The Relationship Between Professional Identity and Work Frustration among Nursing Personnel

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ABSTRACT

Background: In today's world, one of the most significant issues of contemporary societies is professionalism. Professionalism is the acquisition of an individual's professional identity and a sense of knowledge and skill. Professional identity, on the other hand, is the integration with the profession, the awareness and adoption of certain standards and characteristics of the profession, and their reflection on professional practices. **Aim:** This study aimed to assess the relationship between professional identity and work frustration among nursing personnel. **Design:** A descriptive correlational research design was used in carrying out this study. **Setting:** This study was conducted at El sheikh Zaid Al Nahian Hospital. **Subjects:** A convenience sample, the total subjects at the time of collecting data were (n=110) of all available nursing personnel, who accepted to participate in the study. **Tools of data collection:** Data were collected using two tools; (I): Nursing personnel's Professional Identity Questionnaire and (II): Work frustration Questionnaire. **Results:** More than half (53.6%) of the studied nursing personnel had a high level of professional identity, while more than half (51.8%) of the studied nursing personnel had a moderate level of work frustration **Conclusion:** There was a highly statistically significant negative correlation between professional identity and work frustration among the studied nursing personnel. **Recommendations:** Staff nurses should use problem-solving strategies to describe in situations where they experienced frustration. Explore the relationship between enhancing Professional Identity enhancing and management work frustration.

Key words: *Professional Identity, work frustration, Nursing Personnel*

Introduction:

The concept of professional identity is relatively new to nursing and the other healthcare disciplines. The contemporary definition of professional identity in nursing is "a sense of oneself, in relationship to others, that is influenced by the characteristics, norms and values of the nursing discipline, resulting in an individual thinking, acting and feeling like a nurse"**(Joseph et al.,2023).**

Professional identity is an abstract concept composed of the individual values, attitudes, and beliefs associated with one's profession. It can be shaped by experiences and expectations, which are further refined as nurses transition and integrate into the workforce. Nurses' professional identities can also be shaped by their experience and expectations. In

addition, the construction of an individual's professional identity is influenced by their public image, work environment, and work values **(Zhong et al., 2024).**

The core of the nursing professions and an essential component of nursing practices is the concept of professional identity. Having a positive professional identity is necessary for health professionals to deliver high-quality care, improve patient outcomes, increase retention, and eliminate work frustration **(Peng et al.,2023).**Work frustration has recognized as the main challenge for the nursing profession throughout the world and has negative emotional, physical, and psychological effects on the nurse. Research evidence demonstrated that nurses suffer from high levels of work-related stress are threatening their health, patients' lives, compromise the quality of nursing care, and increasing the cost of health care **(Baye et al., 2020).**

Work frustration is a response that people might have when presented with work demands and pressure that do not match their knowledge and ability level and, therefore, challenge their ability to cope. Work frustration is something that every nurse will experience and the amount of stress nurses will be able to cope with differs according to their vulnerability and coping abilities (Glawing et al.,2024).Work frustration can arise when professional identities are incongruent with reform directions. More knowledge is required about the professional identities of mental health care professionals including clinical psychologists so that they can be supported to develop professional identities that align with health care system reforms **(Schubert et al., 2023).**

Significance of the Study

Professional identity can create a sense of belonging to the profession and increase job satisfaction. work frustration threatens the quality and safety of patient care services, and is a significant issue for healthcare organizations, especially in nursing. Healthcare organizations are concerned about the impact of work frustration on the shortage of nursing staff, the effect on patient care, and the associated costs to the facility **(Rabiu, 2020).**

The relationship between Professional identity and work frustration should be explored, thus attracting the attention of hospitals and medical colleges, and reducing the work pressure of nursing staff, so as to improve their professional identity and strengthen professional emotion as well as stabilize the nursing team. A survey by the American Nurses Association (ANA) revealed that 54% of nurses experience frustration and burnout from heavy workloads **(Zhang et al., 2023).** Additionally, a study published in the Journal of Nursing Management found that 56% of nurses frequently work overtime, leading to increased job dissatisfaction and frustration **(Modaresnezhad et al., 2021).**

According to research by Health Assured, 86% of workers regularly vent their frustration at co-workers but 79% find it difficult to deal with colleagues who can't control their temper. Some of the most common causes of stress or frustration at work include an ineffective manager (74%), excessive workloads and deadlines (60%), poor communication and limited visibility of team members' work (57%) and poor access to resources or information needed to complete work (37%). Thus, it is essential to investigate the relationship between professional identity and work frustration among nursing personnel **(Frith, 2018).**

Thus, it is essential to investigate the relationship between professional identity and work frustration among nursing personnel.

