

**PROFESSIONAL SELF-CONCEPT OF BACHELOR
DEGREE AND DIPLOMA NURSING STUDENTS OF
UNIVERSITI SAINS MALAYSIA (USM)**

NORHAFIZAH BINTI NANYAN

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**PROFESSIONAL SELF-CONCEPT OF BACHELOR
DEGREE AND DIPLOMA NURSING STUDENTS OF
UNIVERSITI SAINS MALAYSIA (USM)**

by

NORHAFIZAH BINTI NANYAN

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LIST OF ABBREVIATIONS

| | |
|------|------------------------------------|
| NSCQ | Nursing Self-Concept Questionnaire |
| NRI | Nursing Retention Index |
| SPSS | Statistical Package Social Science |
| USM | Universiti Sains Malaysia |
| US | United State |
| WHO | World Health Organization |
| MOH | Ministry of Health |

OPERATIONAL DEFINITION

| Terms | Definition |
|-----------------------------------|--|
| Nursing professional self-concept | : Professional self-concept is self-concept which is established and developed as a consequence of nurses adopting the generalized perspective of other nurses. It explains how the nurse feels about themselves as a nurse (Arthur 2006). Nurses professional self-image, which is the combination of various individually held thoughts, principles, perceptions, and expectations (Milisen, De Busser et al. 2009) is defined by (Siebens, Casterle et al. 2006) as the way in which the nurses perceive themselves within their working environment. |

Therefore, the professional nurse self-concept is the how the nurses feel about themselves as a nurse base on their thinking of what they should be, how they should act and their ability to achieve their expectation. In this study self-concept is measured by using the Nursing Self-Concept Questionnaire. Since a person with high self-concept presents high achievement, a student with high nursing professional self-concept are believed to retain in nursing.

- Self-concept** : Term self-concept encompasses all affective and cognitive descriptors of the self (Cowin and Hengstberger-Sims 2006). The researcher defines the self concept generally as a person's perception about themselves. Those who have high self-concept are believed to have high achievement in academic and life.
- Self-Image** : The conception that one has of oneself, including an assessment of qualities and personal worth (Houghton 2012).
- Self-efficacy** : Self-efficacy explain one's thought, emotion, and action with less concern about skills and abilities of an individual (Bong and Skaalvic 2003).
- Academic self-concept** : Academic self-concept refer to individuals' self-concept that are formed specifically toward academic(as distinct from non academic, general, social, emotional, or physical) domains (Bong and Skaalvic 2003).
- Marginalization** : Marginalization occurs when an individual lives simultaneously in 2 worlds, the borders of which are seen as being mutually exclusive and even diametrically opposed, while at once dynamically permeable. (Boychuk Duchscher and Cowin 2004).

**PROFESSIONAL SELF-CONCEPT OF BACHELOR DEGREE AND DIPLOMA
NURSING STUDENTS OF UNIVERSITI SAINS MALAYSIA (USM)**

ABSTRACT

The professional nurse self-concept determines the self-image of a nurse and their ability to achieve their expectation. As nursing is an important profession in the health care team, the professional self-concept is needed for nurses to play their role effectively. In this study, the professional self-concept is measured among nursing students in Universiti Sains Malaysia (USM). The objectives of this study are; to determine the level of professional self-concept among final year students of bachelor degree and diploma nursing programme in USM, to compare the level of professional self-concept between these nursing programmes, and to determine the association between the students' demographic characteristics and the level of the professional self-concept. This cross-sectional study was conducted among 72 final year nursing students of Bachelor and Diploma program. They were selected randomly and data was collected using a set of self-administered questionnaire within three month period from December 2012 to February 2013. The findings showed higher level of self-concept was elicited among students of diploma programme. A significant association was found between the levels of professional self-concept and nursing programs. The socio-demographic characteristics had no influence on the level of self-concept among students. Future research is required to retest this findings and find out the rationales of such findings.

