BNJ

Belitung Nursing Journal

Edited by Assoc. Prof. Dr. Yupin Aungsuroch & Dr. Joko Gunawan

Relation between socio-demographic factors and professionalism among nurses in Saudi Arabia: A comparative analysis

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Abstract

Background: Analyzing how nurses handle professionalism in their careers will help all concerned individuals identify areas of concern to develop and enhance further to achieve or maintain a high degree of professionalism.

Objective: This study aimed to determine the level of professionalism among nurses and its differences according to socio-demographic characteristics.

Methods: A quantitative cross-sectional approach was utilized in three significant regions of Saudi Arabia. A simple random sampling technique was employed with 305 respondents, resulting in a 95.9% response rate. A Google Form survey was used to collect the data between January and April 2021.

Results: Nurses perceived themselves highly in professional organization (Mean = 3.94, SD = 0.17), belief in public service (Mean = 3.91, SD = 0.22), belief in self-regulation (Mean = 3.97, SD = 0.08), sense of calling (Mean = 4.01, SD = 0.13), and belief in autonomy (Mean = 3.71, SD = 0.15). There was no significant difference between gender and professional organization, belief in public service, self-regulation, or belief in autonomy. Still, there was a significant difference in belief in public service (t = 2.794; p = 0.006) and sense of calling (t = 4.290; p = 0.001). As to age, only belief in self-regulation was significant (t = 5.984; p = 0.003). Moreover, the educational qualifications reached an insignificant difference in professionalism. Conversely, the type of facility has been found to have reached significant differences with a professional organization (F = 3.057; p = 0.029), belief in public service (F = 4.130; p = 0.007), beliefs in regulation (F = 3.452; p = 0.017), sense of calling (F = 3.211; p = 0.023), and belief in autonomy (F = 5.995; p = 0.001). Lastly, the current position found no significant difference in professionalism.

Conclusion: Nurses in the Kingdom of Saudi Arabia perceived themselves as highly professional, and male nurses were found to have a sense of calling more than their female counterparts. Age, educational qualification, and current position had no significant difference in professionalism. Conversely, the type of facility had a significant difference with the belief in autonomy. These findings support and sustain the role of nurses in this 21st-century health care that is significantly needed to provide the most quality care.

Keywords

nurses; professionalism; demography; Saudi Arabia

Background

Nurses significantly possess a critical role in improving health outcomes, service designs, redesigns, and decision making at all levels of policymaking and providing services in a particular health care institution. Professionalism is characterized by independent decision-making using the best evidence available. This is made by realizing purposeful relationships and an environment in which professional practice is fostered (Nursing and Midwifery Council, 2015). Additionally, professionalism in nursing entails applying knowledge and

skills, fulfilling activities based on standards, displaying leadership, possessing self-discipline, having professional commitment or being loyal to the profession, and adhering to social values and norms (Chitty & Black, 2010).

The concept of professionalization has evolved due to many political, economic, and social changes (Shohani & Zamanzadeh, 2017). Ghadirian et al. (2014) claimed that nursing professionalism is determined by attitude, cognitive, and psychomotor attributes. Also, professionalism in nursing has a complex nature, and it is multidimensional. The word professionalism is a complicated notion. It is difficult to describe and quantify because there is no scientific basis. However, there are studies on professionalism. In such studies, institutions or organizations are the main topics rather than the qualities of the professional. The common understanding of professionalism is generally understood as the adherence of a person to a set of norms, code of conduct, or selection of qualities. It also regards how professionals conduct themselves at work and represent their values. Because of its multidimensional concept, most discussions about professionalism include implicit assumptions and varying incomplete uses (Khan & Khan, 2018).

Nursing professionalism has a bearing on various factors. For example, total years of nursing experience predicts professionalism (Dikmen et al., 2016; Kim-Godwin et al., 2010); gender-related attitudes have been found to be significantly related to nursing professionalism (Park et al., 2019), higher educational preparation (Tanaka et al., 2014), and updated training were significantly related to professionalism (Tola et al., 2020). Moreover, marital status has not been significantly associated with professionalism, according to an earlier study (Rabie, 2021). Older workers appear less likely to be related to professional development (Pool et al., 2013). Although the aforementioned factors contribute to strengthening the image of professionalism, they may differ from the nurses' perspectives. To the best of our knowledge, this study is the first conducted in Saudi Arabia to view professionalism in the context of nurses' demographics.