Aim of the study: This study aims to assess the relationship between professional identity and work frustration among nursing personnel through the following objectives:

1-Assess the professional identity among nursing personnel.

2-Determine the work frustration among nursing personnel.

3-Find out the relationship between professional identity and work frustration among nursing personnel.

Research question:

The research question of this study was:

Is there a relationship between professional identity and work frustration among nursing personnel?

Material and methods

Study Design: Descriptive correlational research design was used in this study.

Research Setting:

This study was conducted at all available departments at El sheikh Zaid Al Nahian Hospital which lies in Cairo, Egypt, with bed capacity (108 beds) and include different department as (Outpatient clinics, Radiology department, ER, Laboratory and Blood bank, ICU, NICU, OR).

Study Subject:

Subject of this study were composed of all nursing personnel who were available at the time of data collection in the selected hospital and who were present at the time of the study with at least one years of experience in their workplace. The total number of nursing personnel who were available and accepted to participate in the study was (N=110).

Tools for data collection: Two tools were used to collect necessary data:

First Tool: Nursing personnel's Professional Identity Questionnaire:

This tool was developed by Sharbaugh (2009). It was consisted of two parts:

Part 1: Personal characteristics', sheet of the Nursing personnel:

This sheet was included; (age, gender, years of experience, marital status, nursing qualifications, job title and hospital department, etc.).

Part 2: Professional Identity Questionnaire:

It was developed by Sharbaugh (2009) and was modified by the researcher to assess professional identity. It composed of 24 items verified on two domains as personal dimensions which have 15 items; for example: "Nursing is a part of me" and "The work in nursing suits me" and " Proud to be a nurse". Interpersonal Dimensions-(9 items); for

example: "Feel respected by my nursing colleagues", Promote the positive aspects of nursing. Seven items are reversed coded, these included items (5,9,11,12,17,19 and 24).

Scoring system:

This tool consisted of 24 items with a total grade (120). It was measured by 5-point Likert scale. Scoring system was classified into three levels as the following: **High level**: if the total score was equals or more than 75%, it means ≥ 90 points**. Moderate level**: if the total score was equal or more than 60% to less than 75%, it means ≥ 72 to < 90 points. **Low level:** if the total score was less than 60%, it means < 72 points.

Second Tool: Work frustration Questionnaire:

It was developed by (wang et al., 2016) and was modified by the researcher to assess work frustration among nursing personnel. It includes 17 items verified on three domains as interpersonal interactions (8 items) for example: lack of communication among nursing personnel and failing to complete work that should be completed. Resource Use (5 items) for example: prolonged working hours make me frustrated and faulty equipment make me frustrated. Work Arrangement (4 items) for example: poor nursing personnel arrangement and nursing workforce shortage.

Scoring system:

This tool consisted of 3 dimensions with 17 items with a total grade (85). It was measured by a 5-point Likert scale that rating Nursing personnel's responses as (1) strongly disagree, (2) disagree, (3) neutral, (4) agree and (5) strongly agree. Scoring system was classified into three levels as the following: **High level**: if the total score was equal or more than 75%, it means ≥ 64 points. **Moderate level:** if the total score was equal or more than 60 to less than 75%, it means ≥ 51 to < 64 points**. Low level**: if the total score was less than 60%, it means < 51 points.

Pilot study:

The pilot study was carried out after validity of the tools and before starting the actual data collection. The aim of the pilot study was to confirm understanding, clarity and applicability of the tools, to determine required time to fulfill the tools. The pilot study was carried out on 10% of the total sample size, (11) from nursing personnel. Those participants were included in the study sample.

Field work:

Data was collected upon two months started at the beginning of October 2023 and completed by the end of November 2023. After securing all official permissions the researcher met the manager of the hospital to explain the aim of the study to gain the approval of data collection.

Before beginning to collect data from the study subject, the researcher introduced herself to them, explained the aim of the study, and informed them that their information will be treated confidential and will be used only for the purpose of the research: additionally, each participant was notified about the right to accept or refuse to participate in the study and obtaining written consent to participate in this study.

The researcher collects the data three times weekly presented 3 hours/day to collect data. Data was collected in the morning and subjects full filling the questionnaire. The time needed to answer questions for professional identity tool was about (15 minutes) and work frustration tool was about (10 minutes). The researcher checked the completeness of each filled sheet to ensure the observation of any missing data.