**KONSEP DIRI PROFESIONAL PELAJAR KEJURURAWATAN PROGRAM
IJAZAH SARJANA MUDA DAN DIPLOMA DI UNIVERSITI SAINS
MALAYSIA (USM)**

ABSTRAK

Konsep diri professional kejururawatan menentukan perasaan jururawat tentang dirimereka dan keupayaan mereka dalam mencapai sesuatu yang mereka jangkakan. Oleh kerana kejururawatan adalah profession yang penting dalam kalangan pasukan penjaga kesihatan, konsep diri diperlukan bagi jururawat dalam melaksanakan peranan mereka dengan berkesan. Dalam kajian ini, konsep diri diukur dalam kalangan pelajar kejururawatan di Universiti Sains Malaysia (USM). Objektif kajian adalah; untuk menentukan tahap konsep diri professional dalam kalangan pelajar tahun akhir ijazah sarjana muda dan diploma program kejuruwawatan USM, membandingkan tahap konsep diri professional antara dua program kejururawatan, dan untuk menentukan hubungan antara ciri-ciri demografi pelajar dengan tahap konsep diri. Kajian keratan rentas ini melibatkan seramai 72 orang pelajar kejururawatan tahun akhir Ijazah Sarjana Muda dan program Diploma. Mereka telah dipilih secara rawak dan data dikumpulkan dengan menggunakan satu set soal selidik dalam tempoh tiga dari Disember 2012 hingga Februari 2013. Hasil kajian menunjukkan tahap konsep diri yang lebih tinggi adalah dalam kalangan pelajar program diploma. Hubungan yang signifikan ditemui antara tahap konsep diri profesional dengan program-program kejururawatan. Ciri-ciri sosio-demografi tidak mempunyai pengaruh ke atas tahap konsep sendiri di kalangan pelajar. Kajian masa depan diperlukan untuk menguji semula penemuan ini dan mengetahui kewajaran penemuan ini.

CHAPTER 1: INTRODUCTION

1.1. Background of the Study

1.1.1. Nursing

Nursing is defined by Florence Nightingale (1860-1969) as “the act of utilizing the environment of the patient to assist him in his recovery”(Berman, J. et al. 2008). Early nursing practices are influenced by several factors such as women’s role, religious value, war, societal attitudes and visionary nursing leadership. However, nursing today has undergone dramatic changes compare to the nursing practice many years ago. The changes were facilitated by the social needs and influences of new technologies. The progress reveals that this profession is struggling for autonomy and professionalization (Berman, J.et al. 2008).

In line with the advancement of technology in health industry, there are a lot of changes can be seen lately in relation to nurses’ function. The horizon of nursing responsibility has expanded and there are many areas require nurses who are specialize in certain area of care. For example, in a study by Jack and Hendry (2004) that looked into clinical nurse specialist’s role and impact. Respondents of the study which were among nursing students preferred to receive care from specialized nurse to doctors because nurses are always around whenever patients needs them. With the presence of a clinical nurse specialist, patients are able to receive test results sooner rather than waiting for doctor to come. Clinical nurse

specialist is able to give explanation as well as the doctors (Jack, Hendry et al. 2004).

1.1.2. Professionalism in Nursing

Rognstad and Aasland (2004) suggested that young nursing students in the post-modern society have a lot of possible career choices and not necessary to work as an ordinary nurse. They added:

“Many students want to specialize in midwifery, public health or anaesthesia with the potential of promotion and higher salary. The desire for individual development and to form oneself is significant in young people.” (Rognstad, Aasland et al. 2004).

In order for them to be different from an ordinary nurse, professional self-image which is the correct way the nurses should perceive themselves within their working environment is very crucial (Siebens, Casterle et al, 2006). Furthermore, Arthur (2006) emphasized that professional nurse will be established and developed as a consequence of nurses adopting the generalized perspective of other nurses. There are several factors affects professional nursing practice such as the workplace and time constrain as reported in Sieben et al. (2006). This study was conducted among 9941 nurses and some of them complained as, “it was virtually impossible to practice according to one’s own ethical values (31.5%) or to voice ethical problems in the team (62.9%)” (Siebens et al. 2006).

Regarding time constrain, nurses role was found limited when they often unable to guide students, foster relationship with patient, be creative in the care of patient and systematically evaluate the care provided to patients. There was also lack of time to consult with other health professionals when necessary. Siebens and Casterl et al. (2006) suggested that efforts need to be taken to transform the current practice environment into the one that supports nurses more effectively in their mission.

