

Iranian nurses self-perception – factors influencing nursing image

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Aim The purpose of this study was to describe the perspectives of Iranian nurses regarding factors influencing nursing image.

Background Nursing image is closely tied to the nurse's role and identity, influencing clinical performance, job satisfaction and quality of care. Images of nursing and nurses are closely linked to the cultural context in which nursing is practised, hence, this study explores how Iranian nurses perceive the factors that influence their own image.

Methods A descriptive study using a survey design was conducted with 220 baccalaureate qualified nurses working in four teaching hospitals in an urban area of Iran. A Nursing Image Questionnaire was used and analysed using descriptive and inferential statistics.

Results In the domains of 'characteristics required for entry to work', 'social role characteristics of nursing' and 'prestige, economic and social status, and self image' the nurses had negative images. 'Reward' and 'opportunity for creativity and originality' were factors that least influenced choosing nursing as a career. The presence of a nurse in the family and working in the hospital had the greatest impact on the establishment of nurses' nursing image.

Conclusion Improving the nursing profession's prestige and social position as well as providing the opportunity for creativity and originality in nursing practice will change the self-image of Iranian nurses, facilitating effective and lasting changes in nursing's image.

Implications for nursing management Nurse managers are well-placed to influence nurses' perceptions of nursing's image. Given the finding that thinking about leaving a job positively correlates with holding a negative nursing image, nurse managers need to consider how they can work effectively with their staff to enhance morale and nurses' experience of their job.

Keywords: descriptive study, Iran, nurses, nursing image

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Introduction

The image of the nurse has developed throughout the past century from stereotypes of battle-axe/sex symbol, from doctors' handmaiden to a worker in a separate caring profession with a scientific theoretical basis (Stanley 2004). The work of Florence Nightingale during the Crimean War in the 19th century initiated the professionalization of the nursing image by incorporating education, discipline and the selection of trainees based on good character (Wallace *et al.* 2007) – elements that remain current. In addition there has been the registration of qualified nurses, the development of codes of professional conduct and the notion of a nursing career.

Nurses are considered the symbol of compassion, warmth, knowledge and trust, saving lives and giving hope to injured or despairing people (Stanley 2004). While those qualities will always underpin nursing practice, the public often still holds a stereotypical, outdated view of nursing, nurses and the role they play in health care. Moreover, the hierarchical structure between doctors and nurses in the clinical arena seen by the public, and reinforced in media presentations, fuels this image (Roberts & Vasquez 2004), with little public recognition of nursing accountability for their care, specialist and advanced practice, and independence in decision-making. Nursing's subservient, and gender-stereotyped image is partly responsible for a perception of oppression in nursing (Roberts & Vasquez 2004) resulting in nurses receiving less respect from the community in comparison with physicians and other occupational groups in health care (Zarea *et al.* 2009).

Nursing and nurses' image is known to have cultural and contextual variation, and these images are often rooted in the socio-cultural underpinnings of different societal structures. Notions of gender roles extant in different societies have great influence on perceptions of nursing and nurses. In addition, Foong *et al.* (1999) suggest there is no clear understanding of how nurses perceive a nurse's image. It is against this backdrop that this study of Iranian nurses' perceptions of factors that influence nursing's image is presented as contributing to a global picture of nursing.

Definition of image and its components

According to *Tabor's Encyclopedic Medical Dictionary*, image is defined as 'a mental picture representing a real object or a more or less accurate likeness of a thing or person' (Thomas 1993, p. 965). In addition, it is how people, their peers, the general public and, in nursing's case, patients, their families and supervisors perceive

another person, group or phenomenon. How a person presents in public and private, their appearance, communication style and conduct, and their associates, are all referents in the definition of image (Roseann 2000). Thus, nursing image is conveyed by how nurses present themselves in every setting, from the classroom, to clinics, to professional meetings and to the workplace (National Students' Nurses Association 2009–2010). Nurses therefore reveal a professional image to others observing them, by their appearance and actions, which may or may not be within a professional context (Stanley 2004).

