Relation between Conflict and Perception of Professionalism among Nurses working at Kafr Sakr General Hospital

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Abstract

Background: Nurses executives and middle managers can create work atmospheres free of conflict, in which staff nurses perceive opportunities to increase their professionalism and improve professional practice to perform these functions, managers need to understand the nature of conflict and the definition of professionalism. **Aim of the study:** To explore the relation between conflict and perception of professionalism among nurses. **Subject and Methods: Research Design:** Descriptive correlational design was utilized in this study. **Setting:** The study was conducted at Kafr Sakr General Hospital. **Subjects:** A convenience sample of nurses (n=184). **Tools of data collection:** Two tools used for collect data namely: nursing conflict scale and valiga concept of nursing scale. **Results:** revealed that the most common types of conflict was intrapersonal followed by disruptive and the lowest type was intergroup (86.9%, 82.2%& 69% respectively). The highest percentage of nurses had high level of conflict (79.6%). Also, the highest percentage of nurses had a higher perception of professionalism (81.5%). **Conclusion:** There were statistically significance relation between nurse's perception toward professionalism and level of all conflict types (p=0.01). **Recommendations:** Efforts should be made by the nurse managers to occasionally stimulate conflict by promoting different views and motivating staff and unit/department through rewards for their outstanding performance. The subject of professional nursing should be included in the curriculum of nursing education.

Keywords: *Conflict – Nurses - Professionalism - Perception*

Introduction

Nursing is an integral part of the health care system that includes promoting health, disease prevention, and care for physically ill, mentally ill, and disabled people of all ages, in health care setting and other communities. This broad spectrum of health care makes individual, family, and group responses to actual or potential health problems are the phenomena of particular concern to nurses. These human responses range from restoring health reactions to an individual episode of disease to developing policies to promote a population's long-term health [1].

Today's healthcare environments face more difficulties compared to the previous decades due to competition, downsizing, restructuring, cost control and current technology; these changes are likely to lead to conflicts in the organization[2]. Conflict is a process in which the person or group believes that the other person or group is opposed to their interests, beliefs, values and perceptions of reality. In general, if there is no consensus between two people or organizations, conflict will occur. Conflict concern is a portion of human nature and involves defending against objectives [3]. According to Igbokwe, & Thakore, [4,5]. Stated that there are four types of conflict which are: interpersonal conflict is defined as the conflict between individual members of an organization resulting

from variations in their objectives or values. Intra-group conflict that occurs within a group, team or department is. Inter organizational conflict occurs across organizations. Intrapersonal conflict is internal to the individual and may be the most difficult form of conflict to analyze and manage.

In hospital organizations, nursing professionals constitute the majority of the workforce. In practice, their actions vary from immediate patient care to practices that can resonate in the heart of decision-making (indirect action) when updating central management of all occurrences taking place in the formal sphere. The peculiarity gives special concessions to nurses, enabling them to behave more autonomously towards patients, both directly and indirectly, and to inhibit subliminally, In key leadership decision-making, and making conflict phenomena a distinctive aspect of professional nurses ' work [6].

Professionalism is defined as a set of attitudes and behaviors that are considered suitable for a particular occupation and as a multidimensional structure including interpersonal (e.g., altruism, respect, integrity), public (e.g., accountability, self-regulation, justice), and intrapersonal (e.g., lifelong learning, maturity, mortality, humanity) components [7].

Professionalism is important in the establishing of nursing care standards and provision of quality services. Though, nursing professionalism is a complex concept. Projecting the characteristics and values of professionalism in the nursing profession is very important for nurses. These include preparation for education, conducting research, reading publications, providing

community trainings, taking part in professional organizations, adhering to nursing codes, exhibiting autonomy, and demonstrating competence with sufficient theoretical knowledge and continuing education [8].

Significance of the study

Conflict is one of the major problems facing hospital environment. It has been seen as draining energy, reducing focus and causing discomfort and hostility among nurses, adversely affecting patient outcomes. Additionally, the ability of nurses to practice in a professional manner may be influenced by conflict level.

