

# Relationship Nurses' Professional Identity and Their Occupational Commitment

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DOI: <https://doi.org/10.5281/zenodo.11370958>

Published Date: 28-May-2024

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**Abstract:** Nurses of the profession who have a strong professional identity provide an effective service and high quality patient care in the healthcare team, develop competency in an the clinical expertise, and contribute to patient satisfaction. **Aim:** To examine the relationship nurses' professional identity and their occupational commitment at, Governorate Hospital (Dar Ismail). **Methods:** A descriptive, correlational research design was utilized in all inpatient prenatal, postnatal and critical care units at Governorate Hospital( Dar Ismail) Alexandria Governorate, Egypt, for all nurses (first-line nurses mangers and staff).**Tools:** two tools were used: Tool I: Nurses' Professional Identity Scale (NPIS)and a demographic characteristics data sheet; Tool II: Occupational Commitment Scale (OCS) Questionnaire. **Results:** staff nurses got a moderate mean percent score for both nurses' professional identity and their occupational commitment. Moreover, the first dimension of professional identity was personal dimensions; and the last was dimension Social -historical aspect dimensions. Whereas; the first dimension for occupational commitment was affective occupational commitment and the last dimension was continuance occupational commitment.

**Keywords:** Relationship nurses' professional identity, their occupational commitment, All Staff nurses.

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## 1. INTRODUCTION

The nursing profession is viewed as an honest and ethical profession that is grounded in ethical principles and outlined in code of ethics <sup>(1,2)</sup>. The shortage of nursing staff continues to be of major concern in the health care, which is expected to intensify as the current multiple factors that are contributing to the continued and growing nursing shortage , such as: job burnout, dissatisfaction, nurses' turnover rate and vacancy rates<sup>(3,4)</sup>. The worldwide shortage of nursing workforce with the required competencies has become one of the most pressing issues of health culture, and the absence of grounded professional identity "ensures that the nursing profession will continue to cyclically and indefinitely revisit the compounding issues related to the nursing shortage" <sup>(5)</sup>. Every individual entering the profession is expected to be competent in nursing knowledge and skills and is expected to adopt affective behaviors that reflect professional values regardless the type of nursing license or degree. <sup>(6,7)</sup>

Johnson et al.<sup>(8)</sup> defined professional identity as: "an evolving process resulting from the integrity of education and experience, knowledge and caring, personal and professional identity and values that is related to group interactions at workplace". It guides how nurses think, act and interact with patients and compare and differentiate themselves from other

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Vol. 11, Issue 2, pp: (81-95), Month: May - August 2024, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

professional group. Also, Shaw et al. <sup>(9)</sup> defined professional identity as: "the values and beliefs held by the nurse that guides her/his thinking, actions and interactions with the patient and other health care providers that predict commitment to and retention in the profession". Professional identity is classified into three dimensions, according to Sharbaugh et al. <sup>(10)</sup>, as follows: (1) **personal dimension**: identified as the feeling of being a nurse ; (2) **interpersonal dimension**: identified as working in close and continuous relationships with others ; and finally, (3) **social and historical aspect dimensions**: some social-historical factors influencing the autonomy of career choice and persistence of nursing .The professional self-image of the nurse is also based on the ideas of people in general regarding nurses.

The impact of nurses' professional identity was found to have a significant association with nurses' plans to stay within their workforce<sup>(11,12)</sup>. Therefore, if nurses are not empowered or are not feeling respected by other professional, patients, or both; professional identity can decrease and weaker inter-professional collaboration with other health professionals or even the act of leaving the health care profession will occur <sup>(13-15)</sup>. Professional identity is regarded as an individual and socially continuous process within group interaction in the workplace and the interpretation and reinterpretation of experiences <sup>(8)</sup>. It is created through the "attitudes, values, knowledge, beliefs and skills" within the defined community or workplace. <sup>(16)</sup>

The process of understanding and establishing professional identity of the nurse should help for its development that leads to an occupational commitment, which is identified as one of the categories reflecting the major concepts and patterns for developing nurse professional identity <sup>(17)</sup>. Nurse's commitment becomes more focused and stronger through the process of establishing professional identity, which leads to continuing working as a nurse, allowing them to continue to learn from their working experiences and to gain influences from education, and continuing the process of identity. <sup>(18)</sup>

Allen et al. <sup>(19)</sup> defined occupational commitment as: "a psychological link between nurses and their occupations that is based on an affective reaction to that occupation". Also, Teng et al. <sup>(20)</sup> defined it as: "commitment to professional objectives, values, beliefs and willingness to continue in one's profession ". Meyer et al. <sup>(21)</sup> classified it into three components, as follows : (1) affective occupational commitment, which is the emotional attachment to a profession; (2) normative occupational commitment refers to a feeling of obligation to remain in a profession; and finally, (3) continuance occupational commitment that involves the nurses assessment of the costs associated with leaving the profession, which is consequently, sub-divided into accumulated costs measuring the investments in one's profession that would be lost if one left the profession; and limited alternatives that are the perceived lack of available options for pursuing a new occupation. Noguera et al. <sup>(22)</sup> found that nurses with higher occupational commitment were less likely to express intent to leave the profession; additionally, they had positive feelings about their occupation.