A nurse's professional self-image is the aggregate of various individually held thoughts, principles, perceptions, expectations and experiences. This describes how nurses perceive themselves in terms of competence and reviews the repertoire of skills such as the instrumental-technical, intellectual-cognitive, organizational, social and communication skills framed by nurses' professional attitudes and brought to patient care (Milisen *et al.* 2010). As a complex and multidimensional phenomenon, nursing image has been shaped by tradition, educational preparation, and socialization. Some other factors contributing to nursing image are interprofessional (e.g. between physicians and nurses), the history and role of nursing, and media perceptions and maintenance of nurses' traditional roles (Takase *et al.* 2001, Tzeng 2006). Despite the multitude of perceptions, it is believed that professional image has not been clearly described by nurses (Milisen *et al.* 2010), although the professional nursing organisations globally would dispute this claim.

Significance of nursing image

Nursing image is closely tied to the nurse's role and identity, and differs depending on the cultural group. In professional contexts, nursing tends to convey a professional image, one that motivates trust and expectations for accountability (Roseann 2000, Tzeng 2006). Positive images reflect high-quality nursing care, recognized by nurses and other groups for the difference it makes to patient wellbeing, and will contribute to empowerment of the profession (Ulmer 2000). Maintaining an intraprofessional positive image is significant in attracting new recruits to the profession, contributing to morale and job satisfaction, and influencing social status, economic value and career development (Takase *et al.* 2006).

Positive public images reinforce the professionally held images and are reflected in stereotypes such as 'angels of mercy', and the words used to describe the ideal nurse, for example, caring and compassionate. Conversely, poor public images of nursing, often media-generated rather than based in fact, result in negative consequences.

Nursing is often portrayed as too inferior and inadequate an undertaking to be regarded as a profession (Sussman 2000, Thupayagale & Dithole 2005). Indeed, in the UK, the recent decision to move to all-graduate initial preparation for registered nurses produced a public outcry, suggesting that 'innate' nursing qualities and the type of people holding these are not commensurate with the intellectual ability required to study for a degree. Negative phrases such as 'too posh to wash' or 'too clever to care' were promulgated, suggesting a complete lack of public and media understanding of the knowledge base underpinning nursing and the complexity of nursing roles in modern health-care systems. This is not a limited phenomenon, as recently published studies draw attention to this tension between the perception of nursing work and the educational qualifications required as preparation for it (Jooste & Jasper 2010).

Studies have identified a number of negative societal perceptions of nursing related to gendered stereotyping such as subordination to (male) doctors, low academic standards, limited career opportunities and poor pay and conditions (Brodie *et al.* 2004, Yun *et al.* 2010). There are reports that many career seekers perceive nursing as a poor career choice for reasons such as lack of prestige and defined career ladders, too little financial compensation and the subservient image of nursing's role (Goodin 2003, Hoke 2006, Wallace *et al.* 2007).

The stereotypical public image of nursing is therefore a major concern to nurses. It is known that the relationship between nurses' perceived public image and self-image is associated with their job performance and turnover intentions (Takase *et al.* 2006), and that image influences nurses' status, power and the ability to effect changes in health care (Fletcher 2007). Stereotypical images also affect nursing by distorting the public's concept of nursing, possibly depriving the profession of high-quality recruits, by affecting the decisions of policymakers, and by affecting nursing's self-image (Fletcher 2007). Career seekers outside the profession presented constantly with inaccurate and negative nurse images may view a nursing career as undesirable (Kalisch *et al.* 2007) and not to be aspired to by those with the intellectual ability, or even existing social status, to enter other occupations.

Nurses' perception of the public stereotyping of nursing is related to the development of their self-concept, collective self-esteem and job satisfaction, which are also associated with their clinical performance and quality of care. Above all, the importance of encouraging professional socialization and the cultivation of positive, personal self-esteem to ward off the negative influences of public stereotypes on nursing practice frequently have been mentioned (Takase *et al.* 2002). Negative experi-

ences reduce the scope of patient care, affect the ability of teams to function effectively and efficiently, call for better management and leadership, and question the societal perception of the value of nursing and nursing care (Siebens *et al.* 2006, Milisen *et al.* 2010).

Improving both the public image and self-image of nurses is important, because the image influences nurses' recruitment and retention, motivation to work, self-image, self-esteem and job satisfaction, customer satisfaction, and policy making (Fletcher 2007, National Students' Nurses Association 2009–2010).