The job as a head nurse at Kafr Sakr General Hospital, found that the nurses face many nursing problems such as shortage of nursing staff, increase work load, rotation of time schedule, So nurses are vulnerable to conflict; which consequently affect their professionalism, productivity, satisfaction and quality of care. As well, there's no any study conducted to assess the relationship between conflict and professionalism among nurses in Egypt and at Kafr Sakr General Hospital in particular. So, the researcher decides to conduct the current study to determine the relation between conflict and perception of professionalism among nurses working that may help to put a strategies to deal with conflict.

Aim of the study:

The aim of this study was to explore the relation between conflict and perception of professionalism among nurses working at KafrSakr General Hospital.

Research Questions:
1. What are the types of conflict experienced by nurses?
2. What are the conflict levels experienced by nurses?
3. What is perception of nurses toward professionalism?
4. Is there a relationship between conflict types and perception of professionalism among nurses?

Subject and Methods
Research Design:
Descriptive correlational design was used to achieve the aim of the present study.
Study Setting:
This study was conducted at Kafr Sakr General Hospital which affiliated to the ministry of health with bed capacity (n =118).
Study Subjects:
A convenience sample of nurses (n=184) who working at the above mentioned setting and had at least one year of experience and worked as a bedside nurse.
Tool of data collection:
Two tools were used for data collection
Tool I: Nursing conflict scale (NCS):
This tool consisted of two parts as the following:

- **Part one: Personal and job characteristics of nurses:**
This part was developed by the researcher to collect data about: age, marital status, years of experience, educational qualification, department and the previous training course.
- **Part two: Nursing conflict scale:**
This part developed by El-shimy et al. [9] to assess the types and level of conflict experienced by nurses in the study settings. This scale consisted of 36 items grouped under six categories of conflicts as follows; Disruptive Conflict(5 items), Interpersonal Conflict (7 items), Intrapersonal Conflict (6 items), Intergroup Conflict (6 items),Intragroup Conflict(6 items), and Competitive Conflict(6 items).

Scoring system:
The responses of the statements were measured by using three point likert scale ranged from zero for no, one for sometimes and two for yes. The score of items in each category were summed up then converted into percent score. Level of conflict experienced by nurses in the hospital settings were considered low if the score less than 60% and high if the score more equal and more 60%.

Tool II: Valiga Concept of Nursing Scale:
This tool was developed by Valiga [10] to assess nurses' perception of professionalism. This scale consisted of 25 items such as: Nurses should make written of verbal contacts with all appropriate persons to ensure continuity of nursing care for clients, Nursing is an expression of ones commitment to others, Nurses must follow doctor's orders without question, Nurses should update their knowledge through lifelong continuing education, etc.

Scoring system:
The responses of the statements were measured by using five point likert scale ranged from +2 (strongly agree), +1 (agree), 0 (unsure), -1 (disagree) and -2 (strongly disagree). Theses scores were converted into percent score. The nurse's perception of professionalism was considered low if the score less than 60% and high if the score equal and more than 60%.

The preparatory phase:
It includes reviewing of related literature and theoretical knowledge of various aspects of the study using

books, articles, internet periodicals and magazines.

Content validity and reliability:

The two scales were translated into Arabic, and then content and face validity were established by panel of five experts: two assistant professors from nursing administration department, one professor of medical surgical department, one assistant professor of psychiatry health nursing department and one professor of community health nursing department at faculty of nursing, Zagazig university. Experts were requested to express their opinions and comments on the tools and provide any suggestions for any additions or omissions of items. According to their opinions all recommended modifications were performed by the researcher. Reliability of the study tools of data collection measured through estimating its internal consistency which used Cronbach alpha coefficient. Reliability coefficient for nursing conflict scale was 0.89, and 92 for Valiga concept of nursing scale

Field work:

The data collection phase was executed in three months from the beginning of May to the end of July 2018. Data were collected throughout the different shifts. The researcher explained the aim of the study to each nurse individually or through group meetings. Each subjects was given the opportunity to fill in the scale under the guidance and supervision of the researcher. Tools were completed at the same time of distributions and took about 20-30 minutes. The researcher checked each scale to ensure the completion of all information. The researcher met nurses three times weekly between shifts. The researcher collected data by herself.

