Attitude of Nurses from the Nursing Profession Status and its Influencing Factors: A Cross Sectional Study

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Abstract: One of the feature any profession is that it occupies a social standing relative to other professions. Nurses make up>70% of the health care team and lack of attention to the social status of the nursing profession and feel worthless important factor that threatens to turn professional in this field. This study aimed to determine the This study was a cross- sectional conducted in 2014. The study population consisted staff nurses working in all hospitals located in Mashhad, Iran. The required sample size was calculated as 250, based on an error margin of 5 and 95% CI. The nursing job status questionnaire was created by the researcher. The score of jobs status was standard based on 0-100. Nursing job status Questionnaire with Cronbach's alpha coefficient was 85% And Content validity by 10 members of the faculty Mashhad Nursing was confirmed. The quantitative analysis of this study used the Statistical Package for Social Science (SPSS). There were no statistically significant differences in mean total job status scores between educational levels, nurses' sex, work experience, age group, clinical instructor experience and work units. Nurses' Total job status was % 0.8 (n = 2), %27.2 (n = 68), %67.6 (n = 169), %4.4 (n = 11) very weak, weak, moderate and grate respectively. verbal communicati on the greatest impact on the professional status of nurses. According to the clarify attitude of nurses to factors affecting the status and dignity of the nursing profession The authorities can take measures to enhance the professional status of nursing resulting in job satisfaction and quality of patient care plan.

Key words: Occupation status, job prestige, nurse, Iran, patient

INTRODUCTION

One of the feature any profession is that it occupies a social standing relative to other professions the association between health and occupation is complex because occupation can be a source of both health-enhancing factors (e.g., self-affirmation) and harmful exposure (e.g., stress) (Adler and Newman, 2002). People in low-status jobs are at risk for health problems caused by stress, hypertension and increased heart rate. (Matthews *et al.*, 2000). High-prestige job owners possible have more positive social interactions than low-prestige job owners. Occupation prestige for nurses may result in improved job satisfaction, enhanced abilities in health promotion activities and autonomy in decision-making related to patient care. The poor social position of nurses is one challenge for Iranian nurses

(Nasrabadi *et al.*, 2003). And lack of attention to the social status of the nursing profession and feel worthless important factor that threatens to turn professional in this field (Valizadeh *et al.*, 2008). Because Iranian people have a poor image of nursing, those who choose nursing as a profession do experience a low level of self-esteem (Adib Hajbaghery *et al.*, 2004). Many people think of nurses as simply assistants to physicians. When nurses are shown as "doctor helpers" rather than as patient advocates, they lose credibility (Farsi *et al.*, 2010). However, by increasing the number of male students motivated to select nursing as a future career, increasing postgraduate nurses, as well as introducing the nursing profession to families, the social image of nursing has improved drastically in the last decade in Iran, although nursing is still seen as a women's job and inferior to medicine Nasrabadi *et al.*, 2003). British student's

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experiences indicated both society's and their own image of an underpaid, overworked profession that lacks respect and has low morale (Brodie *et al*., 2004).

Nurses make up more than 70% of the health care team (Marcum *et al*., 2002). The current shortage of nurses cause serious challenge in providing high-quality care worldwide (Khowaja *et al*., 2005). Due to the nursing shortage and persistent concerns about the societal image of nursing; several studies in recent years have investigated professional self-image of practicing nurses and how it interacts with perceptions of the work environment, job satisfaction, stress and plans to leave the profession (Milisen *et al*., 2006). Lack of acceptance of Nursing is one of the most severe stress and job dissatisfaction among nurses (Hashemi and Garshad, 2012).

In Iran, Nursing status is a priority for research in the Department of Nursing. Whereas In Iran, a shortage of nursing staff, is a significant challenge (Farsi *et al*., 2010). Each year, 4 nurses per 10 nurses leave their jobs and some nursing graduates may migrate to other countries and 21.4% of nurses had high intention to leave of nursing profession (Hesam *et al*., 2012).