Nursing image in Iran

Nurses in Iran are striving to gain respect from the public, however, they are fighting to develop from a subordinate position inherited over the years (Salsali 2000, Nasrabadi *et al.* 2004). Ancient Persian literary texts and poems have presented a relatively negative image of nursing, resulting in feelings of frustration, hopelessness and confusion about self-image and social identity (Nasrabadi *et al.* 2003). Iranian studies have identified that nursing in Iran suffers from a poor public image and a low social status, which contribute to nurses' perceptions that their work is not appreciated or respected (Nasrabadi *et al.* 2003, Farsi *et al.* 2010).

Although some studies have been conducted on the public image of nurses globally, there is a lack of research on how nurses perceive their public image in Iran. Therefore, this study, as the first on nursing image in Iran, aimed to describe the perspectives of Iranian nurses' regarding factors influencing their nursing image.

Methods

Study design and sample

A descriptive study (cross-sectional design) using a nurses' self-report survey was conducted in 2010. The study sample consisted of baccalaureate-qualified nurses working in the medical and surgical wards of four teaching hospitals in an urban area of Iran. Using a sampling statistical formula ($P = 0.3$, $d = 0.06$), the sample size was determined as 200 nurses (10% was added to ameliorate for attrition resulting in a total sample of 220). A convenience sampling strategy was used because of access to a large number of nurses.

Study questionnaire

Nursing image was measured using the Nursing Image Questionnaire (NIQ) (Frank 1969). The questionnaire

was selected for this study as a reliable, validated and well-used questionnaire covering different factors influencing nursing image. The NIQ consist of three parts (see Table 1):

- Part one identified the demographic characteristics of nurses (20 items)
- Part two explored nursing image consisting of five domains: 'nature of work performance' (13 items), 'characteristics required for entry to work' (7 items), 'occupational education preparation' (7 items), 'social role characteristics of nursing' (8 items), 'prestige, economic and social status, and self image' (4 items)
- Part three was related to factors influencing nursing image (18 items).

The scales of the items were dichotomous (yes/no) and a three-point Likert scale (from 1 = less important to 3 = very important). The number of 'yes' responses identified positive image factors and the number of 'no' responses indicated negative image factors.

In order to make the NIQ compatible with the Iranian culture and context, the following steps were taken. Two translators translated the NIQ from English into Persian, each independently produced a forward translation of the original items, instructions and response choices. A combined version was produced as a result of discussing and agreeing on a single reconciled version. A third translator, an expert in both languages, back-translated the reconciled version to English as the source language. The accuracy of the translation from the original language to Persian was confirmed through making a comparison between the reconciled version and the original one. In addition, the translated questionnaire was given to a sample of nurses ($n = 10$) to determine whether the translation was acceptable and could be under-

stood, and whether the language used was simple and understandable. This resulted in modifications to improve clarity included in the final questionnaire.

The NIQ Content Validity Index (CVI) was established by nursing faculty members ($n = 10$) Their comments led to some more modifications of the items and all of the items were evaluated as valid (CVI = 89.0). In terms of the reliability, the internal consistency value (using Cronbach's α -coefficient with test-retest) was 85. During the phases, no item was deleted from the original questionnaire and the NIQ was compatible with Iranian culture and context in terms of its items' clarity and comprehensiveness.

Data collection and analysis

The response rate was 100%. The statistical analysis used SPSS 11.5 (SPSS, Chicago, IL, USA). Descriptive statistics (e.g. frequencies and percentages) and inferential statistics (χ^2 test) were used to analyse the data; $P < 0.05$ denoted statistical significance.

Ethical considerations

The Students' Research Center affiliated to Tehran University of Medical Sciences approved the research proposal and corroborated its ethical considerations. Permission to use the NIQ was obtained from the questionnaire owner. In addition, permission was obtained from the hospital directors to enter the research zones. All nurses were informed about the study's purpose and method. They were informed that participation in the study was voluntary and that they could refuse to participate or withdraw from the study without being penalized. Moreover, they were reassured that their responses would be kept confidential and their identities would not be revealed. Lastly, informed consent was obtained from the nurses who willingly agreed to participate in the study.

Results

The average age of the nurses was 28.85 years (SD 6.40). The average length of their work experience as a nurse was 5.41 years (SD 5.74). The majority of nurses (63.10%) worked in general surgical wards and the remaining in medical wards. All demographic data are summarized in Table 2.

Of nurses selected 56.4% had a nurse relative in the family and 20.9% stated that they would recommend a nursing career. In addition, 64.5% mentioned that they had thought about leaving nursing.