Ethical Considerations:

Prior study conduction, approval was obtained from the Scientific Research Ethics Committee. In Faculty of Nursing Helwan university. In addition, an approval was obtained from the manager of El sheikh Zaid Al Nahian Hospital. Before starting data collection. The nurses were informed about the aim of the study. They assured that anonymity and confidentiality would be guaranteed and they informed that they allowed choosing to participate or not in the study and that they have the right to withdraw from the study at any time. Ethics, values, culture and beliefs were respected, and study subjects were informed about research purposes.

Statistical analysis

Data entry and analysis were performed using SPSS statistical package version 26. Categorical variables were expressed as number and percentage while continuous variables were expressed as (mean ±SD). Chi-Square (x2) was used to test the association between row and column variable of qualitative data.

ANOVA test was used to compare mean in normally distributed quantitative variables at more than two groups. Pearson correlation was done to measure correlation between quantitative variables.

For all tests, a two-tailed p-value ≤ 0.05 was considered statistically significant, P-value ≤ 0.01 was considered highly statistically significant. While p-value> 0.05 was considered not significant.

Results:

Table (1): Frequency distribution of personal characteristic among the studied nursing personnel (n= 110)

Items		No	%
Age (year)	20 < 30 Yrs.	69	**62.7**
	30 < 40 Yrs.	31	28.2
	40 < 50 Yrs.	10	9.1
	Mean ± SD	**29.21 ± 5.84**	
Marital status	Single	47	42.7
	Married	63	**57.3**
Educational Qualifications	Doctorate Degree in Nursing	3	2.7
	Master's degree in nursing	3	2.7
	Post graduate diploma	33	30.0
	Bachelor's degree	54	**49.1**
	Technical Institute	17	15.5
Working Department	Operating room	23	20.9
	Intensive care unites	46	**41.8**

	Emergency department	18	16.4
	Dialysis	7	6.4
	Inpatient department	14	12.7
	Out-patient department	2	1.8
Years of Experience in nursing	1< 5	41	37.3
	5 < 10	43	**39.1**
	≥ 10	26	23.6
	Mean ± SD	**7.80 ± 4.71**	
Years of Experience in current position	1< 5	47	42.7
	5 < 10	44	**40.0**
	≥ 10	19	17.3
	Mean ± SD	**5.75 ± 3.15**	

Table (1): Describe personal characteristic among the studied nursing personnel. Less than two-thirds (62.7%) of the age of the studied nursing personnel was ranged 20 < 30 years old, with a mean age and SD 29.21 ± 5.84. Regarding marital status, more than half (57.3%) of them were married. Concerning educational qualifications, less than half (49.1%) of the studied nurses hold a bachelor's degree. Considering the working department, more than one-third (41.8%) of them were working on ICUs. According to, years of experience, more than one-third and less than half (39.1% & 42.7%) of them were working from 5 < 10 & 1< 5 years old in nursing field and in current position with a mean and SD 7.80 ± 4.71 & 5.75 ± 3.15 respectively .
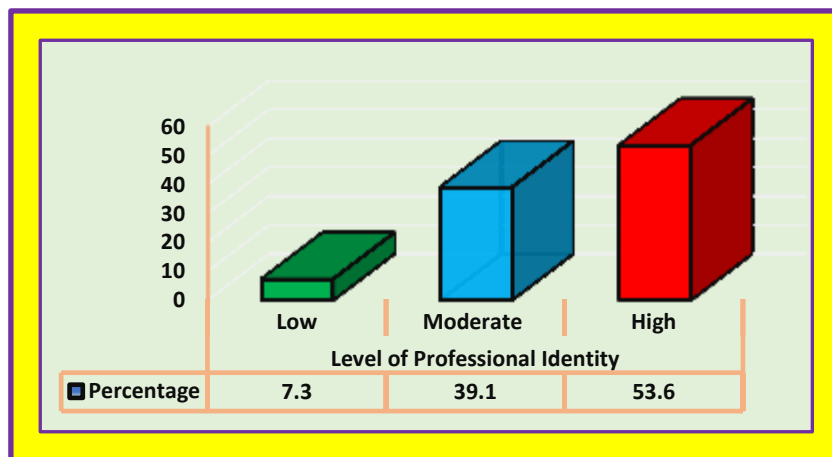