Internationally, many studies were conducted to study the relationship between nurses' professional identity and occupational commitment. In USA, Sharbaugh <sup>(10)</sup> investigated the relationship between nurses' professional identity and occupational commitment, and found that professional identity was positively correlated with occupational commitment when nurses experienced strong feelings about being a nurse, and increased commitment to the profession. Moreover in Turkey, Karamanoglu <sup>(23)</sup> conducted a study to investigate nurses' views on profession and their occupational commitment, and found that positive perceptions of the members of a profession regarding it and their occupational commitment contribute to the professionalization of their career. Moreover in Africa, King <sup>(24)</sup> studied the relationship between professional identity and career commitment, and found a strong positive relationship between professional identity and commitment.

In Egypt, few studies were conducted to investigate the relationship between nurses' professional identity and occupational commitment. A study conducted by Kabeel and Eisa <sup>(25)</sup> to investigate relationship between job satisfaction and nurses' professional identity and found that positive and significant correlation between job satisfaction and nurses' professional identity, However, Satoh <sup>(26)</sup> conducted a study to investigate relationship between nurses' job satisfaction and organizational commitment , and found that job satisfaction and occupational commitment had positive effects on the intention to continue nursing and that job satisfaction was most strongly associated with organizational commitment.

Nursing practice is facing a critical shortage of nurses, The Ministry of Health and Population report estimated that Egypt needs around 44 000 more nurses for the nation<sup>(28)</sup>. In 2015, there were 14.8 nurses and midwives for every 10 000 Egyptians <sup>(29)</sup>. Regrettably, Egyptian nursing workforce density levels are declining as per the predicted trend for Africa and Middle Eastern nations to 2030 <sup>(30)</sup>. With the large number of nurses leaving the profession and the remaining practicing nurses will

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continue to feel increased pressures from the work of nursing. It has become increasingly important to examine the reasons and factors for nurses' leaving the profession, and to explore methods to address those reasons<sup>(31)</sup>. Historically, nurses need a strong sense of professional identity in order to have balance in their work and inter-professional team participation as they care for the patient. Therefore, more knowledge is needed to better understand how nurses view themselves and their work as professionals.<sup>(32)</sup> Hence, the present study aims to examine the relationship between nurses' professional identity and occupational commitment. It is hoped that such study will generate knowledge about nurses' professional identity. Studying the professional identity of nurses, and occupational commitment may provide insight into attrition from the pr

**The study aims to:** This study aimed to:

Examine the relationship between nurses' professional identity and their occupational commitment.<sup>(27)</sup>

### RESEARCH QUESTION

What is the relationship between nurses' professional identity and their occupational commitment?

## 2. MATERIALS AND METHODS

### Research design:

A descriptive, correlational research design was used to conduct this study

### Setting of the study:

This study was conducted in all intensive care units and in-patient care units at Governorate Hospital (Dar Ismail) in Alexandria Governorate (N= 9). The hospital is affiliated to the Ministry of Health and Population (MOHP) with bed capacity (N= 102). It is classified as follows: (1) intensive care units (n=2), namely: (a) neonatal intensive care unit (n=1) and obstetric intensive care units (n=1); (2) in-patient care units (n=7), namely: (a) postnatal units (n= 3), prenatal units (n= 3), observation unit (n= 1).

### Subjects of the study:

The subjects of the study included two groups of subjects.

All first-line nurses managers and all staff nurses, who are working at the previously mentioned settings and who were available at the time of data collection, were included in the study (n=130).

### Tools of the study:

#### Two tools were used in this study:

#### **Tool (I): Nurses' Professional Identity Scale (NPIS):**

This tool was developed by Sharbaugh et al. (2009)<sup>(10)</sup> to measure nurses' professional identity. It is composed of 24 items, grouped into three dimensions, namely: (1) personal dimension (15-item); (2) interpersonal dimension (7-item); and (3) social and historical aspect dimensions (2-item). Responses were measured using 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. Reverse coded items were applied. The Scoring system was as follows: low professional identity less than 50%, moderate from 50% - to 75% and finally, excellent professional identity more than 75%. Total scores range from 24- 120. (Appendix 1)

#### **Tool (II): Occupational Commitment Scale (OCS):**

This tool was developed by Blau (2003)<sup>(33)</sup> to measure nurses' occupational commitment. It is composed of 24 items, classified into three dimensions, as follows: (1) affective occupational commitment (6-items); (2) normative occupational commitment (6-item); and (3) continuance occupational commitment (12-item); which is divided subsequently into: (a) accumulated costs subscale (8-item); and (b) limited alternative subscale (4-item). Responses were measured using 6-point Likert scale ranging from (1) strongly disagree to (6) strongly agree. Total scores range from (24-144). Higher scores indicated higher occupational commitment. (Appendix II)

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In addition to that, a demographic characteristics data sheet was developed by the researcher. It included demographic characteristics of study participants, namely: age, working unit, gender, educational qualifications, years of nursing experience, years of unit experience and marital status.