While emigration from the Philippines is mainly economically driven, one Causes of migration from the Middle East to Canada is perceived social status (Salami *et al*., 2014). It is believed that after determining the differences and similarities in the understand of nurses and the public of the image of nursing, it would be important to link these perceptions to nursing care quality for practical and future implications for professionalism and the process of nursing service delivery.

In Saudi Arabia low-status of nursing job is one reasons for shortage the nurse. In Iran, the role of jobs status in students choosing nursing jobs is less than midwifery students (Dalir *et al*., 2011). Improving the nursing profession's prestige and social position as well as providing the opportunity for creativity and originality in nursing practice will change the self-image of Iranian nurses (Varaei *et al*., 2012). Studies recognized a number of negative societal perceptions of nursing related to subordination to doctors, low academic standards, limited career opportunities and poor pay and conditions.

Iran's health-care system has witnessed profound changes in the last decades. Despite its progress, the system has currently faced many challenges in one of the important subsystems, nursing (Farsi *et al*., 2010) although, the exact number of nurses leaving their job is not available, most of graduates are seeking job opportunities other than working at patients' bedsides.

One reasons discussed in various studies is social status. Paying attention to factors that boost magnetize, retain and increase the productivity of nurses are important in facing nursing shortage phenomenon (Negarandeh, 2015). Nurses in Iran are effort to gain respect from the public, however, they are fighting to develop from a lower position over the years (Salsali, 2000).The past Persian literary papers have presented a relatively negative image of nursing, resulting in feelings of frustration, hopelessness and confusion about social identity (Nasrabadi *et al*., 2003). Although some studies have been conducted on the public image of nurses globally, there is a lack of research on how nurses perceive their job status in Iran. Therefore, this study aimed to describe the present Nursing job status from nurses opinion and factors influencing Nursing job status.

Social class reflects rank or value of each person in the group, organization or community. The social dimension of the Social database is called jobs status (Alizadeh and Rezaei, 2009)

Social status of each job depends on three factors: the power to impose the will of the individual, the employment rates for income and wealth, the importance of community service job offers (Alizadeh and Rezaei, 2009) one indicator of social class is considered here.

MATERIALS AND METHODS

A cross-sectional study was performed 2015. Stratified random sample of nurses based in general and critical care units from the Hospitals in Mashhad University of Medical Sciences, Iran was hired. The required sample size was calculated as 250, based on an error margin of 5 and 95% CI. The nursing job status questionnaire was created by the researcher. The nursing job status questionnaire designed to determine nurses' level of job status by measuring four subscales of job status. Job status questionnaire comprises four subscales: Society, Nurse Managers, Health worker, self-esteem. Scores for subscales vary according to the number of items, with higher scores denoting greater higher job status. Each item on the nursing job status questionnaire is measured on a 4-point Likert scale (None = 1, Low = 2 Middle = 3, High = 4). There are a total of 16 items (questions) in all the subscales.

Two question was measured reverse thus 4 score for lowest and 1 score for highest agreement. Total scores are calculated by adding all the scores of the four subscales, giving a total score that ranges from 16-64. Ten experts in the field of nursing and Members of the Faculty of

Nursing and Midwifery Mashhad Medical Sciences university assessed the face and Content validity job status questionnaire. The overall Cronbach's alpha coefficient for the job status questionnaire used in this study was 80 %. At total of 250 questionnaires together with consent forms and information distributed by a research assistant to the nurses.

The affecting on nursing job status questionnaire designed to determine nurses' opinion about important agent in nursing job status. This questionnaire content 25 items. Each item on The nursing job status agent questionnaire is measured on a 4-point Likert scale (Non = 1, Low = 2 Middle = 3, High = 4).