“Nurses are important professionals in the health care team around the patients” (Björkström, Athlin et al. 2008) and without nurses, health care will collapse. Therefore, professional self-concept is needed for nurses to play their role effectively. Kelly and Courts (2007) agree with the definition of professional self-concept as the attitudes that develop from experiences that promote a professional identity. Measuring students’ professional self-concept is very crucial as it relates to their ability to function well as professional nurse in the clinical area after they graduated. “A high self-concept can help a person perform at a superior level and utilize their learning experiences in an optimal manner” (Cowin and Hengstberger-Sims 2006).

1.1.3. Research on Professional Self-Concept of Nurses

Many nurse researchers have carried out studies on professional self-concept among nurses. These research projects have added to the data base on the issue of professionalism in nursing. Several instruments such as Nurse's Self-Description Form (NSDF), Tennessee Self-Concept Scale (TSCS), and Professional Self-Concept of Nurses Instrument (PSCNI) have been developed in the previous researches. However, further studies are required in this field, especially concerning the development of valid and reliable instruments to measure competence and self-awareness among professional nurses (Björkström, Athlin et al. 2008). Since there is lack of study regarding professional self-concept among nurses in Malaysia, finding most suitable instrument that is reliable to the population is important.

1.1.4. Nursing Profession in Malaysia

Nursing in Malaysia began as early as the 1800's with the arrival of the East India Company. Back then, hospitals for the sick were established in Penang and Singapore. These hospitals were run by the Catholic nuns and which were later replaced by the nurses from England (Nursing Division, MoH, Malaysia, 2011).

In the pre-war era in Malaya, nursing practice then was carried out by nurses who received "on the job training" with lectures given by expatriates

including European sisters, matrons, and doctors at the hospital level (Nursing Division, MoH, Malaysia, 2011).

The development of nursing in early stage is quite slow. Nurses' task was initially was to help patient in bathing, feeding, clean their wound or give medication ordered by the doctor. At that time, the perception towards nurses is mainly related to dirty works such as cleaning patients (Zulkifli Hamzah 2011).

Later on, the Malaysian Ministry of Health has introduced a new scheme, the Integrated Service Scheme which enhance nursing career (Zulkifli Bin Hamzah 2011). With this progress, nurses post has been upgraded from U29 and U41 for registered nurses and until U54 as the highest post compared to the previous scheme (Zulkifli Hamzah 2011).

Since the year 1960, a number of Malaysian nurses were sent to overseas for specialized training. Nursing training from certificate level has been upgraded to diploma. Then in the 1990s, there were few higher institutes of educations and Malaysia started to produce bachelor degree graduates (Zulkifli Bin Hamzah 2011). The Minister of Health (2010) affirmed that health sector of Malaysia will focus on producing degree nurses to improve the quality of nurses in the country (MoHE Malaysia, 2010). In conjunction with the opening of Nurses Day Celebration 2012, the Minister of Health, YB Dato' Sri Liow Tiong Lai in his speech emphasized that,

“... the nurse must take the opportunity to continue learning to a higher level to be able to provide a more professional, dedicated, systematic, optimized and holistic healthcare in health organization ...”

in accordance to Vision 2020(Liow 2012).

1.1.5. Nursing Programmes in USM

The Health Campus of USM was opened in June 1983. This campus was started with medical school and then followed by School of Dentistry and then School of Health Sciences couple years later. The School of Health Sciences USM was established in November 1999. The school now is offering eleven bachelor degree programmes and one diploma programme (nursing) in various fields of health sciences. The diploma programme started under School of Medicine USM in the 1995 until 2000. The programme was stopped for several years to give way for the Bachelor Degree programme to develop under the School of Health Sciences. The Diploma Nursing programme was then reopened in 2007 under School of Health Science USM. The numbers of students of each academic session since the program started are as follow:

| Academic Session | The number of students | |
|------------------|------------------------|-----------------|
| | Bachelor Nursing | Diploma Nursing |
| 2000/2001 | 19 | - |
| 2001/2002 | 24 | - |
| 2002/2003 | 41 | - |
| 2003/2004 | 44 | - |
| 2004/2005 | 41 | - |
| 2005/2006 | 39 | - |
| 2006/2007 | 36 | - |
| 2007/2008 | 40 | 81 |
| 2008/2009 | 41 | 100 |
| 2009/2010 | 39 | 81 |
| 2010/2011 | 34 | 78 |
| 2011/2012 | 35 | 83 |
| 2012/2013 | 41 | 93 |

Table 1.1 Statistics from Academic Office of the School of Health Sciences USM (2012)

Bachelor degree nursing is offered as a four years programme to candidates with 'Sijil Tinggi Pelajaran Malaysia' (STPM) and matriculation qualifications as well as to diploma nursing graduates. Some of the subjects covered include biological, behavioural and nursing science together with skills related to technical, computer, research, critical thinking and also communication and information distribution skills.