The rapid changes in the current health care system and other related factors cause nurses to respond in a more different and challenging way (Bloom et al., 2018). It involves a more ethical and professional manner of solving issues related to the field. Hence, analyzing how nurses handle professionalism in their careers will help all concerned individuals to achieve or maintain a high degree of professionalism. Although there are assumptions in the understanding of nursing professionalism, it is necessary to explore the understanding of nursing professionalism. Therefore, this study aimed to investigate the socio-demographic factors affecting professionalism among nurses in Saudi Arabia.

Methods

Study Design

A quantitative cross-sectional approach was employed in this study. A survey was conducted to measure the professionalism of nurses through a questionnaire. The units of analysis were individuals, not any organizations. In this study, we attempted to measure the attributes of nurse professionals. The study was conducted in a natural environment known as a non-contrived study.

Participants

The population involved in the study was staff nurses working in different hospitals throughout Saudi Arabia. Exclusion criteria were those nurses working in primary health care centers and private hospitals or clinics and those who did not understand English. The researchers used the RAOSOFT calculator (http://www.raosoft.com/samplesize.html) in determining the number of participants from the three most significant regions of Saudi Arabia (Eastern, Northern, and Central), yielding 320 participants. A simple random sampling technique was used through a random computer generator to randomly pick the participants, with only 305 answering the link provided (95.3% response rate).

Data Collection

The data collection began in January 2021 and ended in April 2021 using a Google Form sent electronically to the nursing directors as crucial people of the various hospitals throughout the Kingdom. The instructions and study objectives were included in the Google Form, along with informed consent.

Instruments

The data on nursing professionalism were collected using the modified version of Hall's inventory of professionalism by Snizek (1972). The questionnaire contained 25 questions about the elements influencing nursing professionalism. It was made up of five dimensions: the use of professional organization, belief in public service, belief in self-regulation, sense of calling, and autonomy. The participants were instructed to categorize the attributes using a 5-point Likert scale: strongly disagree, disagree; neutral; agree, and strongly agree. Every dimension of the attitudinal attributes of professionalism consisted of five positive and negative questions distributed in the questionnaire. Thus, the high to low scores represented the opinions of the respondents on their level of professionalism. The higher the mean, the higher the perception of professionalism.

The content of the questionnaire was previously validated and tested at the King Khalid Hospital, Saudi Arabia. Validators were three specialists in the field of nursing practice. Two of them are acknowledged as nursing managers, and one is the preceptor for the ethics in nursing. The three experts agreed that all items appeared to measure and were appropriate for the topic. A pretest with 15 nurses was done to examine the instrument's dependability. The alpha coefficient for the reliability test was 0.89.

Data Analysis

Statistical Package for the Social Sciences (SPSS) version 25 was used to analyze the data. Frequency counts and percentages were used to determine the profiles of the respondents. Independent t-test and analyses of variance (F-test) were used to determine significant differences between the demographic profiles and the level of professionalism.

Ethical Considerations

The authors obtained permission and approval to conduct the research from the University Ethical Board – University of Hail,

Saudi Arabia (H-2021-002). Informed consent was also secured to ensure participants' full understanding and voluntary participation. Anonymity, confidentiality, privacy, and rights of the participants were fully monitored throughout the research process.

Results

The percentage breakdown of the different profiles of respondents is shown in **Table 1**.