Figure (1): Percentage distribution of level of professional identity among the studied nursing personnel (n= 110)

Figure (1) presents that more than half (53.6%) of the studied nursing personnel had a high level of professional identity, followed by more than one third (39.1%) of them had a moderate level, while the minority (7.3%) had a low level. In addition to the presence of a highly statistically significant difference between levels of professional identity at P = 0.000.
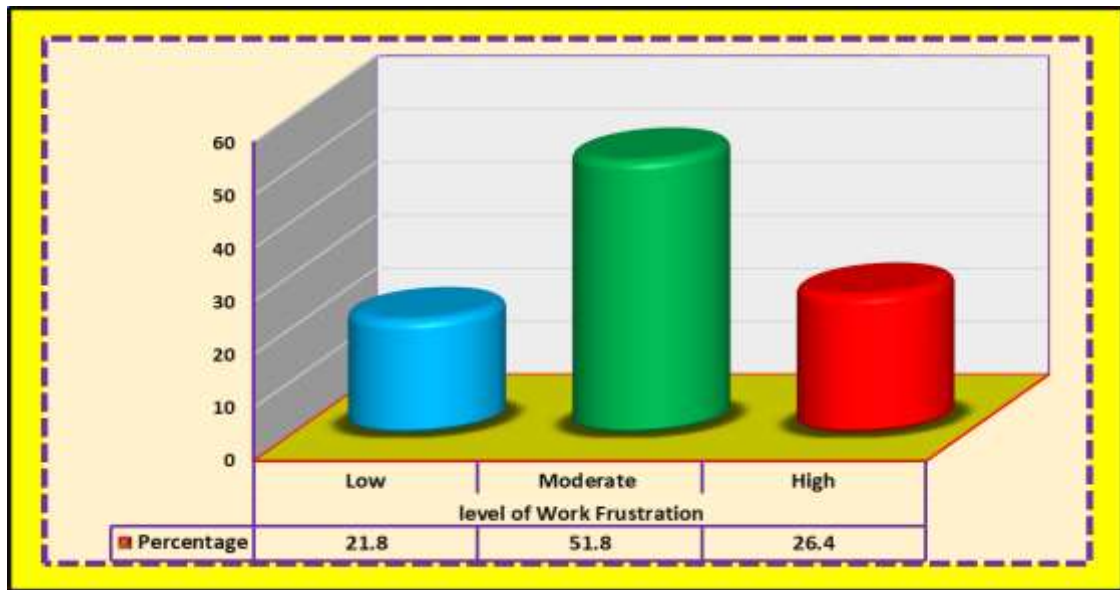
Figure (2): Percentage distribution of level of work frustration among the studied nursing personnel (n= 110)

Figure (2) clarifies that more than half (51.8%) of the studied nursing personnel had a moderate level of work frustration, followed by more than one-quarter (26.4%) of them had a high level, while the minority (21.8%) had a low level. In addition to the presence of a highly statistically significant difference between levels of work frustration, at P = 0.000.
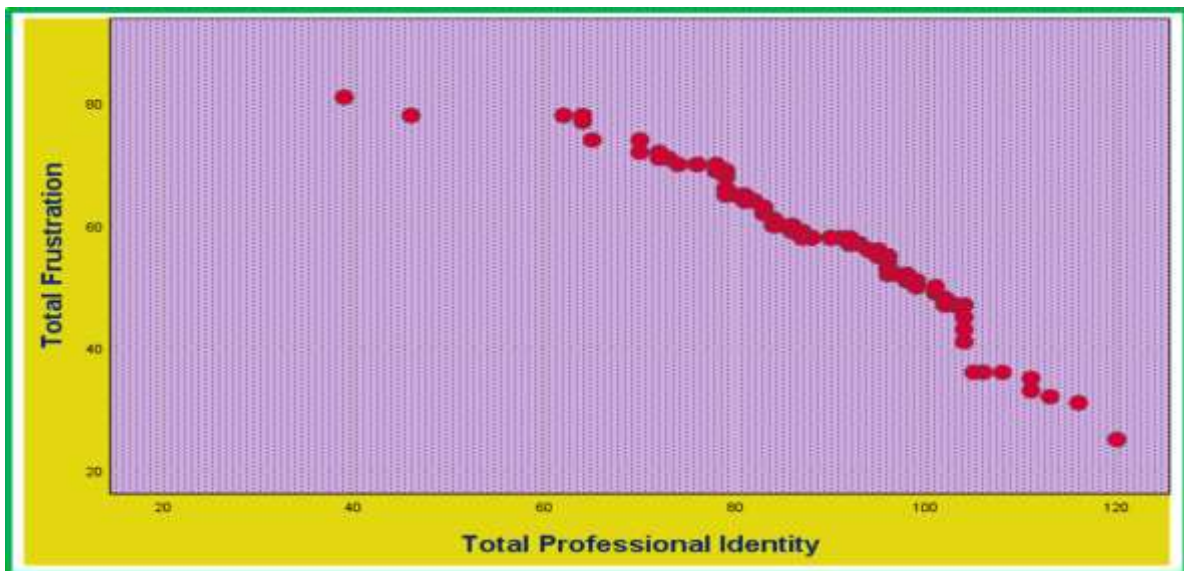