On the other hand, Diploma nursing is a three years program offered for candidates who had passed 'Sijil Pelajaran Malaysia' (SPM) with credits in Bahasa Melayu, Biology/Science subject, Mathematics, English and one other subject. The Diploma program aims to produce trained nurses which able to deliver efficient services to individual and community by providing basic nursing education. It is to fulfil the demand of nurses needed by hospitals and clinics in the future.

This research will explore the professional self-concept of the final year students of both bachelor degree and diploma nursing programs of USM and compare the results. The purpose of this study is to gather information towards improving professional self-concept among nursing students in USM and hence, helps to produce graduated nurses with a high professional self-concept and explores the notion of self-concept as it relates to the professional working in nursing.

1.2. Problem Statements

The entire profession of nursing exists to serve and improve society's health. Thus, to become a nurse, individuals must master a body of knowledge surrounding numerous health aspects. Along with the unique knowledge, skills, and values of their profession, nurses form perceptions of personal adequacy in their role, known as professional or nurse self-concept (Hensel D. 2010). It is an important concept for nurses in all discipline includes academics, administrators

and clinicians that helps guide their practice. Moreover, the health sector has faced significant challenges particularly when the criteria for the nursing workforce are devised to meet professional standards and lead to professional development, job satisfaction, and the quality improvement of nursing care..." (Vanaki and Memarian 2009). However, based on the researcher's observation, many nurses have lack of integrity in their work.

The disparities in the expectation and educational experiences of nursing student of both programs contribute to the overwhelming lack of new nurses' self-confidence (Hughes et al. 1991). This gap between educational influence and health care system background influence nursing students' professional self-concept and their ability to be socialized into the healthcare environment when they graduated (Thomka 2001). Nursing education is designed to prepare students to provide holistic care to diverse patient populations by expanding students' knowledge, improving their clinical skills, and developing their professional values. However, with the constant constraints (tight curriculum, time and human resources), it is believed that the academic institutions had lack of ability to influence students' professional development.

Based on the researcher's field observation amongst staff nurses and nursing students in Hospital USM, the many of them said that being a nurse is not enjoyable and very stressful. Some of the reasons for not enjoying the post are heavy workload and stressful working and learning environment. Obviously, this

is a bad sign for the health sector because more patients would suffer if they are to be cared by these kinds of nurses.

The researcher found a few studies evaluating nursing students' performance in relation to professional self-concept (Rognstad, Aasland et al. 2004; Siebens, Casterle et al. 2006; Kelly and Courts 2007). However most of these studies have been conducted in Western countries. Such studies from the Asian countries are scarce, and none of this study was conducted in Malaysian population.

Together with the trend of issues as revealed in the literature, the researcher decided to explore this issue among bachelor and diploma nursing students in USM for comparison purposes. The Causal Model of Nurse Self Concept and Retention of Nurse by Cowin and Johnson et al, 2008 is used to explain this issue.

1.3. Research Objectives

This study assess the professional self-concept between the final year students' of bachelor degree and diploma nursing programmes USM.

1.3.1. Specific Objectives

1. To determine the level of professional self-concept among final year students of bachelor degree and diploma nursing programs of USM
2. To compare the level of professional self-concept between final year students from bachelor degree and diploma nursing program of USM.
3. To determine relationship between the students' selected socio-demographic characteristics and their level of the professional self-concept.
4. To determine relationship between parent's aspiration and student's professional self-concept.
5. To determine relationship between student's professional self-concept and nursing retention index.

1.4. Research Questions

- I. What is the level of professional self-concept among final year students of bachelor degree and diploma nursing students?
- II. Are the levels of professional self-concept different between final year students of bachelor degree and diploma nursing program?
- III. What is the relationship between selected nursing students' socio-demographic characteristics and their professional self-concept?

1.5. Hypothesis

- I. H_0 : There is no significant difference between the level of nursing self-concept among bachelor degree and diploma nursing students.
 H_A : There is significant difference between the level of nursing self-concept among bachelor degree and diploma nursing students.