### Methods

1. An approval to carry out this study was obtained from the Dean of the Faculty of Nursing-Damanhour University and the responsible authorities after explaining the purpose of the study.

2. The tools were translated by the researcher into Arabic and tested for their content validity and relevance by five experts in nursing administration from faculties of nursing and accordingly the necessary modification was done. The reliability of the tool assessed by using a test and a re-test. Cronbach's alpha.

3. **Pilot study:** A pilot study was carried out on (10%) of the total sample size; staff nurses (13) that were excluded from the study sample.

4. **Data collection:** Data collected through meeting with staff nurses in different shifts every day and explain the purpose of the study to them, they were asked to fill the questionnaire independently and it took about 25 minutes to be filled. Data collection took a period of five months ranged from the beginning of December 2019 to the end of April 2020.

### 5. Ethical consideration

- The research approval was obtained from the ethical committee at the Faculty of Nursing – Damanhour University, prior to the start of the study.
- An informed written consent was obtained from the study subjects after explanation of the aim of the study.
- Privacy and right to refuse to participate or withdraw from the study will be assured during the study.
- Confidentiality and anonymity regarding data collected will be maintained.

6. **Statistical analysis:** Data were statistically analyzed using Statistical Package of Social (SPSS) version 20.0.

## 3. RESULTS

**Table (1)** showed that, 52.3% of the studied nurses their age was  $\geq 40$  years with the mean age of them  $38.89 \pm 10.54$  year, 100% of them were female and 59.2% of them their years of experience ranged between 10- $<30$  years, with mean  $18.42 \pm 10.33$  years. Meanwhile, 50% of them their years of experience in the unit was  $< 10$  years, with mean  $10.17 \pm 8.46$  years. In relation to the educational level, it was found that, 55.4% of the studied sample had secondary nursing school. Also in relation to working units, it was found that, 26.1% of them were working in NICU and 76.2% of them were married.

**Table (2)** revealed that, the Mean SD score of studied nurses regarding to personal dimensions, interpersonal dimensions and social -historical aspect dimensions were  $53.41 \pm 6.53$ ,  $23.43 \pm 2.95$  and  $6.56 \pm 2.26$ , respectively. While, the Mean SD score of them regarding to total nurses' professional identity were  $83.4 \pm 11.74$ .

**Table (3)** showed that, the Mean SD score of studied nurses regarding to affective occupational commitment, normative occupational commitment and continuance occupational commitment were  $26.26 \pm 4.95$ ,  $29.45 \pm 5.64$  and  $47.44 \pm 8.61$ , respectively. While, the Mean SD score of them regarding to total occupational commitment scale were  $103.15 \pm 19.2$ .

**Table (4)** presented that, there were a highly statistically significant relation between total nurses' professional identity years of nursing experience where 88.3% of nurses who had 10- $<30$  years of nursing experience had a moderate level of professional identity while 2.6% of nurses who had of low level professional identity and educational level 42.9% of nurses who had technical institute of nursing had a moderate level of professional identity while 16.7% of nurses who had bachelor of nursing science had of low level professional identity at ( $P = < 0.01$ ). Also, there was statistically significant relation with their years of experience in the unit where 68.2% of nurses who had  $\geq 20$  of years of experience in the unit had high level professional identity while 26.2% of nurses  $< 10$  had of low level professional identity at ( $P = < 0.05$ ). While there were no statistically significant relation with age, gender, working. Units and marital status at ( $P = > 0.05$ ).

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**Table (5)** showed that, there was a highly statistically significant relation between total occupational commitment of the studied nurses and their educational level where 73.6 % of nurses who had Secondary nursing school had a moderate level of occupational commitment while 3.3 % of nurses who had of nurses bachelor of nursing science had low level occupational commitment and their educational level at ( $P = < 0.01$ ). Also, there were statistically significant relation with nurses years of nursing experience where 95.2% of nurses who had  $\geq 30$  of years of nursing experience had high level occupational commitment while 4.8 % of nurses  $\geq 30$  had of low level of occupational commitment and years of experience in the unit where 86.4% of nurses who had  $\geq 20$  of years of experience in the unit had high level occupational commitment while 4.5 % of nurses  $\geq 20$  had of low level of occupational commitment at ( $P = < 0.05$ ). While there were no a statistically significant relation with nurses age, gender, working units and marital status at ( $P = > 0.05$ ).

**Table 6** illustrated that there was a highly significant positive correlation between personal dimensions and interpersonal dimensions and social historical aspect dimension at p value  $< 0.01$ . While, there was no correlation between personal dimensions and total occupational commitment at p value  $> 0.05$ .