Pilot study:

Pilot study was carried out on 10% of participants (18 nurses) to test understanding, clarity, and applicability of the tools. In addition, to estimate the time required for filling the scales. The pilot study was conducted one week before collection of data. The necessary modifications were made according to the results of a pilot study. Nurses were selected randomly and excluded from the main study sample.

Ethical considerations and administrative design:

The necessary acceptance were obtained from scientific research committee. Verbal explanation of the nature and the aim of the study had been explained to the nurses included in the study sample. Also, an individual oral consent was obtained from each participant in the study after explaining the purpose of the study. They were given an opportunity to refuse or to participate, and they were assured that the information would be utilized confidentially and used for the research purpose only. Confidentiality was confirmed by writing names optionally.

The necessary approval were obtained to carry out the study. An official permission letter was issued from the Faculty of Nursing, Zagazig University explaining the nature of the study to obtained permission from the matron of hospital and the head nurse of different department to get better cooperation during the data collection phase.

Statistical analysis:

Data were verified prior to computerized entry. The Statistical Package for Social Sciences (SPSS version 11) was used for that purpose, followed by data analysis and tabulation. Descriptive statistics were applied (e.g. mean, standard deviation

frequency and a percentage, Chi-square, test of significance was used. A significant level value was considered when p < 0.05.

Results:

Table 1 shows the personal characteristics of nurses. It's clear from the table that the highest percentage of nurses were in the age group that less than 30 years old, single, had nursing diploma, had one to ten years of experiences and attended of previous training courses 65.2%, 87%, 76.1%, 67.4% and 69.6% respectively.

Table 2 shows levels of conflict types as reported by nurses. It's clear from the table that the highest type of conflict that was experienced by nurses was the intrapersonal (86.9%), followed by disruptive (84.2%). While the lowest was related to intergroup (69%). The table also show that the highest percentage of nurses had high level of conflict (79.6%), while the lowest percentage of participants had low level of conflict (20.4%).

Figure 1 shows level of nurse's perception regarding professionalism. It's clear from the figure that the highest percentage of nurses had high perception of professionalism (81.5%)

Table 3 shows the relation between nurse's perception of professionalism and types of conflict. It's clear from the table that there are statistically significance relation between nurses perception of professionalism and various types of conflict (p = 0.01).

Table 4 shows the relation between level of conflict and personal characteristics of the nurses. This table shows that there is statistically significance relation between nurses conflict level and their age and years of experience $x2= 4.87, 4.74$ & $p = 0.03, 0.03$ respectively.

Table 5 clarifies the relation between level of professionalism and personal characteristics of the nurses. It's clear from the table that there is statistically significance relation between perception of nurses regarding professionalism and their age and years of experience $x2 = 5.78, 4.55$ & $p = 0.001, 0.02$ respectively.

Discussion

Healthcare organizations constitute complex workplaces, where healthcare professionals coming from different disciplines, educational status and under a stressful environment, have to work side by side aiming to provide quality health services. Collaboration among multidiscipline groups is difficult enough, with conflict arising as a daily challenge Moisoglou et al., [11].

Characteristics of the nursing profession include educational standards, professional organizations, commitment, autonomy, continuing education, body of knowledge and competencies, social value, and a code of ethics. Professionalism in nursing results in enhanced patient care and greater job satisfaction among nurses, and nurse retention. Acquiring professionalism in nursing is central to professional development Karadağ [12].

The present study was conducted to determine the relation between conflict and perception of professionalism among nurses working at Kafr Sakr General Hospital.

The findings of the present study revealed that the majority of the nurses were in age group less than 30 years old with mean age 27 years and had one to ten years of experiences with mean 7 years. This result might be due to that the majority of nurses in

this hospital graduated from nursing school.

These results was in agreement with conducted at Tanta University Hospital by Ahmed and Obied [13] who assess "Effect of Utilizing Conflict Management Strategies for ICU Nurses on Patient Care" and reported that the majority of the nurses were in the age group between 20 up to 29 years and The highest percentages of nurses had years of experience from 1 to ten years.

Also, the study conducted at Benha university hospital by Abd-Elrhaman & Ghoneimy [14] who assess the effect of conflict management program on quality of patient care and found that the majority of nurses were in age group from 25 to less than 30 years old with a mean age of 27 years and had 7 years of experience.