- II. H_0 : There is no significant association between student's demographic characteristics (age, gender, family income) and the level of nursing self-concept among diploma and degree nursing students.
 H_A : There is significant association between student's demographic characteristics (age, gender, family income) and the level of nursing self-concept among diploma and degree nursing students.

- III. H_0 : There is no significant association between parents' aspiration and the level of nursing self-concept.
 H_A : There is significant association between parents' aspiration and the level of nursing self-concept.

- IV. H_0 : There is no significant association between nursing self-concept and the nurses' retention index.
 H_A : There is significant association between nursing self-concept and the nurses' retention index.

1.6. Significance of the Study

It is believed that students' clinical performance is negatively affected by low self-confidence. Low self-confidence is a major problem in the nursing profession as they tend to display immature behaviours at the workplace (Cowin and Hengstberger-Sims 2006). Cowin and Hengstberger-Sims 2006 emphasized that, "a positive or high self-concept is important because it leads to a sense of self-worth and self-confidence". Nurses with healthy self-confidence are likely to deliver therapeutic patient care, while those with low self-confidence are less likely to do so (Randle, 2003). However, the researcher believed that most of nursing students wanted to be successful and have a strong sense of professionalism. Therefore, it is a priority to explore their experiences and perceptions that enhance the chances of succeeding in nursing. To the researcher's knowledge, this study will be the first study exploring this issue in Malaysia. It is hoped that this study will challenge the findings of the previous studies as well as help expand knowledge and serve as a reference to improve nursing education delivery in Malaysia as well as improving nursing service and future research.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

“Literature means the work you have consulted in order to understand your research questions” (Nor Azwany Yaacob, Mohamed Rusli Abdullah et al. 2012). This chapter will review related literature on self-concept and issues surrounding that help to guide the focus of this study and define the design. The review will cover the issue of individual self-concept, professional nursing practice, professional self-concept of nurses and nurse self-concept questionnaire.

2.2. Self-concept

Cowin and Hengstberger defines self-concept as the way an individual describe him/herself (Cowin and Hengstberger-Sims 2006). Studies on self-concept has been carried out in various disciplinary in relation to psychology and personality (Chandra and Shadel 2007), social psychology (McConnell, Rydell et al. 2009), academic achievement (Guay, Ratelle et al. 2009; Goetz, Nett et al. 2012), sport (Clomsten, Skaalvik et al. 2004; Chanal, Sarrazin et al. 2009) and nursing (Angel, Craven et al. ; Cowin, Craven et al. 2006; Milisen, De Busser et al. 2009). The self-concepts are rooted from the past achievement and reinforcement history. Its judgment is related with the evaluation of the individual skills and abilities (Bong and Skaalvic 2003).

Individual self-concept is very important in forming one self. Self-concept representation will bring effects to the behaviour (McConnell, Rydell et al. 2009) as well as academic achievement (Guay, Ratelle et al. 2009). Goetz (2012) support this with the finding of his study about students' emotion during homework. Meanwhile, the individuals' self-concept is affected by their social power. "High-power individuals display greater consistency in their self-concepts relative to their low power counterparts" (Kraus, Chen et al. 2011).

According to Siebens et al. (2006), "a positive image is an important factor in attracting and retaining nurses and is therefore, very important for the future of the profession" (Siebens, Casterle et al. 2006). Boychuk and Cowin (2004) used marginalization concept to explain the difficulties faced by the students during the transition from student to professionally practicing nurse. Jensen and Aamodt (2002) added to the circumstances that the qualities seek by students as the job content are not material but related to personal development and the quest for work that they find meaningful and engaging (Jensen and Aamodt 2002).

2.3. Professional nursing practice

Elements of professional nursing practice includes autonomy, nurse satisfaction, respect, and the professional practice environment (Kooker, Shoultz et al. 2007). "Some major conditions necessary for providing good nursing care" (Siebens, Casterle et al. 2006). The most important conditions for a good nursing practice are a positive working relationship with the medical staff and a positive working relationship with management

while the least important aspects were regularly taking care of the same patients and practicing in accord with one's own ethical values (Siebens, Casterle et al. 2006). Good communication between nurses and patients lead to the detection and understanding of patient's condition and problem (Vanaki and Memarian 2009).