Finally, there was a highly statistically significant positive correlation between total nurses' professional identity and their total occupational commitment at ( $P = < 0.01$ ).

**Table 7** stated that high nursing significant model detected through F test value was 13.806 with p value .000. This model explain 51% of the variation in occupational commitment detected through R<sup>2</sup> value 0.51. Also, showed that, educational level and professional identity had high frequency positive effect on occupational commitment at p value  $< 0.01^{**}$ . While, years of experience in nursing and in unit had slight frequency positive effect on occupational commitment p value  $< 0.05$ .

However, coefficients table of regression analysis has displayed that Years of nursing experience, Years of nursing experience in the unit were relatively significant predictors of Occupational Commitment, where ( $P = .029, .031$ ), respectively; and also Educational level are not significant predictors affecting the level of occupational commitment.

## 4. DISCUSSION

Professional identity and occupational commitment are crucial elements for nurses in providing quality care to patients. Professional identity refers to the sense of belonging, self-awareness, values, and beliefs associated with a particular profession. In nursing, professional identity is influenced by education, experience, and socialization into the profession<sup>(30)</sup>. Cardoso et al. (2014)<sup>(31)</sup> reported that nurses, professional identity is influenced by education, experience, and socialization into the profession.

Occupational commitment, on the other hand, involves a nurse's level of loyalty, dedication, and engagement in their work. Nurses who identify strongly with their profession have a greater sense of occupational commitment, which translates to higher job satisfaction, improved patient outcomes, and less likelihood of burnout (Chang et al. 2023)<sup>(32)</sup>. Therefore, it is essential to nurture and support nurses' professional identity and promote occupational commitment to ensure excellent patient care and retention of qualified professionals in the nursing workforce (Mohamed et al., 2021)<sup>(33)</sup>.

The study aimed to investigate the relationship between nurses' professional identity and their occupational commitment at Governorate Hospital (Dar Ismail) - Alexandria.

### Nurses' professional identity

The present study pointed out that 55.4% of studied nurses had a moderate level of total nurses' professional identity. Also, 23.1% of them had low level. While, 21.5% of them had high level of identity sliding. The finding of the present study mentioned that the high-level Mean score of studied nurses regarding to professional identity was personal dimensions, interpersonal dimensions and social-historical aspect dimensions were respectively. These results may be due to the way society perceives and portrays nurses in a derogatory manner through media has a detrimental impact on the relationship between nurses and society. These results are inconsistent with those provided by Rabiou and Akewusola (2021)<sup>(35)</sup> who found that the highest domain related professional identity was social domain followed by interpersonal domain.

This result has a close relation with that provided by Zeng *et al.* (2022)<sup>(36)</sup> who revealed from their study carried out public hospital in Changsha of Hunan province, China, that the social dimension has a deep effect in forming the professional

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identity, as the appreciation of patients and their relatives to the efforts exerted by nurses for the sake of them and to provide the best caring service enhanced personal identity of nurses.

Our findings pointed out that more than half of nurses had moderate level regarding personal, interpersonal, and social historical dimension, and more than half of studied nurses reported moderate professional identity. These results attributed to about half of studied nurses had low nursing education secondary, decrease training program and increase workload<sup>(38)</sup>.

In addition, these results are in alignment with those provided by Hanum et al. (2023)<sup>(37)</sup> as they found that the professional identity has a significant influence on the attitudes of nurses to turn over, an high professional identity nurses may act like a professional and job satisfaction that promote their motivation to stay in the nursing profession, and they paid attention that job satisfaction variables are not the sole factors that could improve nurses intention to stay, so thy proposed fulfilling intervention programs to improve nursing intention to stay<sup>(29)</sup>.

In congruence with the foregoing, Alharbi et al. (2020)<sup>(38)</sup> a study on nurse interns in Saudi Arabia reported similar explanations underlying their relatively low professional identity. Meanwhile, and in contradiction with the present study results, Momennasab et al. (2019)<sup>(39)</sup> in Mansoura, Egypt, found that more than half of the nurse interns in the study setting were having a low professional identity. Similar findings were reported in a Chinese study by Guo et al. (2018)<sup>(40)</sup> who stated that about half of them had low professional identity. In addition, Haghighat et al. (2020)<sup>(41)</sup> detected that mean score of professional identity categorized as moderate.

On other hand, Mei et al. (2022)<sup>(42)</sup> found that about two thirds of studied nurses had a high professional identity, while this finding disagreed with study by Gilvari et al. (2022)<sup>(30)</sup> who conducted study about " Perceived professional identity and related factors in Iranian nursing students" and showed that the mean score of the total professional identity was 316.72. was categorized as strong.