While, this findings was in disagreement with the study conducted at Saudi Arabia by Zakari et al., [15], who assess effect of conflict on nurses' perceptions of their professionalism and found that the highest percentage of nurses were in age group ranged between 20 and 60 years, with a mean age 37 years and had years of experience in nursing ranged from 1 and 40 years.

The findings of the present study revealed that the majority of nurses had high level of conflict. This result may be due to the nature and conditions of the job, the structure of the hospital management style, inequalities in the organizational chart, remuneration and reward system, peer wishes to maintain or maximize the amount of influence that it exerts on another including the decision- making process. In addition to, nurses work in very crowded settings with scarce working equipment and materials as well as poorly defined hierarchy

relationships. When these occur, their interactions with patients, colleagues and leaders increase and potentially lead to high level of conflict experience by nurses.

The result of the current study was in agreement with the study conducted at Kurdistan University hospital, Iran by Ardalan et al., [3] who assess level of job conflicts and its management styles from the viewpoint of Iranian nurses and found that nurses had high level of conflict.

While these result was in disagreement with the study conducted at Amman, Jordan hospital by Higazee [16], who determine the types and levels of conflicts experienced by nurses in the hospital settings and found that the nurses experienced a moderate level of conflict.

On the same line, the study conducted at government hospitals in Jordan by Alshammari & Dayrit [17] who assess Conflict and Conflict Resolution among the Medical and Nursing Personnel and found that nurses had moderate level of conflict.

The finding of the present study revealed that the most common type of conflict as reported by nurses was the intrapersonal. This result may be due to the nurses are dissatisfied with their job for many reasons such as there are no reward or incentive from the hospital for good performance, misassignment and goal incongruence, inappropriate demand for capacity, if the nurse capacity exceeds the demands of the position then they will not find his/her job challenging, also the supervisory style, complex hospital policy this make them willing to change their job when there is chance to do this but they fear because this is the only way of get on money. Furthermore, nurses

occupy a very strategic position in the hospital setting by virtue of their roles. They stay closest to the patients and their families and therefore act as intermediaries between other hospital staff, patients and their relatives, as well as the shortage of nurses' staff this contribute to this result.

This result was in agreement with the study conducted at Bangladeshi by Rahman & Hossain, [18] who assess the conflict in Bangladeshi organizations: causes, effects and strategies and found that the highest type of conflict among nurses was intra-personal.

While, this study result was in disagreement with the study conducted by Higazee [16], and found the highest type of experienced conflict among nurses was Intragroup.

Also, the study conducted at Ismailia general hospital by El-Hosany [19] who assess Interpersonal Conflict, Job Satisfaction, and Team Effectiveness among Nurses and found that the highest type of conflict among nurses was interpersonal conflicts

On the same line, the study conducted at Benha University Hospital by Arafat et al., [20] who assess the correlation between interpersonal conflict and job satisfaction among intensive care nurses and found that the highest type of conflict was interpersonal.

The finding of the present study revealed that intergroup conflict is decreasing among nurses, because of nurses and physicians, especially in the Egypt continue to be educated with an understanding of their roles. Both professions do cultivate the concept of health care team members among the graduates. Also, the nurse manager conducts a periodical meeting with staff nurses to discuss any problem

that faced them to solve it, objectives of the nursing department are clear, and there is system to exchange information among the nursing personnel and nurse manager. Although the intergroup conflict is the least type as reported by nurses, but about two third of the nurses experience it may be generated from task interdependence and scarce resources.

This result was in agreement with the study conducted by Rahman & Hossain, [18] who found that the lowest type of conflict among nurses was intergroup.

Also, the finding was in agreement with the study conducted in South Nigeria by Akpabio [21] who investigated sources of work-related conflict and influences on the nurses' role performance and found that intergroup conflict type is decreasing among nurses.

While this result was in disagreement with the study conducted by Higazee, [16] who found that the lowest type of experienced conflict among nurses was disruptive.

The present study revealed that the highest percentage of nurses had high level of perception toward professionalism. The explanation of this result may be due to the high percentage of nurses had experience in the nursing and work experience has resulted in the nurses' acquisition of clinical skills and helped them overcome linguistic and cultural barriers can be mentioned as reasons for getting higher scores.