Data collection and analysis: A total of 250 questionnaires together with consent forms and information sheets distributed by a research assistant to the nurses in the sample. The respondents were requested to choose a time for delivery the completed questionnaire. Research assistant at the time specified for receipt of completed questionnaires was presented. After two reminders in one week, 250 completed questionnaires were returned, yielding a response rate of 100%. The data collected from the surveys were coded and entered into the Statistical Package for the Social Sciences Version 11.5 (SPSS 11.5) for analysis. The normality of distributions of the data was tested with the Kolmogorov-Smirnov test. Comparisons of the mean total job status score between demographic variables were performed by using the independent t-test and one-way between-groups analysis of variance. The Pearson correlation coefficients were calculated to evaluate the relationship between a dependent variable (total job status) and five subscales of job status. In order to better reader's perception, the score of jobs status was standard based on 0-100.

One of the standard ways of data, converting the data to a new series in which all values between 0 and 1 for this purpose can be used the following equation:

$$z_i = \frac{x_i - x_{min}}{x_{max} - x_{min}}$$

Where zi normalized value, xi each data value, at least the possibility has x min, x max is the maximum amount of data.

Normalized value job status subscales:

$$\text{Self - esteem} \left(\frac{a - 6}{24 - 6} \right) \times 100$$

$$\text{Health worker T} = \left(\frac{t - 4}{16 - 4} \right) \times 100$$

$$\text{Society s} = \left(\frac{c - 5}{20 - 5 \times 100} \right)$$

$$\text{manager M} = \left(\frac{m - 1}{(4 - 1) \times 100} \right)$$

$$\text{Total job status} = \left(\frac{M - 16}{(64 - 16) \times 100} \right)$$

Sample characteristics: Details of the demographic characteristics of the entire sample are summarized in Table 1. There were more females than males in this study. The ages of the nurses ranged from 20-56 years, with a mean age of 32.3 years (SD 7.3). The majority of the nurses were married (61%, n = 153). Most of the nurses were educated to Bachelor's degree level (86.1 %,n = 216). Nearly half (55.2%, n = 138) of the nurses had work experience of 5 years or more. Less than half of the nurses worked at critical care units (40.6%, n = 104). More than half of the nurses worked at general care units (60%, n = 143). The majority of the nurses no experience of clinical teaching (83.6%, n = 209).

Job status and nurses' background variables: The median score of the job status subscales for each subscale was used as a basis for determination of job status. The mean scores for managers (mean 42.40, median 33.33), The mean scores for health workers (mean 48.63, median 50), self-esteem (mean 74.49, median 77.77) and Society (mean 45.17, median 46.67) subscales were slightly lower than their median scores as shown in Table 2.

The mean scores for three subscales were lower than their respective median scores (i.e., Self-esteem: mean 74.49, median 77.77; healthcare team: mean 48.63, median 50; society: mean 45.17, median 46.67) and the mean scores for one subscale was higher than their respective median scores (i.e., Managers: mean 42.40, median 33.33). The demographic differences in the four subscales of job status are shown in Table 1. There were not statistically significant differences in scores on the Self-esteem, health workers, Society and Managers subscales between Male nurses and female nurses (p<0.05). There were not statistically significant differences in scores on the self-esteem, health workers, society and managers subscales between nurses' level of education (bachelors, master) (p<0.05). There were not statistically significant differences in scores on the Self-esteem, health workers, Society and Managers subscales between nurses working in critical and general wards and management unit (p<0.05). Compared with single nurses, the married