Table 1 Respondents' characteristics (N = 305)

Demographics	n	%
Gender		
Male	88	28.9
Female	217	71.1
Age		
20-30	130	42.6
31-40	129	42.3
41 and above	46	15.1
Level of education		
Nurse assistant	5	1.6
Diploma	105	34.4
BSN	156	51.1
Masters	30	9.8
Doctorate	9	3.0
Current assignment/position		
Director of nursing	15	4.9
Deputy director of nursing	10	3.3
Supervisor	26	8.5
Head nurse	36	11.8
Educator	21	6.9
Staff nurse	197	64.6
Type of facility		
Hospital	202	66.2
Clinic	43	14.1
Primary health care	49	16.1
School	11	3.6

This study enlisted the participation of 305 nurses from around Saudi Arabia. Females made up 71.1% (n = 217). The age categories of the respondents varied, with most of the workforce falling into the 20–30 age range (42.6%). The number of participants decreased as the age range increased: and 42.3% of the participants were between 31 and 40 years old. Still, the number of participants with 21 years and above of experience declined as they became senior nurses. A considerable number of respondents (n = 156; 51.1%) had a baccalaureate degree in nursing, followed by a diploma in nursing (n = 105; 34.4%). The bulk of the 305 respondents were staff nurses (n = 197; 64.6%) and head nurses (n = 36; 11.8%). A sizable percentage of the respondents (n = 202; 66.2%) worked in hospitals, while 3.6% (n = 11) were from universities.

The level of professionalism was reflected on the basis of adaptations from Hall's professional attitude questionnaire among nurses working in the Kingdom of Saudi Arabia, as shown in **Table 2**. All five dimensions measured were interpreted as equally high levels in terms of the professionalism of the nurses. Nonetheless, variations in the level of average means (professional organization (3.94), belief in public service (3.91), belief in self-regulation (3.97),

sense of calling (4.01), and belief in autonomy (3.71)), were observed.

Table 2 Level of nursing professionalism (N = 305)

Subscales	Mean	SD	Interpretation
Professional organization	3.94	0.17	High
Belief in public service	3.91	0.22	High
Belief in self-regulation	3.97	0.08	High
Sense of calling	4.01	0.13	High
Belief in autonomy	3.71	0.15	High

The differences between socio-demographics and professionalism are presented in **Table 3**. There was no significant difference between gender and professional organization, belief in public service, self-regulation, and belief in autonomy, but a significant difference between gender and belief in public service (t = 2.794; p = 0.006) and sense of calling (t = 4.290; p = 0.001). Regarding age, there was a significant difference only in the belief in self-regulation (t = 5.984; p = 0.003). Moreover, there was no significant difference in educational qualifications regarding professionalism. Conversely, there was a significant difference in the type of facility with a professional organization (F = 3.057; p = 0.029), belief in public service (F = 4.130; p = 0.007), beliefs in regulation (F = 3.452; p = 0.017), sense of calling (F = 3.211; p = 0.23), and belief in autonomy (F = 5.99; p = 0.001). Finally, there was no significant difference between the current position of nurses and professionalism.

Discussion

This study aimed to determine the level of professionalism among Saudi Arabian nurses and its differences according to socio-demographic factors. Nurses in the Kingdom of Saudi Arabia are highly professional. Solomon et al. (2015) found that a prominent level of professionalism is associated with a positive self-image and organizational culture. Moreover, a moderate level of professionalism among nurses is related to their experience level (Hasandost, 2016). Nurses believe that professional organizations must be supported, and they should be encouraged. This finding is an indication that nurses believe the organization can assist them in improving their working standards and professional skills through ongoing education. This current finding is supported by the study of Shohani and Zamanzadeh (2017). Furthermore, nurses who belonged to a professional association had an increased definition of nursing professionalism.

The nursing profession is still considered a calling for most of the respondents in all five dimensions as measured according to the attitudes of nurses. Sense of calling ranked the highest, entailing that nurses always believe that nursing is a calling. Moreover, respondents also view nursing as a profession in line with public service (Shohani & Zamanzadeh, 2017). Furthermore, this present finding is related to Hall's belief that employees must believe that their work benefits themselves and society. This is also in coincidence with the claim of Wiles (2022) that employees nowadays have developed a new sense of consciousness in terms of their role, and they are worth becoming more attached to the world where they live. There, it was claimed that when professionals

and society are at odds, professionals should put their interests aside for the good of society. According to Thompson (2021), the concept of self-regulation entails how well an employee manages their thoughts and actions. Self-regulation can help shape your flexibility when unhappy actions happen outside of your control.