This result was in agreement with the study conducted at Mekelle public Hospitals, North Ethopia by Fantahun et al., [22] who assess factors influencing professionalism in nursing and found that nurses had high level of perception toward professionalism.

Also, the findings of this work was in disagreement with the study conducted at Japan by Tanaka et al., [23] who assess the nursing professionalism among Japanese nurses and found that nurses had low levels of perception toward professionalism.

Again, the finding of this work was in disagreement with the study conducted at South West Ethiopia by Solomon et al., [24] who assess professionalism and its predictors among nurses working in Jimma Zone Public Hospitals and found that nurses had low levels of perception toward professionalism.

In the same line, this result conducted at public hospital in Rizhao by Yang.et. al., [25] who investigated and analyzed professionalism among nurses and found that nurses had low level of perception toward professionalism.

Also, the finding of this work was in disagreement with the study conducted at Walden University by Wuerz, [26] who assess the influence of leadership on nursing professionalism and found that nurses had low level of perception toward professionalism.

The present study finding revealed that there were statistically significance relation between perception of nurse's toward professionalism and level of all conflict types this result may be due to the personal background of the nurses, which includes the personal interest in the nursing profession, as well as the family, society and the consumers' look to the profession, but the greater of conflict this could be related to frustrations related to work and organizational climate. It might also be related to the phenomenon of having younger age bachelor degree nurses in managerial positions, with more

experienced less qualified older nurses as their subordinates this gives an explanation for this result.

The result was in agreement with the study conducted by Zakari et al., [15] who found that there were statistically significant correlation between perception of nurses toward professionalism and types of conflict.

While this result was in disagreement with the study conducted at South Nigeria by Akpabio [21] who investigated source of work-related conflict and influences on nurses' role performance and found that there was no statistical signifying relation between perception of nurses toward professionalism and the conflict score.

The finding of the present study revealed that there was no statistically significant relation between level of conflict and personal characteristics of nurses except age and years of experience. This result may be due to there are others factors consequence to conflict rather than personal characteristics such as role of hospital management style adopted by managers in conflict control, the nature and conditions of job assignment, overloading, organizational structure – such as the training nature of the hospitals, hospital equipment and facilities, as well as This result may be due to experienced nurses are vulnerable to the adverse effects of stress and conflict factors such as panic from making mistakes, anxiety of career pathway, work overload or job security.

The result was in agreement with the study conducted in Ain Shams University Medical Hospital by Akel and Abd Elazeem [27] who compare between the nurses and physicians point of view regarding causes of

conflict between them and resolution strategies used and found that there was statistically significant relation between level of conflict and nurse's age and years of experience.

However, this result was in disagreement with the study conducted by Ogunyemi, et al., [28] to assess conflict styles in a cohort of graduate medical education administrators, residents, and board-certified physicians and found that there were no significant relation between level of conflict and nurse's age.

Also, the study conducted by El Dahshan & Moussa, [28] who assess levels and types of conflict experienced by nurse and found that conflicts level was high among younger nurses than older nurses and indicated that inexperienced nurses in both Egyptian and Saudi hospitals.

The finding of the present study revealed that there was no statistically significant relation between perception of nurses toward professionalism and their personal characteristics except age and years of experience. The explanation for this result that nursing professionalism is influenced by various factors, so that having individual and professional abilities, such as theoretical knowledge and practical skills, work experience, condition management, communication skills, ethical commitment, and professional, personal and social values are facilitators.

The result was in agreement with the study conducted by Tanaka et al., [22] who found that there were relationship between nurse's perception toward professionalism and their years of experience.

Also, the study conducted by Solomon et al., [23] who found that

there were relationship between nurse's perception toward professionalism and their years of experience.

Again, the study conducted at Iran by Doost et al., [30] who assess factors influencing professionalism and found that nurses' age and years of experience were significantly related to their level of professionalism.

On the same line, the study conducted in Iran by Fatemi, et al, [31] who explore the professional experiences of home care nurses and found that there was relationship between nurse's perception toward professionalism and age and years of experience.

On the other hand, the finding of this study was in disagreement with the study conducted by Zakari et al., [15] who found that there was negative statistically significant correlation between the scores of nurse's perception toward professionalism and years of experience.