2.4. The importance of professional nurses

Meanwhile, nurses' responsibilities with the advancement of medical technology, changes in the population structure, increasing workplace diversity and market orientation also require professional and competent nurses for a high quality of nursing care (Björkström, Athlin et al. 2008). Bernard, 2005 emphasized that nurses will be able to explore, lead, and shape clinical nursing practice in an ever-changing health care environment with improvement of nursing career related to the research and development, practice and doctoral prepared. The professional socialization needs of new graduate nurse is clearly be seen in acute-care nursing workplaces with the potential for turmoil, stress and burnout (Duchscher and Cowin 2006).

2.5. Professional Self-Concept of Nurses

Many researchers are interested in writing and doing research regarding professional self-concept (Arthur, 2006). The studies provide information and expand nursing career in terms of their own perception towards their work. De Marco et al., 2008 in his study concluded that oppressed group behaviours do exist in nurses. Previous studies also highlighted the way nurses judge their own professional self (Björkström,

Athlin et al. 2008). Arthur (2006) suggested that now is the time to apply the descriptive study and the finding into practice.

“For over 30 years, the theory that oppressed group behaviours had a negative impact on individual nurses and on the profession has been popular but controversial” (DeMarco, Roberts et al. 2008). Kelly and Courts emphasized that the development of professional self-concept and professional identity of graduate nurses is influenced by the academic system, educational preparation and service, expectations of healthcare organizations and professional experiences. But “the professional self-concept of these newly graduate nurses was not significantly affected by their level of education” (Kelly and Courts 2007).

A study by De Vliegheer (2011) looking at the differences between professional self-image of hospital nurses and home nurses. Professional self-image of hospital nurses was found lower compared to the professional self-image of home nurses. The reason for this is, “home nurses had a positive thinking that they are competent professionals, and thus satisfied with their job”(De Vliegheer, Milisen et al. 2011). The home nurses also get a greater level of support by nursing management and thus, they can get along with their supervisors about professional problems” (De Vliegheer, Milisen et al. 2011).

2.6. Instrumentation

“A questionnaire is a written document to gather information irrespective of mode of administration” (Abdul Momin Kazi and Wardah Khalid 2012). Nurses Professional Self-Concept Questionnaire used in this study was developed by Cowin (2008). The questionnaire consists of 36-items within 6-factors which are nurses’ general self-concept, care, knowledge, staff relation, leadership and communication. The researcher chooses this questionnaire for this study because it is used widely for the study regarding professional self-concept of nurses in western countries but never has been used in Malaysia.

Nurse General Self-concept describes an inclusive sense of self-esteem that is not specific to any area of the profession but encompasses a positive regard of the self within nursing (Cowin, Johnson et. al.2008). Care self-concept refers to how nurses think and feel about themselves as care givers of patients: caring about, caring for and enjoyment in caring. Knowledge self-concept refers to how nurses think and feel about their nursing knowledge: mastering, applying, and using knowledge to solve nursing problems. Staff relations self-concept refers to how nurses think and feel about themselves as being part of a network of health professionals, and as a member of a team with other nursing colleagues: ability to form working relationships, being good at and enjoying working with colleagues. Leadership self-concept refers to how nurses think and feel about themselves in nursing leadership roles: assuming responsibility, team leading and having the respect of their peers. Communication refers to the sharing of idea,

knowledge and attitudes. It involves both verbal and nonverbal messages in utilizing feedback and consideration in a good manner (Cowin, et. al.2008).

Each factor contains six items which are written as positive statements. An 8-point likert type scale is utilized ranging from 1 (definitely false) to 8 (definitely true). To enable its usage in the current study, this questionnaire has undergone translation back translation process as explained in Chapter 3 (page 28). The exploration of the intricacies of the relationships between aspects of self-concept, job satisfaction and the retention plans of registered nurses has highlighted opportunities for administrators, managers, educators, and researchers, to potentially improve their retention of nurses (Cowin, Johnson et al. 2008).