Moreover, a sense of calling is defined as the vocation and obligation, which includes the purpose and meaning of the profession with its highest desire to serve (Ponton et al., 2014). Being called to the nursing profession is the inherent characteristic that influences the meaningful engagement with their work. This attribute has been found to affect nurses' motivation in working (Ziedelis, 2019). Also, this will help nurses achieve job satisfaction (Xu et al., 2020). This intense feeling compelled them to put much effort into their tasks and made them less likely to abandon them (Alshammari et al., 2020). In the process of self-realization, calling is a powerful personal resource and motivator. Those who have a calling are willing to face various obstacles and difficulties, even if the working environment is challenging.

Table 3 Differences between socio-demographics and professionalism

Indicators	Group	Mean	SD	df	t/F value	Sig (2 tailed)
Gender						
Professional organization	Male	4.09	0.74	303	0.980	0.328
	Female	4.42	0.61			
Belief in public service	Male	3.89	1.06	303	2.794	0.006*
	Female	4.13	0.85			
Belief in self-regulation	Male	3.37	1.26	303	-0.738	0.461
	Female	3.99	0.98			
Sense of calling	Male	4.05	1.06	303	4.290	0.001*
	Female	3.58	0.74			
Belief in autonomy	Male	3.36	1.13	303	1.185	0.237
	Female	3.59	0.93			
Age						
Professional organization	20-30	4.08	0.88	2.302	0.125	0.883
	31-40	4.34	0.81			
	41 and above	4.27	0.77			
Belief in public service	20-30	3.70	1.07	2.302	1.246	0.289
	31-40	3.65	1.01			
	41 and above	4.05	0.74			
Belief in self-regulation	20-30	3.36	1.13	2.302	5.984	0.003*
	31-40	3.59	0.93			
	41 and above	3.99	0.98			
Sense of calling	20-30	3.58	1.06	2.302	2.080	0.127
	31-40	4.05	0.74			
	41 and above	3.36	1.13			
Belief in autonomy	20-30	3.59	0.93	2.302	0.547	0.579
	31-40	4.27	0.77			
	41 and above	3.70	1.07			
Educational qualification						
Professional organization	Nurse assistant	4.13	0.85	5.299	0.561	0.730
	Diploma	3.37	1.26			
	BSN	4.12	1.00			
	Masters	3.91	0.22			
	Doctorate	4.20	.67			
Belief in public service	Nurse assistant	4.09	0.86	5.299	1.043	0.392
	Diploma	4.30	0.98			
	BSN	3.75	0.99			
	Masters	3.52	1.03			
	Doctorate	4.21	0.86			
Belief in self-regulation	Nurse assistant	4.08	0.88	5.299	2.165	.058
	Diploma	4.34	0.81			
	BSN	4.27	0.77			
	Masters	3.70	1.07			
	Doctorate	3.65	1.01			
Sense of calling	Nurse assistant	4.01	0.13	5.299	1.397	0.225
	Diploma	3.56	1.02			
	BSN	3.99	0.98			
	Masters	3.58	1.06			
	Doctorate	4.05	0.74			
Belief in autonomy	Nurse assistant	3.36	1.13	5.299	1.648	0.147
	Diploma	3.59	0.93			
	BSN	3.71	0.15			
	Masters	3.72	0.86			
	Doctorate	4.09	0.74			

Table 3 (Cont.)