Conclusion:

The current study concluded that the nurses had high level of conflict and the most common type of conflict was intrapersonal followed by disruptive while the lowest was intergroup conflict. The highest percentage of nurses had high level of perception toward professionalism. There are statistical significance relation between nurse's perception of professionalism and level of conflict type.

Recommendation:

In the light of the study findings, the following recommendations are suggested:

A- To decrease level of conflict types:

- To overcome conflict among nurses designing and

implementing an effective conflict management program.

- Nurse Managers must adopt diversified but appropriate strategies to combat and manage conflicts as they emerge before escalating to unmanageable level.

- Efforts should be made by the nurse managers to occasionally stimulate conflict by promoting different views and motivating staff and unit/department through rewards for their outstanding performance.

- Appropriate communication procedures should be put in place to resolve conflict.

- Efforts must be made by the middle and/or senior management to organize seminars/workshops on the management of organizational conflict with the passage of time in order to train the staff nurses.

- Lastly, group interaction and activities should be followed up by the nurse managers so as to assure the extent of functionality consistent with the conflicts. Positive conflicts will only be possible if particularities of the organization are analyzed.

- Hospital should carry out continuous in-service training program about policies and guidelines that facilitate collaborative practice and use

a proactive measure to address conflict issues and moving toward resolution of it.

- Hospital should implement a regular assessment, which may include quality indicators, to identify the types and outcomes (short-term and long-term) of conflict among nurses, physicians and other health-care professionals.

B- To enhance nurses perception of professionalism.

- The subject of professional nursing should be included in the curriculum of nursing education.

- The faculty administration must encourage the participation of nurses in scientific activities especially congresses.

- The faculty administration must encourage helping the nurses to practice in areas with high professional values and team cooperation.
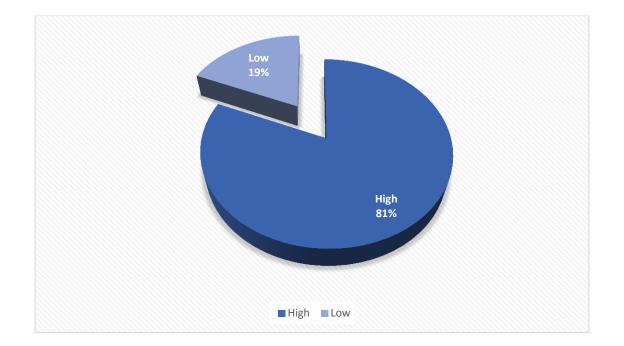
C- Further research:

- Further studies should be conducted for exploration on conflict management abilities and skills among undergraduate and graduate nurses.

Table 1: percentage of distribution of Personal and job characteristics of the nurses (n=184)

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Personal characteristics	N	%
Age(years)		
< 30	120	65.2
30+	64	34.8
Mean ± SD	27.56±1.34	
Marital status		
• Single	160	**87**
• Married	24	13
Experience (years)		
1-10	124	**67.4**
>10	60	32.6
Mean ± SD	**7.24±4.07567**	
Educational qualification		
Nursing diploma	140	**76.1**
Diploma technical institute of nursing	20	**10.9**
Bachelor in nursing	24	**13**
Department		
• Department of internal medicine and surgery	31	**16.9**
• Gynecology department	22	**12**
• Outpatient clinics	24	**13**
• Operation department	35	**19**
• Intensive care unit	37	**20.1**
• Hemodialysis unit	35	**19**
Attending of previous training courses		
• Yes	128	**69.6**
• No	56	**30.4**

Table 2: percentage distribution of conflict types levels as reported by nurses (n=184)

Types of conflict	No	%
Intrapersonal	160	86.9%
High (>60%)	24	13.1%
Low (< 60%)		
Disruptive	155	84.2%
High (>60%)	29	15.8%
Low (< 60%)		
Competitive	150	81.5%
High (>60%)	34	18.5%
Low (< 60%)		
Intragroup	145	78.8%
High (>60%)	39	21.2%
Low (< 60%)		
Interpersonal	130	70.6%
High (>60%)	54	29.4%
Low (< 60%)		
Intergroup	127	69%
High (>60%)	57	31%
Low (< 60%)		
Total level of conflict	134	79.6%
High (>60%)	50	20.4%
Low (< 60%)		