Figure (3): Correlation between total score of professional identity and work frustration among the studied nursing personnel (n= 110)

Figure (3): represents that there was a highly statistically significant negative strong correlation between professional identity and work frustration among the studied nursing personnel, at **r = - 0.955 & P = 0.000.**

Discussion:

Professional identity is a crucial component of providing high-quality care to enhance patient outcomes. It is also believed to act as a buffer against the negative impacts of a high work frustration, enhance nurses' career happiness while also improving clinical performance and job retention **(Wei LZ et al., 2021).** Regarding to personal characteristics of the sample of the study, the study result showed that about two thirds of the age range of the studied nursing personnel was ranged 20 < 30 years old. From the researcher point of view this may be due to study sample including available nursing personnel that usually are young age and new graduated. Regarding marital status more than half of study subjects were married. Also, the majority of the study subjects were females and holding a bachelor's nursing degrees. From the researcher point of view this may be due to nursing profession still receive females more than males despite of increasing flow of males to the profession. and more than one-third them had experience ranged from five to less than ten years.

The current study result was matched with regarding to level of professional identity The current study results were supported by **Basiony et al. (2023)** who studied " The Relation between Work Environment and Professional Identity among Staff Nurses in National and International Hospitals " and stated that more than half of nurses at Beni-Suef University hospital and Saudi German hospital their ages less than 30 years, more than half of nurses are married and more than half of nurses at Beni-Suef University hospital and Saudi German hospital are female

In the same line, this result agrees with the study conducted by **Xie, et al., (2021)** who concluded that, the male nurses scores were lower than the female nurses. There were significant effects of organization category and residence on nurses' professional identity. This finding is congruent with the study conducted by **Meng (2018)** who reported the same results.

The current study results stated that more than half of studied nursing personnel had a high level of professional identity. From the researcher's point of view, this may be due to the nurses' believed in their abilities and roles in patient plan of care and quality health services. Most nurses are proud to be a nurse and nursing is meaningful to them. The importance of professional identity is lifelong, shaped by traits, conventions, and values, and is influenced by clinical learning experiences and experiences. These findings agreed with **Elkenany et al. (2021)**, who studied "professional identity among nurses at governmental hospitals in port said city" and confirmed that nurses had a moderate level of professional identity. Also**, Zhang et al. (2024)**, who studied "Relationship between clinical belonging, professional identity, and nursing information ability among nursing interns" and showed that the total score for professional identity among 682 nursing interns was 57.89 ± 7.16, which was a medium-high level. These findings agreed with **Peng et al. (2023)**, who studied "Moral distress, moral courage, and career identity among nurses" this study was carried out in China, and confirmed that, a moderate to high level of professional identity among nurses.

On the other hand, this study is incongruent with **Watson. (2024)**, who studied "The evolution of professional identity in intensive care nurses during COVID", and found that the professional identity of ICU nurses is no" andic; it changes based on nurse experiences, work environment, and interpretation by the nurse.

Work frustration is a globally recognized risk factor for employee health and safety. Nursing staff's repeated exposure to unpredictable challenges in nursing practice may cause them to experience symptoms of anxiety, frustration and excessive work stress. It not only affects their physical and mental health and aggravates work fatigue, but also affects the quality of work, which is not conducive to patient safety (**Jiang et al., 2022**).

Regarding the level of work frustration among nursing personnel, the result of the current study clarified that more than half of the studied nursing personnel had a moderate level of work frustration, followed by more than one-quarter of them had a high level, while the minority had a low level. From the researcher's point of view, this may be due to nurses did not feel their salary was proportional to their workload, time to complete jobs was insufficient, there were relatively fewer opportunities for promotion or more duties and there was a shortage of nurses. Among the items associated with frustration at work, non-nursing work received a significantly higher score than the other items, indicating that senior nurses experienced the greatest frustration at work while performing nonclinical duties.

