.495	p=0.347	p=0.677	p=0.002	p=0.002	p=0.002
Test Value		F=5.392	F=0.707	F=1.069	F=0.392	F=1.505	F=0.828	F=1.311
Appreciate & Encouragement								
Always	4	14.5±4.5	21.5±2.8	74.2±8.4	110.2±14.			
Often	35	14.4±2.4	23.4±2.7	77.0±7.5	3	3.9±0.6	3.6±0.4	3.6±0.5
Sometimes	42	15.0±3	23.1±3.1	76.0±8.7	114.9±11.	3.8±0.6	3.3±0.6	3.4±0.5
Rarely	16	12.8±2.6	23.1±2.4	78.3±7.1	0	3.6±0.6	3.1±0.4	3.2±0.4
Ever	6	15.0±3.3	20.3±1.6	76±5.2	114.2±13.	3.3±0.6	2.5±0.5	2.9±0.5
p		p=0.153	p=0.136	p=0.833	3	2.8±0.6	1.7±0.9	2.3±0.6
Test Value		F=1.713	F=1.796	F=0.365	114.3±10.			
					4	p=0.002	P<0.001	p<0.001
					111.3±8.9	F=4.503	F=14.447	F=7.687
					p=0.924			
					F=0.225			
Participation in Decisions								
Always	5	16.0±2.7	22.6±4.2	74.6±6.3	113.2±13.			3.5±0.4
Often	20	15.4±3.2	23.3±2.3	78.2±6.9	1			3.5±0.4
Sometimes	40	14.6±2.4	22.7±2.9	76.3±9.1	116.9±10.	3.8±0.5	3.6±0.2	3.1±0.6
Rarely	19	14.5±3.0	22.7±2.8	74.8±5.8	2	3.9±0.4	3.4±0.5	3.2±0.5
Ever	19	12.6±2.6	23.5±3.0	78.2±7.8	113.7±13.	3.5±0.6	2.9±0.7	2.9±0.6
P		p=0.021	p=0.839	p=0.574	4	3.6±0.6	3.0±0.4	p=0.012
Test Value		F=3.021	F=.356	F=.730	112.1±10.	3.3±0.7	2.6±0.7	F=3.409
					1			
					114.4±11.	p=0.075	p=0.001	
					7	F=2.196	F=5.108	
					p=0.078			
					F=.429			
Feeling a Team Member								
Always	40	15.4±3.1	24.3±3.1	80.0±8.0	119.7±12.	3.8±0.7	3.2±0.5	3.4±0.6
Often	41	13.7±2.3	22.2±2.3	74.5±7.4	3	3.6±0.5	3.0±0.6	3.2±0.5
Sometimes	22	14.1±2.8	21.8±2.3	74.6±6.0	110.5±10.	3.4±0.6	2.7±0.8	2.9±0.6
P		p=0.031	p=0.042	p=0.002	7	p=0.022	p=0.007	p=0.006
Test Value		F=2.491	F=6.001	F=4.859	110.6±8.9	F=3.367	F=4.312	F=4.110
					p<0.001			
					F=6.120			
Thought of Turnover								
Often	9	11.7±2.7	21.5±1.5	73.1±5.2	106.4±7.0	3.3±0.9	3.0±0.5	3.0±0.70
Sometimes	33	13.1±2.3	22.6±2.7	75.5±8.1	111.3±12.	3.5±0.6	2.9±0.7	3.1±0.64
Rarely	33	14.7±2.4	23.6±3.1	77.5±8.1	0	3.8±0.5	3.1±0.6	3.3±0.52

Ever	28	16.6±2.4	23.2±3.0	78.1±7.6	115.9±12.	3.6±0.6	2.9±0.7	3.2±0.60
P		p<0.001	p=0.206	p=0.281	0	p=0.147	p=0.769	p=0.359
Test Value		F=13.852	F=1.550	F=1.293	117.9±11.	F=1.827	F=378	F=1.084
					0			
					p=0.020			
					F=3.280			

A statistically significant difference (p<0.05) was found between the education level of nurses and their total professional self-concept scores and the mean of all subdimension scores. An analysis of inter-group difference in posthoc tests showed that the nurses with a degree scored higher than other groups (Table 2). It was found that there was a significant relation between education levels and job satisfaction with internal satisfaction subdimension and general satisfaction score means, and that the nurses with an associate degree were the group with the highest mean score of job satisfaction (p<0.05) (Table 2).