Table1: Socio-demographic difference in mean job status and subscales scores

Socio-demographic variable		Self-esteem	Health worker	Society	Manager	Job status	p-value
Gender							
Male	44	75.50±11.44	49.24±17.03	48.48±16.35	43.94±23.60	58.52±9.89	0.3
Female	206	74.27±14.73	48.50±16.03	44.46±15.42	42.07±27.53	56.50±12.21	
Age classification							0.17
22-29	92	74.40±14.15	48.21±14.81	45.29±14.70	44.94±27.83	56.91±10.87	
30-39	110	73.80±13.07	48.86±17.14	43.25±16.97	40.53±24.98	55.49±12.57	
40 and above	48	78.38±10.93	50.54±15.75	48.55±14.78	41.30±28.27	59.78±10.21	
Marital status							0.004
Single	96	70.55±15.52	46.35±16.48	42.98±16.32	42.36±24.88	54.12±12.90	
Married	154	76.90±12.47	50.00±15.90	46.66±15.04	42.70±27.95	58.59±10.86	
Level of education							0.50
Bachelors	216	69.44±14.25	45.83±13.87	44.58±16.80	51.04±31.66	54.62±12.17	
Master	34	75.26±14.09	49.00±16.51	45.22±15.52	41.01±25.90	57.17±11.81	
Years of working experience							0.48
<2	49	73.12±12. 07	48. 80±16.13	48.43±16.59	48.29±26.40	55.78±10.91	
<2-5	62	71.23±18.59	46.77±15.77	41.07±13. 72	41.93±28.26	53.86±12.97	
<5-15	97	76.15±12.76	50.00±17.09	45.13±16.22	42.36±24.88	57.81±12.21	
≤15	42	76.98±11.41	47.22±13. 97	46.82±14.53	35.71±28.88	57.53±9. 45	
Work unit							0.15
Critical unit	104	76.63±14.23	48.52±16.84	47.58±16.73	44.77±23.68	58.53±12.27	
general unit	143	72.92±14.20	48.71±15.86	43.17±14.54	40.09±28.67	55.52±11.43	
managment unit	3	72.22±5.55	44.44±17.34	48.88±16.77	19.24±11.11	56.94±10.27	
Clinical instructor							0.16
Yes	41	77.91±15.88	51.62±13.47	46.17±14.71	43.08±27.12	59.24±11.82	
No	209	73.81±13.78	48.05±16.62	44.97±15.83	42.26±26.85	56.38±11.82	
job satisfaction							0.01
No	8	57.63±28.31	43.75±23.46	50.00±15.53	37.50±27.81	50.52±21.26	
Low	20	75.55±11.73	43.75±23.46	40.00±14.98	22.36±5.00	53.54±10.16	
Average	154	74.17±13.19	74.61±15.35	43.59±15.30	44.58±26.46	56.12±11.25	
Great	68	76.87±13.72	52.94±16.40	49.70±15.72	42.15±27.98	60.23±11.61	

Table 2: Descriptive statistics of job status subscales

Job status subscales	Median	Mean	SD	Min score	Max score
Self-esteem	77.77	74.49	12.23	16.67	100
Health workers	50	48.63	16.18	0	83.33
Society	46.67	45.17	15.63	6.67	86.67
Managers	33.33	42.40	26.84	0	100
Total job status	58.33	56.86	11.84	<18.75	81.25

nurses had significantly higher scores on the Total Job status (mean 58.59, SD 10.86) and Self-esteem (mean 76.90, SD 12.47) (p<0.05). The unmarried nurses had no significantly higher scores on the Healthcare Team (mean 46.35, SD 16.48) and manager (mean 42.36, SD 24.88) subscales. There were statistically significant differences in scores on the manager subscale between nurses' Level of education (Bachelors: mean 69.44, SD 14.25, Master: mean 75.26, SD21 4.09) (p<0.05) There were not statistically significant differences in scores on other subscales (self-esteem, health workers, society) and total job status (p<0.05). There were not statistically significant differences in scores on job status subscales (Self-esteem, health workers, Society, manager) and total job status (p<0.05). There were statistically significant differences in scores on the Self-esteem, health workers, Society subscales and total Job status between nurses with different level of job satisfaction. A post hoc comparison using Tukey's test showed that nurses had no job

satisfaction significantly lower scores on the Self-esteem subscale (p<0.05) than nurses with low, average and great job satisfaction. The nurses had low and average job satisfaction significantly lower score on the society subscale (p<0.05) than nurses with no and great job satisfaction. The nurses had great job satisfaction significantly higher score on the total job status (p<0.05) than nurses with no, low and average job satisfaction. Analysis of the univariate pearson correlation showed statistically significant positive correlation between each pair of the subscales of job status as shown in Table 3. According to Choudhury, an r value r-0.1 is considered to show no or very weak correlation, 0.1-0.29 a weak correlation, 0.3-0.49 a moderate correlation and 0.5-1.0 a strong correlation. Significant moderate correlations were found between manager and Society (r = 0.419). There were significant moderate correlations between Self-esteem and society (r = 0.347) and health worker (r = 0.394). There were also significant moderate