These findings agreed with **Yanbei et al. (2023)** who discussed "Does perceived organization support moderates the relationships between work frustration and burnout among intensive care unit nurses?" this study was carried out in China and reported that ICU nurses with high work frustration.

Also, the study results were matched with **Moaddaby et al. (2021),** who studied "Perception of the Futile Care and Its Relationship with Moral Distress in Nurses of Intensive Care Units" and confirmed that Moral distress due to futile care is very high, and reducing the amount of futile care leads to lowering frustration and increasing nurses' job satisfaction.

Also, **Kakemam et al. (2024),** who Studied "Prevalence of depression, anxiety, and stress and associated reasons among Iranian primary healthcare workers" and revealed that interpersonal relationship factors such as poor communication skills, lack of managerial support and rude behaviors from coworkers caused depression, frustration, and stress among participants.

Regarding the relationship between professional identity and work frustration among nursing personnel. It clarifies that there was a highly statistically significant negative moderate correlation between dimensions of professional identity and dimensions of work frustration among the studied nursing personnel. From the researcher's point of view, this may be due to from the researcher's point of view, Nurses acquire their professional identity from work acquired experiences and interaction with colleagues. A negative work environment makes nurses frustrated and may affect their attitude when dealing with co-workers as well as decrease the acquired knowledge and experiences. The advancement of nurses in their career and increased experience their professional identity improved beside practicing in a hospital with a positive clinical environment improved sense of belonging to nursing profession.

The present study findings in the same line with **Zhang et al. (2021)** who studied "Association of professional identity, job satisfaction and burnout with turnover intention among general practitioners in China" and found that professional identity was negatively associated with burnout, work frustration and turnover intention, that is, as professional identity decreased, work frustration increased.

Another studied support the current study by **Zhao et al. (2023)** who studied "Moderating effect of work stress on the relationship between workload and professional identity among in-service teachers" and showed that teachers' work stress(frustration)negatively affected the relationship between workload and professional identity

The study found agreed with **Sun et al. (2022)** who studied "Quality of work life and work engagement among nurses with standardized training: The mediating role of burnout and career identity", found a moderate negative relationship

between the professional identity of novice nurses and work frustration and burnout, whereas professional identity was highly positively related to quality of work life.

Also, **Jiang et al. (2022)** who studied "Status Quo of Occupational Identity of Nursing Staff in Rehabilitation Department and Its Relationship with Work Stressors" and showed that nursing staff had moderate levels of frustration and job stress and a moderate sense of professional identity. the higher the occupational stress of nursing staff is, the lower the occupational identity level of nursing staff will be.

Additionally, **Zhang et al. (2024),** who Studied "Relationship between clinical belonging, professional identity, and nursing information ability among nursing interns" this study was carried out in China and confirmed that professional identity among nursing interns is positively correlated with clinical sense of belonging. Studies show that the level of professional identity determines the performance of nursing interns in clinical work. The higher the level of professional identity, the higher their enthusiasm and professional quality in clinical practice, and the better they can integrate into the role of clinical nurses, which affects their clinical sense of belonging.

Conclusion

On the light on the finding of the current study; this study concluded that more than half and less than two-fifths of the studied nursing personal had a high and a moderate level of professional identity, separately. As well, more than half and more than one-quarter of the studied nursing personal had a high and a moderate level of work frustration, separately. As well, there was a highly statistically significant negative strong correlation between professional identity and work frustration among the studied nursing personnel

Furthermore, there was a highly statistically significant relation between personal characteristics (age, gender, place of birth, educational qualifications, and job title, nursing and current position years of experience) and professional identity and work frustration among the studied nursing personnel.

Recommendations

1. Hospitals are advised to endeavor to solve the problem of undersupplied nursing workforce, make adjustments to have reasonable salaries that reflect nurses' substantial burdens at work, and offer flexible shift work schedules for nurses to choose from to mitigate the disruption of circadian rhythms.
2. Assess nurses needs and objectives to try to achieve them and reduce the job frustration and stress nurses have at work.
3. Replicate the study on large on a large group of staff nurses in different settings.
4. Give staff nurses more training courses that are work-related since these courses develop nurses' skills and make them master doing tasks effectively and efficiently.

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