Indicators	Group	Mean	SD	df	t/F value	Sig (2 tailed)
Type of facility						
Professional organization	Hospital	3.89	1.06	3.301	3.057	0.029*
	Clinic	3.60	0.94			
	Primary health care	3.94	0.17			
	School	3.56	1.00			
Belief in public service	Hospital	3.58	1.28	3.301	4.130	0.007*
	Clinic	4.34	0.82			
	Primary health care	4.13	0.85			
	School	3.37	1.26			
Belief in self-regulation	Hospital	4.12	1.00	3.301	3.452	0.017*
	Clinic	3.91	0.22			
	Primary health care	4.09	0.86			
	School	4.30	0.98			
Sense of calling	Hospital	3.75	0.99	3.301	3.211	0.023*
	Clinic	3.52	1.03			
	Primary health care	4.21	0.86			
	School	3.97	0.08			
Belief in autonomy	Hospital	3.67	0.83	3.301	5.995	0.001*
	Clinic	4.08	0.88			
	Primary health care	4.34	0.81			
	School	4.27	0.77			
Current position						
Professional organization	Management	3.70	1.07	3.302	2.498	0.084
	Practice	3.65	1.01			
	Others (e.g., educators)	4.01	0.13			
Belief in public service	Management	3.99	0.98	3.302	0.054	0.947
	Skills	3.58	1.06			
	Others (e.g., educators)	4.05	0.74			
Belief in self-regulation	Management	3.36	1.13	3.302	0.444	0.642
	Skills	3.59	0.93			
	Others (e.g., educators)	3.71	0.15			
Sense of calling	Management	3.9	0.05	3.302	0.796	0.452
	Skills	3.58	1.28			
	Others (e.g., educators)	4.34	0.82			
Belief in autonomy	Management	4.13	0.85	3.302	0.376	0.687
	Skills	3.37	1.26			
	Others (e.g., educators)	4.12	1.00			

Professionalism is a person's conduct at work (McKay, 2019), which is determined by three characteristics—cognitive, attitudinal, and psychomotor (Ghadirian et al., 2014). In this study, nurses agreed that they have their own choices during work and that there are times when their decisions are subject to review. Both may occur due to a lack of consensus or ambivalence among the participants regarding the concept of autonomy (Oshodi et al., 2019). Furthermore, nurses saw the autonomous practice as acting exclusively on their judgments, while others sought clarification or confirmation from more senior personnel. This occurs in an emergency when staff nurses are forced to work in the wards on weekends while the head nurses are unavailable. The results of these studies are inconsistent with the research previously conducted that the five attributes showed low scores in autonomy and public service and an average score in self-regulation (Shohani & Zamanzadeh, 2017). However, a sense of commitment and professional organization displayed high scores, which coincides with this study. Earlier studies showed that professionalism demonstrated an average score compared to this study with a high-level perception (De Braganca & Nirmala, 2017) and empowerment (Alsaqri et al., 2020) on professionalism.

The gender of the nurses was found to have a significant difference in the sense of calling, suggesting that male nurses have a higher level of professionalism than female nurses. This means that male nurses regard quality nursing care more by upholding principles of respect, strong commitment, and displaying the utmost attitude required. According to Paskaleva et al. (2020), male nurses chose the nursing profession for two major reasons: willingness to help other people and career opportunities. In addition, male nurses consider nursing a decent place for men, and many are satisfied with choosing nursing as a profession. This is an indication that the strong dedication and commitment of male nurses reflect their intense professionalism. Furthermore, it has been found in a recent study by Budu et al. (2019) that male nurses are more professional in their duties and cooperative with male nurses as perceived by patients.

Meanwhile, there was no significant difference in professional organizations, belief in public service, belief in regulation, and autonomy. These findings are suggestions that age has no bearing on the mentioned variables when compared. Both genders regard the importance of such variables equally. Such a finding is in agreement with the conclusions of Matthews (2012). Matthews (2012) stated that "by encouraging all nurses to engage in their professional organizations and associations, noting how these organizations contribute to the accountability and voice of the profession to society." Nurses remain in their hearts the belief

that nursing is a public service, which is notably a part of their orientation about the profession. Moreover, Riley and Beal (2010) stated that the concept of public service had been regarded as an integral part of the profession.

There was also no significant difference between age and professional organization, belief in public service, belief in self-regulation, sense of calling, and belief in autonomy. This means that the beliefs of the respondents were not influenced by their age regarding the mentioned variables. Pool et al. (2013) detected no clear age patterns for enthusiasm in professional development activities. However, younger members of the nursing profession have the least participation in professional organizations (Lammintakanen & Kivinen, 2012). Indeed, personality growth and maturity advance career developments and amplify career abilities among professionals. This shows that young adults tend to display a higher degree of professionalism because they acquire a personality maturity level that evokes job satisfaction and career satisfaction.