It was found that there was a statistically significant difference between the duration of work in the psychiatry clinic and the mean score of the professional satisfaction subscale only in terms of professional self-concept (p=0.006). Nurses with an employment time of 25-36 years had higher professional satisfaction scores than those with a professional experience of 13-24 years. In terms of job satisfaction in all dimensions and overall mean scores, the job satisfaction of nurses with 25-36 years in the profession was found to be significantly higher as compared to other groups (p<0.05) (Table 2).

Recognition and appreciation of superiors created a statistically significant difference (p<0.001) in the total score of job satisfaction and its subdimension scores. It was found that this was a linear difference that increased as the level of recognition and/or appreciation increased (Table 3).

While there was no significant difference between participating in professional decision making and the mean total score of professional self-concept scale for the nurses working in psychiatry clinics (p>0.05), a significant difference was found in the subdimension of professional satisfaction

(p<0.05). The difference was linear and it was determined that the more the nurses participated in decision making, the higher were the mean scores of professional satisfaction. Similarly, job satisfaction increased as the nurses participated more in professional decisions (p<0.05) (Table 2).

It was found that there was a statistically significant difference between feeling as part of the team and the total score and the mean score of the subscale scores of professional self-concept scale (p=0.031), (p=0.042), (p=0.002), (p=0.001). Nurses who always felt themselves as part of the team scored higher in total professional self-concept and also in terms of the mean score of its subdimensions as compared to their colleagues who felt belonging to the team only half of the time (Table 2).

The mean scores of professional self-concept and total satisfaction scores of the nurses who work in the psychiatry clinic and who had no idea of quitting were sometimes higher than the nurses who entertained thoughts of quitting (p<0.05) (Table 2).

A study of the correlation between the professional self-concept and job satisfaction of the nurses working in psychiatry clinics returned the following positive, linear, and statistically significant (p<0.05) correlations with the professional competency score as a subdimension of the professional self-concept scale: 83.3% between professional competency and total self-concept, %87.3 between professional competency and total self-score score. There was a very strong, positive, linear, and statistically significant (p<0.05) correlation between professional attitude and skill score and total self-score of 96.8%. A positive and significant correlation was found between professional satisfaction score and all dimensions except professional competence. Other correlations were weak and insignificant (Table 3).

Table 3. The correlation between professional self concept and job satisfaction

	Professional Satisfaction	Professional Competence	Professional Attitude & Skill	PSC Total
Internal Satisfaction	.395** p<.001	.069 p=.089	.064 p=.518	.180 p=.069
External Satisfaction	.394** p<.001	.169 p=.089	.064 p=.518	.180 p=.069
General Satisfaction	.333** p<.001	.215 p=.089	.064 p=.518	.180 p=.069

** Significant relation was found between p<0.05 and above

DISCUSSION

Among the nurses employed in a psychiatry clinic, 3/4 stated that it was their preference to work in this clinic and 1/2 stated that they worked on a shift basis and were on duty 5-10 times a month. It was found that less than 1/2 of the nurses sometimes received recognition and appreciation from their superiors and 1/3 were able to partially participate in professional decisions. The members of the nursing profession, which has a fundamental place in healthcare services, are subject to more pressure due to the differences in working conditions and experience a great deal of stress in the work environment [7,12]. Nursing is considered a high-workload and high-stress profession in Turkey due to many negative factors arising from the work environment. A review of the studies investigating problems of nurses related to work shows similar difficulties and challenges across various countries [4,7,15].

Our study showed a high professional self-concept as far as psychiatric nurses are concerned. When the studies supporting the findings of the study are examined, for instance Andrews et al., [18], reported that professional self-concept was above average with nurses. In their experimental study with nurses, Sabancıoğulları & Doğan [5,6], determined an already high level of professional self-concept among nurses before the training to increase their professional self-concept and found that it further increased after the training.

In the study, it was found that the job satisfaction of psychiatric nurses was above average which was similar to the results of existing studies [19-21].

Cao et al., [7]. examined the potentially reciprocal relationships among perceived organisational support, professional self-concept and burnout in nurses. Cao et al. [22], stated that strengthening the professional self-concept of nurses should be positively affected and increased the autonomy and job satisfaction; also can boosted their mood and supported feelings of empowerment. Sturm and Dellert [10], showed that many factors (work or life activities, health, culture, and self-perceptions, dignity) affect nurses' professional self-concept and work satisfaction and these factors can be related with each other. Also Tang et al [23], found that professional self-concept related to job satisfaction of nurses. As professional self-concept was found to be so closely related to job satisfaction, the fact that this study returned a weak correlation between professional self-concept and job satisfaction is atypical as compared to the rest of the literature.