**Occupational commitment**

The finding of the present study mentioned that the high-level Mean score of studied nurses regarding to occupational commitment was Normative occupational commitment, affective occupational commitment and continuance occupational commitment dimensions. This finding in same line with study by Deliveli & Kiral .(2020)<sup>(43)</sup> who revealed that affective commitment sub-dimension at the highest level. While, our results inconsistent with Saleh *et al.* (2014)<sup>(44)</sup> findings, which showed that nurses had a higher mean score for continuous commitment than affective and normative commitment. Also, Elmasry et al. (2022)<sup>(45)</sup> stated that nurses had a higher mean score for continuous commitment, then normative and affective.

Current results revealed that Occupational commitment is strangely related with personal identity, this in parallel with Chang et al. (2023)<sup>(32)</sup> reported that nurses who identify strongly with their profession have a greater sense of occupational commitment, which translates to higher job satisfaction, improved patient outcomes, and less likelihood of burnout.

Also, more than half of nurses had moderate level regarding normative occupational commitment, affective occupational commitment, and Continuance occupational commitment. Additionally, more than half of studied nurses reported moderate occupational commitment. These results may be due to burnout, decrease supportive co-workers, firm scheduling, and ineffective social interaction. These results regular with the study by Arbabisarjou et al. ( 2016 )<sup>(46)</sup> who detected that majority of studied nurses had low occupational commitment.

Also, Salem et al. (2016)<sup>(47)</sup> found that half of studied nurses had low occupational commitment. Hassan et al. (2022)<sup>(48)</sup> detected that more than half 58.5% of them had moderate organizational commitment level. Furthermore, Panchal et al. ( 2022 )<sup>(49)</sup> found that majority of temporary and permanent nurses reported a moderate level of job satisfaction and organizational commitment.

Also, accordance with study by Elzohairy et al. (2019)<sup>(32)</sup> who reported that less than two thirds of the studied nurses had moderate level of affective, normative and continuance occupational commitment. Moradi et al. (2020)<sup>(33)</sup> demonstrated that more than two thirds of the studied nurses were at a moderate level With regard to the effect of affective commitment on the performance of nurses, Rabiou and Akewusola, (2021)<sup>(24)</sup> pointed out that affective commitment and Job Performance, Job Satisfaction exhibit positive relationship, on the other hand, the employees who are emotionally bonded are more satisfied and their perform is better, that is reflected positively on the quality of provided services.

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Meanwhile, inconsistent with the study by Bell & Sheridan, (2020)<sup>(34)</sup> who stated that majority of studied nurses had high occupational commitment. In addition, disagreement with the studies conducted by Khosravani et al.(2020)<sup>(35)</sup>, Cao et al. (2019)<sup>(36)</sup>, and Eskandari et al. (2017)<sup>(37)</sup>, who identified that the majority of staff nurses reported high level of total organizational commitment. Moreover, the study by Khalaf and Adam (2018)<sup>(37)</sup> who found that slightly less than half of studied nurses have a high level of organizational commitment the highest level. While, our results inconsistent with Saleh et al. (2014)<sup>(31)</sup> findings, which showed that nurses had a higher mean score for continuous commitment than affective and normative commitment. Also, Elmasry et al. (2022)<sup>(45)</sup> stated that nurses had a higher mean score for continuous commitment, then normative and affective.

### The relationship between nurses' demographic characteristics and professional identity

The present study revealed that there was high significant relation between years of nursing experience and education level with professional. While, there was significant relation between years of experience at unit with professional identity while there was no statistically significant relation with their age, gender, working units and marital status. From researcher point view, this result may be ascribed to the matter of fact that retaining knowledge and experience among staff nurses who had more years of experience. Also, old, experienced staff nurses had several opportunities for professional development and promotion which promote their identity. In other words, it can be said that the highest in the age lead to more stable personality additional to higher solution with problems. Furthermore, older age by repeating the experiences for nurses reinforce professional values.

These findings in same line with study by Kanefuji & Nakatani (2017)<sup>(39)</sup> who revealed that significant difference with the professional identity were noted for "age", "years of experience of the studied group. Also, Rabi- Akewusola, (2020)<sup>(29)</sup> who reported that years of experience at nursing and in unit had insignificant effect on professional identity. On the other hand, inconsistent with Tang et al. (2022)<sup>(40)</sup>, Hunter and Cook, (2018)<sup>(41)</sup> reported that positive effect of role modeling on nurses' professional identity, while no effect of age and experience on professional identity. On the other hand, it was reported that gender of nurses had significant effect on professional identity.

Moreover, Sabanciogullari and Dogan, (2015)<sup>(35)</sup> demonstrated that education level had no relation with nurses' professional identity. Lee and Kim, (2023)<sup>(42)</sup> found from their study carried out on the relationship between professional identity and experience years in the field of nursing that there a positive correlation between years of experience and occupational commitment, they assigned this relation to the matter of fact that long experience years gave them a social prestige and financial privileges enhanced them to be committed occupationally Cardoso et al.(2014)<sup>(43)</sup> explained this positive relation between experience years and personal identity by accumulation of knowledge and experience they gained from different situations, and hard situations urged them to brain storm and creative thinking, lessons were derived from these situations improved their skills, developed their critical thinking and contriving outbox solution with low cost and high effectiveness. Zeng et al. (2022)<sup>(34)</sup> found that family composition and regional origin are effective in forming the professional identity, whereas the nurse with one child has a high level of professional identity, in addition nurses from rural areas have high levels of professional identity, but out thesis, for different considerations, did not treat this point, that may be for further investigations.