Figure 1: percentage distribution of nurse's perception level toward professionalism (n=184)

Table 3: Relation between nurse's perception toward professionalism and types of conflict (n=184)

Types of conflict	Perception of professionalism				X^2 Test	p-value
	High (>60%)		Low (<60%)			
	No=150	%	No=34	%		
Disruptive High (>60%) Low (<60%)	140 10	93.3 6.7	15 19	44.1 55.9	5.81	0.001*
Interpersonal High (>60%) Low (<60%)	135 15	90 10	20 14	58.8 41.2	4.72	0.03*
Intrapersonal High (>60%) Low (<60%)	130 20	86.7 13.3	21 13	61.8 38.2	4.82	0.03*
Intergroup High (>60%) Low (<60%)	125 15	89.3 10.7	24 20	54.5 45.5	4.70	0.01*
Intragroup High (>60%) Low (<60%)	138 20	87.3 12.7	22 4	84.6 15.4	4.57	0.01*
Competitive High (>60%) Low (<60%)	00 10	90.9 9.1	60 14	81.1 18.9	4.68	0.01*

Table 4: Relation between level of conflict and personal characteristics of the nurses (n=184).

Personal characteristic of nurses	Levels of conflict				X2 Test	P Value
	High		**Low**			
	No	**%**	**No**	**%**		
Age(years)						
< 30	**15**	**35.7**	**27**	**64.3**	**4.87**	**0.03***
30 +	**140**	**98.6**	**2**	**1.4**		
Marital status						
Married	**38**	**27.3**	**101**	**72.7**	**0.60**	
Single	**15**	**33.3**	**30**	**66.7**	**0.44**	
Department						
• Department of internal medicine and surgery	**9**	**14.3**	**30**	**85.7**		
• Gynecology department	**12**	**35.3**	**22**	**64.7**	**8.32**	
• Outpatient clinics	**11**	**35.5**	**20**	**64.5**	**0.14**	
• Operation department	**9**	**36.0**	**16**	**64.0**		
• Intensive care unit	**12**	**40.0**	**14**	**60.0**		
• Hemodialysis unit	**6**	**20.7**	**23**	**79.3**		
Educational qualification						
Diploma technical institute of nursing	**22**	**26.2**	**62**	**73.8**	**1.93**	**0.38**
Nursing Technician	**16**	**37.2**	**27**	**62.8**		
Bachelor in nursing	**15**	**26.3**	**42**	**73.7**		
Experience (years)						
1-10	**31**	**59.6**	**33**	**40. 4**	**4.74**	**0.03***
>10	**100**	**75.8**	**20**	**24.2**		
Attending of previous training courses						
Yes	**101**	**72.7**	**38**	**27.3**	**0.60**	**0.44**
No	**30**	**66.7**	**15**	**33.3**		

Table 5: Relation between level of Professionalism and personal characteristics of the nurses (n=184).

Personal characteristic of nurses	Levels of Professionalism				X2 Test	P Value
	High		Low			
	No	%	No	%		
Age (years)						
< 30	10	47.6	11	52.4	5. 78	0.001*
30 +	150	92	13	8		
Marital status						
Married	80	53.3	70	46.7	0.70	
Single	20	58.8	14	41.2	0.56	
Department						
• Department of internal medicine and surgery	12	27.3	32	72.7		
• Gynecology department	10	33.3	20	66.7	7.35	
• Outpatient clinics	10	31.2	22	68.8	0.15	
• Operation department	11	44	14	56		
• Intensive care unit	10	37	17	63		
• Hemodialysis unit	6	23.1	20	76.9		
Educational qualification						
Nursing diploma	20	23.5	65	76.5	2.15	0.28
Diploma technical institute of nursing	18	42.9	24	57.1		
Bachelor in nursing	17	29.8	40	70.2		
Experience (years)						
1-10	20	66.7	10	33.3	4.55	0.02*
>10	140	90.9	14	9.1		
Attending of previous training courses						
Yes	100	75.8	32	24.2	0.59	0.43
No	31	59.6	21	40.4		

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