Regardless of their educational qualifications, no significant difference in the professionalism of nurses was found. This finding implies that a graduate nurse is clothed with professional values assimilated during formative academic years. Nurses are equipped with this attribute as they graduate from the nursing program. However, in a systematic review by Sibandze and Scafide (2018), there was a reflection regarding contrasting results. Nonetheless, it is remarkable that the studied respondents proved that educational qualifications do not affect their sense of professionalism. This could be a good indicator of a desirable organizational climate in a particular institution. Another viewpoint is that professionalism is achieved depending on the personal values of a particular individual. Culture, morality, traditions, and religious values would be incorporated into personal values. It only implicates that professionalism is seen not only by highly educated people but also by those who own personal values in the working world. Mashlah (2015) found a strong link between personal values and how workers think, feel, and act, which is engulfed in displaying professionalism. With this, it was then shown that nurses see the importance of possessing personal values affected by their excellent culture and morality to be professionally upright in the profession.

The significant difference found in the type of facility and belief in autonomy suggests that the nature of the job nurses makes them have at least some decisions on their own. In this event, job satisfaction was fostered and felt, which led to highly motivational feelings and indicated a sense of professionalism. According to Saragih (2015), job autonomy and job satisfaction are significantly related, and job performance is affected by job satisfaction. This is an indication that a nurse has given a work assignment that evokes job satisfaction, hence affecting job performance, especially in the way they are becoming autonomous. Additionally, the feeling of entitlement to their decisions and duties pushes them to be satisfied at work. Moreover, the non-significant differences found in the work assignment and professional organization, belief in public service, belief in self-regulation, and sense of calling suggest that the nurses will continue to engage in professional organizations regardless of their job assignment. This also means that the views of the nurses that nursing is rooted in public service and a calling do not change.

There was no significant difference between the current position and the professionalism of the nurses as a whole. This finding is an indication that nurses uphold the attitude required to be observed in the profession on whatever assignment is given to them. This finding is also a reflection that nurses express professional attitudes as expressed in their professional behaviors through relentless quality care by upholding ethical and legal standards. During the training in their baccalaureate program, nurses were developed and evaluated in three significant taxonomies. Those taxonomies included cognitive, psychomotor, and affective, by which nurses were pushed toward upholding professional behavior as they render services to their patients. According to Ghadirian et al. (2014), professionalism in nursing is committed to three dimensions: cognitive, psychomotor, and practical. Hence, professional behavior is produced due to the retained values taught to these nurses, which were acquired in their formal educational training.

Implications and limitations
In this study, the idea that nurses should be encouraged to engage in scientific activities and educational programs and value membership in professional organizations was supported. In fact, nurses are aided by professionalism in acting with honesty and integrity while under pressure due to the nature of their profession. The environment in the nursing profession is benefited by professionalism, improving the efficiency of health care facilities. Nurses can foster close-knit teamwork by promoting and sustaining a culture of respect, cooperation, honesty, and integrity to provide the best possible care for patients. By promoting discourse and compassion, the likelihood of workplace conflicts caused by biases or personal differences may be reduced by professionalism.

The researchers acknowledge some limitations of this study. The first limitation regards the non-inclusion of nurses working at primary health centers and private hospitals. More robust data for understanding the context of professionalism in Saudi Arabia can be added if this limitation is considered. The second limitation is the non-translation of the questionnaire to Arabic, which led to the exclusion of nurses who did not understand English. These limitations should be included in a further investigation for future researchers.

Conclusion

Nurses in the Kingdom of Saudi Arabia perceived themselves as highly professional, and male nurses were found to have a higher sense of calling than their female counterparts. However, there were no significant differences in professionalism caused by the age, educational qualification, and current position of the nurses. Conversely, significant differences regarding the belief in autonomy were caused by the type of facility. Such findings support and sustain the role of nurses in 21st-century health care, which is significantly needed to provide the most quality care.

Declaration of Conflicting Interest
The authors declare that there are no competing interests.

Funding

Acknowledgment

Authors' Contributions
HA, BA, HA, and SA have made substantial contributions to the conception, design, and acquisition of ethical approval. SV and BA have been involved in analyzing and interpreting data and drafting the manuscript or revising it critically for important intellectual content and revising the draft. SA, AE, AA, and AS have given final approval to the version to be published. Finally, all authors read and approved the final manuscript.

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Data Availability
Data is available upon request.

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