Table 3: Correlation coefficient of job status subscales

Variables	Self-esteem	Health worker	Society	Manager	Total job status
Self-esteem	1	0.394	0.347	0.200	0.755
Health worker		1	0.492	0.304	0.764
Society			1	0.419	0.796
Manager				1	0.508
Total job status					1

correlations between Health worker and society (r = 0.492), manager (r = 0.304). Significant weak correlations were found between Self-esteem and manager (r = 0.200).

Nurses' total job status: There were no statistically significant differences in mean total job status scores between educational levels, nurses' sex, work experience, age group, clinical instructor experience and work units (Table 1). The mean total job status score of Married nurses (mean 58.59, SD 10.86) was significantly higher than that of Single nurses (mean 54.12, SD 12.90, p<0.05). Nurses with great job satisfaction (mean 60.23, SD 11.61) were found to have significantly higher total job status scores than nurses with average job satisfaction (mean 56.12, SD 11.25) and nurses with Low job satisfaction (mean 53.54, SD 10.16, p<0.05) and No job satisfaction (mean 50.52, SD 21.26, p<0.05) as shown in Table 1. Nurses with great job interest (mean 58.75, SD 11.18) were found to have significantly higher total job status scores than nurses with average job interest (mean 58.54, SD 10.64) and nurses with low job interest (mean 50.55, SD 12.36, p<0.05) and no job interest (mean 49.21, SD 18.19, p<0.05). The correlations between the total job status score and all four subscales are shown in Table 3. There were significant (p<0.001) strong correlations between total job status and four subscales of job status: self-esteem (r = 0.755), health worker (r = 0.764), society (r = 0.796) and manager (r = 0.508). The strongest correlation was between total job status and society (r = 0.796). The weakest correlation was between manager and total job status (r = 0.508).

RESULTS AND DISCUSSION

This study aimed to describe the perspectives of Iranian nurses regarding factors influencing nursing occupation prestige and level of nursing occupation prestige from nurses' opinion.

By doing so, two things were achieved. First level of nursing occupation prestige from nurses' opinion. Second, factors affecting the current occupational status the nursing profession. Another major finding of our study is that mean of nurses' occupation prestige was 56.85±11.84 and From the perspective of nurses,

occupational status nursing, 4.4% high, %67/6 average, 27.2 low and 0.8 percent did little was said. Satisfaction of nurses in occupational status was 70% (24).

Salemi and coworkers reported that low social status of nurses in Iran is one of the reasons for nurses' job dissatisfaction. The high response rate, which is attributable to the direct method of questionnaire distribution and retrieval, suggests the results can be considered representative of the population sampled. The main limitation of the survey is that the results are sample-specific and cannot be widely generalized in overall Iran. By combining the results, a profile of the different Location was provided.

Our analysis found that occupational prestige captures a unique aspect of the job that is associated with occupational satisfaction, occupational interest and Married but not represented by Age Classification, Gender, Level of education, Work unit, Clinical instructor. Occupational prestige may impact how individuals feel about themselves (There were significant (p<0.001) strong correlations between total occupational prestige and Self-esteem (r = 0.755),

As Judge and Bono shown in their study, self-esteem and job satisfaction have a strong positive correlation in this study nurses with low job satisfaction had lower self-esteem scores. And there are strong positive correlation between job satisfaction and self-esteem scores. Individuals with prestigious jobs may have increased opportunities for receiving various types of social support through their network.

Gaag and Snijders (2005) demonstrated that, independent from income and education, occupational prestige was associated with the number of people an individual knows who have desirable resources (e.g., someone who is active in a political party, who owns a vacation home abroad) and the strength of these social ties (i.e., knowing them as family members, friends or acquaintances). The results of this study showed that occupational status also linked to, marital status, job satisfaction and interest.