### Relationship between nurses' demographic characteristics and occupational commitment

The result of present study showed that, there was highly statistically significant relation between total occupational commitment of the studied nurses and their demographic characteristics as educational level Also, there were statistically significant relation with their years of nursing experience, While there was no statistically significant relation with their age, gender, working units and marital status. These results supported with the study by Al- Dossary,( 2022)<sup>(44)</sup> who reported that nurses' experience had significant relation with their occupational commitment.

On other hand, this finding inconsistent with study by Tosun &Ulusoy (2017)<sup>(45)</sup> who reported that statistically significant relation between total occupational commitment of the studied nurses and their demographic characteristics as age, gender and marital status. Also, Al-Haroon & Al- Qahtani, (2020)<sup>(51)</sup> mentioned that there was a significant difference in the levels of commitment among the nurses in the various age groups .The youngest nurses (20–30 years old) were the least committed ones. Older people (> 40 years old) appeared to be more committed to the organization, that was ascribed to the matter of fact that there is an affective bond with the organization and years of experience that gave them a feeling of responsibility towards the organization (Guo et al. 2017)<sup>(47)</sup>.

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Moreover, Deliveli and Kiral (2020)<sup>(48)</sup> pointed that marital status of nurses influences on their occupational commitment, as married and with children are less committed because they bear more load of raising children, in particular in night shifts as young children and babies need their mothers, so the legal system considered this issue and gave the mother with young children the right to ask a vacation for caring their babies. On the other hand, personal condition of pregnancy and lactation of nurses influence their occupational commitment, so the law prohibited working of the pregnant woman in general longer hours day.

### Multiple Linear regression model for Occupational Commitment

The current study stated that high significant model detected through test value. Also, showed that, educational level and professional identity had high frequency positive effect on occupational commitment. While, years of experience at nursing and in unit had slight frequency positive effect on occupational commitment. These findings congruent with study by Mon et al. (2022)<sup>(49)</sup> who reported that years of experience at nursing and in unit had slight frequency positive effect on occupational commitment. While, disagreement with the study by Cao et al. (2022)<sup>(50)</sup> who found that nurses' experience had no effect on their occupational commitment level.

### Correlation Matrix between nurses' professional identity and occupational commitment.

The present study illustrated that there was highly positive significant correlation between personal dimensions and interpersonal dimensions and social historical aspect dimension. While, there was no correlation between personal dimensions and total occupational commitment. Finally, there was highly statistically positive correlation between total nurses' professional identity of the studied nurses and their total occupational commitment. This finding supported by Grødal et al. (2021)<sup>(51)</sup> who found that highly statistically positive correlation between total nurses' professional identity of the studied nurses and their total occupational commitment.

Moreover, this finding consistent with Yoo et al. (2019)<sup>(52)</sup> who stated that there were significant positive partial correlations between professional identity and organizational commitment. In addition, it was revealed that organizational commitment was a mediator between professional identity and job satisfaction. Current results support finding obtained by Thomas et al. (2023)<sup>(53)</sup> who found that nurses with high professional identity level were more self-confident and more committed for their profession and the organization within they are working. They explained the result by the matter of fact their academic and technical experience and personal characteristics give the power to overcome the problem may encounter, and could find them self and self-realization they felt.

In addition, our results revealed that organizational commitment was a mediator between professional identity and job satisfaction, that support results of Amer and Atiea (2019)<sup>(58)</sup> carried out on nurses in the critical care unit, Zagazig University hospitals delineated that nurses with high job dissatisfaction level have less organizational commitment levels, that increase the possibility of leaving the work in the critical care unit or leaving nursing in general. In addition, Karem et al. (2019)<sup>(53)</sup> reported from his study carried on nurses in the Teaching Hospital of Ibin Al Athir, Iraq that job satisfaction strongly and positively related to both occupational and organizational commitment, and the most important aspect of job satisfaction was financial matter (pay, bonuses and promotions).

Rural areas have high levels of professional identity, but out thesis, for different considerations, did not treat this point, that may be for further investigations.

### Relationship between nurses' demographic characteristics and occupational commitment

there were statistically significant relation with their years of nursing experience, years of experience in the unit. While there was no statistically significant relation with their age, gender, working units and marital status. These results supported with the study by Al-Dossary (2022)<sup>(56)</sup> who reported that nurses' experience had a positive significant relation with their occupational commitment.