The study found a higher professional self-concept among psychiatric nurses who were not married. On the other hand, a review of the correlation between marital status and job

satisfaction showed that job satisfaction was higher among married nurses. Tang et al., [23], found relationship between professional self-concept and marital status in nurses. The findings of this study were not in line with the literature. Since the majority of nurses are female, this result may be due to the fact that the role of women in marriage might help further develop professional skills such as taking responsibility and problem solving indirectly [24].

The study found a correlation between the educational status of nurses and their professional self-concept. In their study with nurses, Demir and Yıldırım [2], found a correlation between education on the one hand and professional behavior and perception on the other. Çelik et al., [25], stated that the development of professional self-concept was related to education and affected by the educational status of nurses. The findings of this study were not in line with the literature. It can be suggested that this difference is because nurses do not perceive their educational status as a variable that will affect their professional self-concept and since nurses are not regulated in their hierarchical status according to their educational status only, it is possible that those with lower education are in managerial positions.

A significant correlation was found between the clinic work and professional self-concept of the nurses. As nurses' responsibilities increases and their status improved, their professional self-concepts also improved. Çelik et al., [25], found that nurses' professionalism was related to their status as a managers or being in charge. On the other hand, Demir and Yıldırım [25], concluded that nurses in charge of a ward were considered to be more negative in behavior as opposed to their professionalism.

In the study, as the clinical experience of nurses increased, their professional satisfaction as a subdimension of professional self-concept improved. Similarly, in the study of Çelik [25], it was found that the professionalism of nurses improved as the time in employment. In their study with nurses, Andrews et al. [18], found that nurses with more clinical experience had a higher professional self-concept.

In the study, while there was no correlation between the recognition and appreciation that nurses working in psychiatry clinics received and their professional self-concept, it was found that job satisfaction of the nurses who received recognition and appreciation was higher. Nurses respond to the feedback they receive as an inevitable outcome of the communication process.

Sargeant et al., [26], stated the importance of feedback in the development of professional self-concept. Therefore, lack of significant correlation in the study contradicts the literature. However, considering the difference with the correlation to job satisfaction, it may be concluded that nurses perceived professional self-concept as independent

from job satisfaction and answered the questions with this perspective.

The study found that nurses working in psychiatry clinics had a higher professional self-concept as their participation in decisions increased. Similarly, Hendel and Kagan [27], found that participation in professional decision-making supported professionalism in nurses. In the study, it was found that the job satisfaction of nurses with higher participation in professional decisions was higher. Andrews et al., [18], found that when nurses took part in professional decision-making, both their autonomy and job satisfaction increased. The nurse participating in the professional decision-making process is likely to feel competent and empowered and to have a boost in self-confidence. This, in turn, supports their professional self-concept.

In the study, it was found that the nurses who rarely considered quitting their job had a higher professional self-concept. On the other hand, Hendel and Kagan [27], reported that nurses with a higher professional self-concept rarely entertained thoughts of quitting. Yazdannik [4], states that many nurses quit profession and the reason behind this is their low professional self-concepts.

In this study, a statistically significant correlation was found between professional self-concept and job satisfaction of psychiatric nurses. Field literature includes studies showing that nurse participation in planning and decision-making processes positively affect the professional self-concept and that nurses' professional selves are also related to organizational structure, working style, level of education, autonomy, support, professional relations and feedback [2,27].

CONCLUSION

Considering that the lower limit of the total score of the Professional Self-Concept Inventory scale is 36 and the upper limit is 144, the total scale score in the study is high. This suggests that the professional self-concept of nurses employed in psychiatry clinics in Turkey can be considered high.

Of all nurses employed in psychiatry clinics, three quarters serve as a ward nurse in the clinic where they work by their own choice. While the professional self-concept of nurses varies according to their marital status, it is not correlated with their gender or age. As the clinical experience increases, professional satisfaction and job satisfaction also increase among nurses. Professional self-concept of nurses is positively affected by whether they feel themselves as part of a team. A statistically significant difference was found in the correlation between level of education and job satisfaction and the highest level of job satisfaction was found among nurses with an associate degree. Job satisfaction increases among psychiatric nurses as they receive recognition and appreciation at their work. On the

other hand, only a weak correlation was found between the professional self-concept scale and job satisfaction scale sub dimensions. In light of study results, a stronger professional self-concept among psychiatry nurses requires increasing sources of support, administrative arrangements, and providing developmental trainings to support professionalism among nurses.

Conflicts of interest

No conflict of interest has been declared by the authors

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