Inter-subjective evaluation of social positions, such as occupational prestige, according to shared beliefs and social norms and social norms influence one's day-to-day experience. Such experience in turn has a significant impact on one's health (Fujishiro *et al.*, 2010).

Also, a sizable body of literature documents that everyday experiences of discrimination (e.g., being treated with less courtesy than others, people acting as if you are not smart) have negative health impacts. Matthews *et al.* (2000) found that, low-prestige job holders were more likely to report negative social interactions than high-prestige job holders (Matthews *et al.*, 2000). Negative social interactions, repeated daily, have harmful effect on health (Marcum *et al.*, 2002). The results of this study showed that Self-esteem as a dimension of health is associated with occupational status.

According to the world health organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Hallerod and Gustafsson (2011) discovered that, more favorable occupational position and the higher income the less morbidity also they reported the importance of education, they not verify any direct impact of education, only indirect effects that worked via occupational position and income development. Study in higher education for nurses 60 and 27%, high and medium impact on the status of the job, respectively.

Demonstrated poor personal feedback between nurse managers and professional nurses as well as dissatisfaction among nurse managers and professional nurses with regard to informal communication channels. Nurse Managers should play a leadership role in bringing staff of different departments together by creating interactive communication forums for the sharing of ideas. The presence of a nurse in the family and working in the hospital had the greatest impact on the establishment of nurses nursing image. Improving the nursing profession is prestige and social position as well as providing the opportunity for creativity and originality in nursing practice will change the self-image of Iranian nurses, facilitating effective and lasting changes in nursing is image (Varaei *et al.*, 2012) in this study 81.2% of nurses believed that verbal communication is an important factor in job status Also In this study 39.2, 36, 21/2 and 3/6% of nurses respectively at low, medium and high tended to nursing jobs for their children and close friends invited. Only 8.4% of nurses said the importance of nursing acts from nurse manager's opinion in occupational prestige plays a role. The nurses had a negative image of the acquisition of wealth in nursing, respect in the community and opportunities for job security. It is believed that the public image of an occupation relates strongly to the financial remuneration, job opportunities and security of those who practice it, as well as to the nature of the work itself (Varaei *et al.*, 2012).

Based on the nature of nursing work and clinical experiences, Taiwanese male nurses believed that nursing was a profession suitable for both men and women. Similarly, supporting.Taiwanese men were less likely than women to schoos nursing as a first choice for their profession According to reports 71% of Iranian were nurses (Varaei *et al.*, 2012) in Australia, revealed a discrepancy in the images of nursing between nurses and the public as perceived by nurses themselves, resulting in a nurse environment miss-fit and other studies have shown that nursing is generally perceived favorably and is considered to be a career that provides good job security and income potential (Takase *et al.*, 2001). In present study 57 and 34% of nurses reported, respectively weak and average retirement conditions.

Karagozoglu (2009) stated that nursing students had less independence than other college students. According to the international literature, nursing students have a tendency to be accepting, dependent, obedient and female. This might cause nurses to have less desire for positions that require them to be assertive and independent after they enter the profession. Managers who supply their subordinates with appropriate information that will simplify their work and which is readily available, reflect an open climate of trust in nurses to make their own decisions (Jooste and Jasper, 2010; Niknejad *et al.*, 2016; Vaziri *et al.*, 2014). In this study, 20.8% of nurses' participation in clinical decisions affecting the status of nurses knew the 16 factor in occupational prestige, rank 9. The major factor that influenced perceived occupational status in England was level of income, whilst in Australia and Korea the major factor influencing perceived prestige standing was the level of education, although level of income also appeared to be a factor in Australia.

CONCLUSION

From the perspective of nurses, verbal and nonverbal communication most important factors affecting occupational prestige is expressed. Female-dominated occupations tend to be perceived as having lower levels of power and prestige, 18.8% of nurses believed men in occupational status nursing profession has a positive effect and the tenth of the 16 factors that affect the occupational prestige to be allocated.

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