On other hand, this finding inconsistent with study by Tosun & Ulusoy (2017)<sup>(50)</sup> who reported that statistically significant relation between total occupational commitment of the studied nurses and their demographic characteristics as age, gender and marital status. Also, Al-Haroon & Al-Qahtani, (2020)<sup>(51)</sup> mentioned that there was a significant difference in the levels of commitment among the nurses in the various age groups. The youngest nurses (20–30 years old) were the least committed ones. Older people (> 40 years old) appeared to be more committed to the organization



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**5. CONCLUSION**

The findings of the present study concluded that a positive significant correlation was found between total leadership styles and total psychological well-being at Kafr El-Dawar General hospital. In addition to that, there were highly statistically significant differences were found between head nurses and staff nurses toward total leadership styles. However, there were no statistically significant differences were found between head nurses and staff nurses toward total psychological well-being. Moreover, the highest mean±SD of leadership styles for both subjects was transformational leadership style; also, symptom distress for psychological well-being. Furthermore, above three quarters of both head nurses and staff nurses had moderate level of total leadership styles. Moreover, half of head nurses and less than three quarters of staff nurses had moderate level of total psychological wellbeing

**6. RECOMMENDATIONS**

- Conduct workshop and training programs for nurses, first line nurse manger activities to increase professional identity in health care setting.
- Develop nurses skills of their professional identity through the evidence based practice.
- Provide the staff nurses with greater autonomy at work to foster professional identity.

**Table (1): Distribution of the studied nurses according to their demographic data. (n=130)**

Demographic characteristics nurses <sup>1</sup>	Studied nurses (N=130)	
	No	%
<b>Age</b>		
20-	30	23.1
30 - <40	32	24.6
>40	68	52.3
$\bar{x} \pm SD = 38.89 \pm 10.54$		
<b>Working unit</b>		
Antenatal unit	29	22.3
Postnatal unit	26	20
ICU	24	18.5
Observation unit	17	13.1
NICU	34	26.1
<b>Gender</b>		
Male	0	0
Female	130	100
<b>Educational level</b>		
Bachelor of Nursing Science	30	32.1
Diploma of Technical Institute of Nursing	28	21.5
Diploma of Secondary Nursing School	72	55.4
<b>Years of nursing experience</b>		
<10	32	24.6
10-<30	77	59.2
≥ 30	21	16.2
$\bar{x} \pm SD = 18.42 \pm 10.33$		
<b>Years of unit experience</b>		
<10	65	50
10-<20	43	33.1
≥ 20	22	16.9
$\bar{x} \pm SD = 10.17 \pm 8.46$		
<b>Marital status</b>		
Single	21	16.2
Married	99	76.2
Widow	5	3.8
Divorced	5	3.8

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**Table (2): Distribution of nurses' professional identity, among studied nurses, working at Governorate Hospital ( Dar Ismail).(n =130)**

Items	Min	Max	Mean ±SD	Mean %Score
Personal dimension	31	67	53.41±6.53	76.3
Interpersonal dimension	15	34	23.43±2.95	66.9
Social -historical aspect dimension	2	10	6.56±2.26	65.6
<b>Total nurses' professional identity</b>	<b>48</b>	<b>111</b>	<b>83.4±11.74</b>	<b>72.5</b>

**Table (3): Distribution of nurses' occupational commitment, among studied nurses, working at Governorate Hospital( Dar Ismail).(N=130)**

Items	Min	Max	Mean± SD	Mean %Score
Affective occupational commitment	6	36	26.26±4.95	72.9
Normative occupational commitment	10	36	29.45±5.64	81.8
Continuance occupational commitment	26	72	47.44±8.61	65.8
<b>Total occupational commitment</b>	<b>42</b>	<b>144</b>	<b>103.15±19.2</b>	<b>71.6</b>

**Table (4): Relationship between nurses' socio- demographic characteristics and professional identity (N=130)**

nurses socio- demographic characteristics		Total professional identity						X <sup>2</sup>	P- Value
		Low (n=30)		Moderate (n=72)		High (n=28)			
		N	%	N	%	N	%		
Age (year)	20-<30	11	33.3	10	36.7	9	30	6.283	.179
	30-<40	9	28.1	15	46.9	8	25		
	≥ 40	11	16.2	46	67.6	11	16.2		
Gender	Male	0	0	0	0	0	0	25.47	.000**
	Female	30	23.1	72	55.4	28	21.5		
Years of nursing experience	<10	27	84.4	2	6.2	3	9.4	10.25	0.040*
	10-<30	2	2.6	68	88.3	7	9.1		
	≥ 30	1	4.8	2	9.5	18	85.7		
Years of experience in the unit	<10	17	26.2	45	69.2	3	4.6	22.16	.002**
	10-<20	11	25.6	22	51.2	10	23.2		
	≥ 20	2	9.1	5	22.7	15	68.2		
Educational level	Bachelor of nursing science	5	16.7	16	53.3	9	30	1.579	.209
	Technical Institute of Nursing	10	35.7	12	42.9	6	21.4		
	Secondary nursing school	15	20.8	44	61.1	13	18.1		
Working units	Antenatal unit	6	20.7	16	55.2	7	24.1	2.931	.239
	Postnatal unit	7	26.9	14	53.9	5	19.2		
	ICU	4	16.7	14	58.3	6	25		
	Observation unit	6	35.3	6	35.3	5	29.4		
	NICU	7	20.6	22	64.7	5	14.7		
Marital status	Single	4	19.1	12	57.1	5	23.8	2.931	.239
	Married	24	24.2	55	55.6	20	20.2		
	Widow	1	20	2	40	2	40		
	Divorced	1	20	3	60	1	20		