2.7. Theoretical Framework

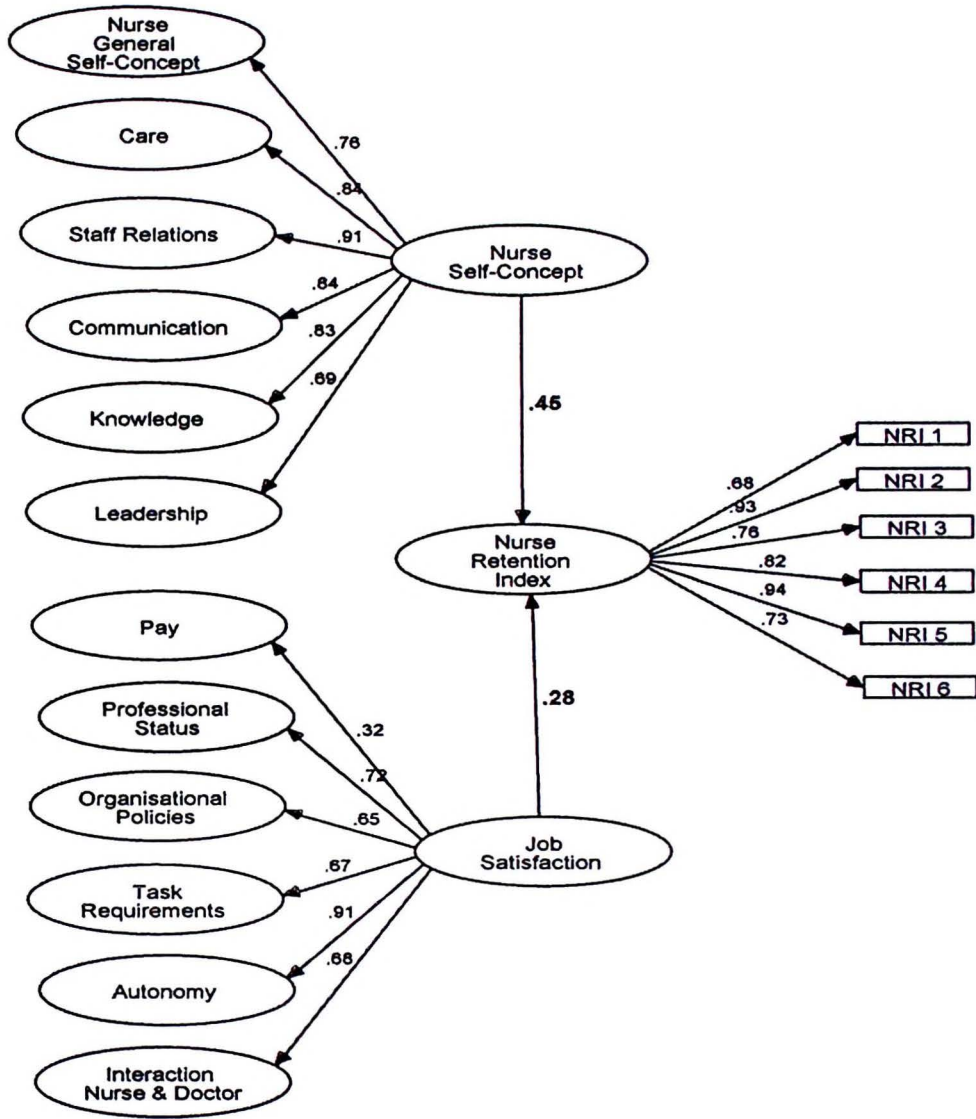


Figure 2.1 Causal Model of Nurse Self Concept and Retention of Nurse -
(Cowin, et al. 2008)

The researcher decided to use the Causal Model as shown in the Figure 2.1 above to explain the relationships between aspects of self-concept, job satisfaction and retention plans of nurses. All dimensions of the Nursing Self-Concept Questionnaire were related to retention plans. The theory also explains about the relationship between jobs satisfaction and nurse self-concept. Similarly, most dimensions for job satisfaction were significantly related to retention plans. Understanding this relationship provides opportunities for researchers, nurse managers and health administrators to find new strategies to retain registered nurses within our health services.

However, for the purpose of this research, the researcher used only the first part of the theoretical framework which explained the relationship between nurses self-concept and nurses retention index. Nurses' self-concept which consists of six different dimensions that are general self-concept, care, staff relation, communication, knowledge and leadership will result in the nurses' intention to retain in nursing. The diagram below explains the concept of the study and this theory will be answered trough the instrument used.