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Table (5): Relationship between nurses' socio demographic characteristics and occupational commitment N=130).

Nurses' socio demographic characteristics		Total Occupational Commitment						X <sup>2</sup>	P-Value
		Low (n=20)		Moderate (n=33)		High (n=77)			
		N	%	N	%	N	%		
Age (year)	20-<30	6	20	16	53.3	8	26.7	.505	.950
	30-<40	6	18.8	16	50	10	31.2		
	≥ 40	8	11.8	45	66.2	15	22		
Gender	Male	0	0	0	0	0	0		
	Female	20	15.4	77	59.2	33	25.4		
Years of nursing experience	<10	14	43.8	16	50	2	6.2	9.456	0.021*
	10-<30	6	7.8	60	77.9	11	14.3		
	≥ 30	0	0	1	4.8	20	95.2		
Years of experience in the unit	<10	13	20	49	75.4	3	4.6	9.829	0.043*
	10-<20	6	13.9	26	60.5	11	25.6		
	≥ 20	1	4.5	2	9.1	19	86.4		
Educational level	Bachelor of nursing science	1	3.3	9	30	20	66.7	24.98	.000**
	Technical Institute of Nursing	8	28.6	15	53.6	5	17.8		
	Secondary nursing school	11	15.3	53	73.6	8	11.1		
Working units	Antenatal unit	5	17.2	19	65.6	5	17.2	2.936	.230
	Postnatal unit	2	7.7	16	61.5	8	30.8		
	ICU	2	8.3	16	66.7	6	25		
	Observation unit	3	17.6	10	58.8	4	23.6		
	NICU	8	23.5	16	47.1	10	29.4		
Marital status	Single	5	23.8	12	57.1	4	19.1	4.003	.406
	Married	12	12.1	62	62.6	25	25.3		
	Widow	1	20	1	20	3	60		
	Divorced	2	40	2	40	1	20		

Table (6): Correlation Matrix between nurses' professional identity and occupational commitment, among studied nurses, working at Governorate Hospital (Dar Ismail). (N=130)

		Personal dimensions	Interpersonal dimensions	Social historical aspect dimensions	Total nurses' professional identity	Affective occupational commitment	Normative occupational commitment	continuance occupational commitment	Total occupational commitment
1- Personal dimensions	R	1							
	p								
2- Interpersonal dimensions	R	.426	1						
	p	.003**							
3- Social -historical aspect dimensions	R	.671	.489	1					
	p	.001**	.000**						
4-Total nurses' professional identity	R	.512	.527	.573	1				
	p	.000**	.000**	.000**					
5- Affective occupational commitment	R	.514	.543	.580	.620	1			
	p	.000**	.000**	.000**	.000**				
6- Normative occupational commitment	R	.410	.444	.465	.502	.519	1		
	p	.000**	.000**	.000**	.000**	.000**			
7- continuance occupational commitment	R	.532	.549	.549	.660	.674	.683	1	
	p	.000**	.000**	.000**	.000**	.000**	.000**		
8-Total occupational commitment	R	.052	.075	.384	.304	.111	.124	.286	1
	p	.347	.305	.002**	.000**	.033*	.012*	.004**	

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**Table (7): Multiple Linear regression model for Occupational Commitment among studied nurses, working at Governorate Hospital( Dar Ismail). (N=130)**

	Unstandardized Coefficients		standardized Coefficients	T	P
	<i>B</i>		<i>B</i>		
<b>Years of nursing experience</b>	<b>.145</b>		<b>.095</b>	<b>2.610</b>	<b>.029*</b>
<b>Years of nursing experience in the unit</b>	<b>.139</b>		<b>.089</b>	<b>2.417</b>	<b>.031*</b>
<b>Educational level</b>	<b>.297</b>		<b>.164</b>	<b>6.135</b>	<b>.000**</b>
<b>professional identity</b>	<b>.499</b>		<b>.374</b>	<b>4.997</b>	<b>.000**</b>
<b>ANOVA</b>					
<b>Model</b>	<b>R<sup>2</sup></b>	<b>Df.</b>		<b>F</b>	<b>P</b>
<b>Regression</b>	<b>0.51</b>	<b>4</b>		<b>13.806</b>	<b>.000**</b>

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