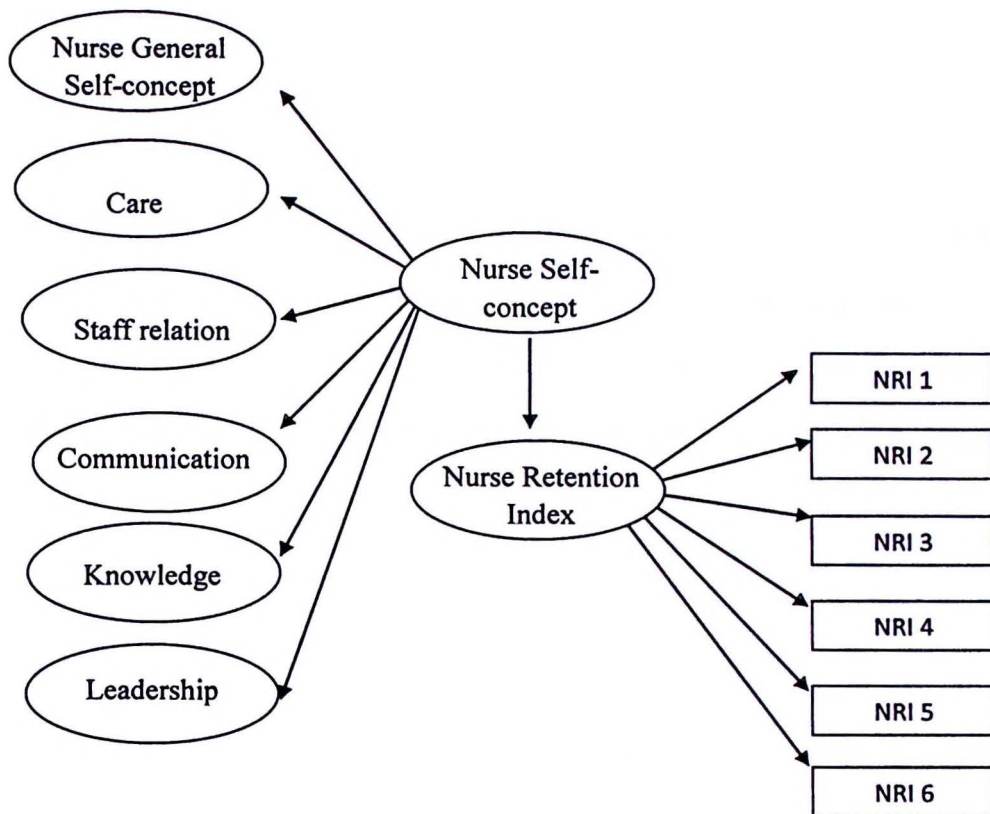


Figure 2.2 Causal Model of Nurse Self Concept and Retention of Nurse

(Cowin, et al. 2008)

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter explains design of the study and how the study was conducted. The overall plan is very important to help guide the process of conducting this study. This chapter explained the research design, population and setting, sampling plan, variables, and instrumentation. Ethical consideration, data collection plan and data analysis were also included.

3.2 Research Design

This study is a cross-sectional study with descriptive in nature and data was obtained through a set of self-administered questionnaire.

3.3 Population and Setting

The population of this study was amongst all final year nursing students of bachelor degree and diploma programs of the current academic session (2012-2013). This study was conducted in the School of Health Sciences, Universiti Sains Malaysia (USM), Kubang Kerian, Kelantan, Malaysia. This institution was selected because it has its own teaching hospital and has students of both Bachelor and Diploma nursing programs.

3.4 Sampling Plan

3.4.1. Sample

“Sampling method and sampling size are crucial in quantitative study” (Nor Azwany Yaacob, Mohamed Rusli Abdullah et al. 2012). Respondents of this study were among final year nursing students of diploma and bachelor degree program who fulfilled the inclusive criteria of the study as follows:

- a) Age between 18 to 25 years
- b) Single
- c) Agreed to participate in the study
- d) Able to read and understand Malay and English Language

While the exclusion criteria are:

- a) Age below 18 or more than 25 years old
- b) Is a Registered Nurse prior to enrolment into bachelor programme.
- c) Married
- d) Had children
- e) First to third year nursing students of Bachelor degree program and first to second year nursing student from Diploma nursing program.
- f) Disagreed to participate in the study

Students who are married were not included because it was believed that once responsibility change, the self-concept is also change. Student who has