Table 1
Parts and domains of the Nursing Image Questionnaire (NIQ)

Parts	Domains	Scale
Part one	Demographic characteristics	
Part two	Nature of work performance	Dichotomy response (yes/no)
	Characteristics required for entry to work	
	Occupational education preparation	
	Social role characteristics of nursing	
	Prestige, economic and social status and self image	
Part three	Factors influencing nursing image	Likert scale (from 1 = less important to 3 = very important)

Table 2

Frequencies and percentage of demographic characteristics of the participant

Characteristic	n	%
Sex		
Female	199	90.5
Male	21	9.5
Total	219	100.0
Responsibility		
Nurse	217	98.6
Nurse manager	3	1.4
Total	219	100.0
Marital status		
Married	128	58.2
Unmarried	92	41.8
Total	219	100.0
Work shift		
Rotation	149	67.7
Evening and night	40	18.2
Morning	26	11.8
Night	3	1.4
Evening	2	0.9
Total	219	100.0

The nurses said that media (television, radio, book and journal) had less influence, and the presence of a nurse in the family, working in the hospital, educational consultants, encouragement of family and relatives, and becoming hospitalized had the greatest impacts on the establishment of their nursing image.

Table 3

Frequencies and percentage of nurses' perspectives on nursing image in different domains

Domains and items	Positive image		Negative image	
	n	%	n	%
Nature of work performance				
A function of nursing is to provide comfort during time of helplessness	215	98.6	3	1.4
In the practice of nursing average day is full of strenuous work	19	8.7	200	91.3
Many unpleasant situations are encountered in practice of nursing	16	7.3	202	92.7
Many menial tasks are performed in the practice of nursing	49	22.5	169	77.5
Characteristics required for entry to work				
It is more important that a person interested in becoming a nurse likes people than 'be smart'	171	79.2	45	20.8
Nursing is as open to men as it is to women	154	71.3	62	28.7
Nursing requires considerable skill in working with one's hands	180	82.9	37	17.1
Nursing requires a high degree of scholastic ability	193	88.9	24	11.1
Occupational educational preparation				
The practice of nursing requires an education which is best obtained through study in colleges and university	201	93.5	14	6.5
After becoming a nurse a person may pursue graduate work and obtain a doctorate degree in nursing	194	90.2	21	9.8
Social role characteristics of nursing				
In the practice of nursing one encounters drama and excitement	204	94.9	11	5.1
Nursing offer the opportunity to meet a suitable marriage partner	40	18.8	173	81.2
Nursing is unsuitable for men in that it fits in more with a women's personality	134	62.9	79	37.1
Nurses enjoy long social talks with interns and resident physician	31	14.6	182	85.4
Prestige, economic and social status and self image				
One may make as much money in nursing as in most other professions	48	22.4	166	77.6
Nursing is an occupation that is respected in the community	50	23.4	164	76.6
Nursing offers the opportunity for job security	47	22.0	167	78.0

Nursing image

The frequencies and percentages of the nurses' perceptions about nursing image in different domains are shown in Table 3. In the domain of 'nature of work performance', 98.6% of the nurses reported that a function of nursing was to provide comfort during time of helplessness and 92.7% of them identified that as nurses they encountered many unpleasant situations.

In the domain of 'characteristics required for entry to work', it was indicated that entering nursing needed a high degree of scholastic ability (88.9%). According to their perspective, nursing practice required education best obtained through studying in colleges and universities (93.5%). In addition, 71.3% of the nurses believed that nursing was as open to men as it was to women.

In the domain of 'social role characteristics of nursing', 18.8% stated that nurses had an opportunity to meet a suitable marriage partner and 14.6% of them stated that nurses did not enjoy long social talks with interns and resident physicians. Reduced opportunities for marriage were related to the negative image of nursing in the society. However, the nurses had high self-esteem and did not take the opportunity of communication with physicians to increase the chance of marriage with physicians.

Table 4

Subscores of prestige, economic and social status, and self image of nursing in comparison with other occupations

Occupation	Less than nursing	Same as nursing	Greater than nursing
Beautician	64.20	8.00	27.80
Clergyman	42.90	15.60	41.50
Lawyer	9.90	13.20	76.90
Nutritionist	16.00	26.90	57.10
Physiotherapist	17.00	21.20	61.80
Salesclerk	69.80	9.40	20.80
Secretary	68.40	15.60	16.00
Social worker	24.50	40.10	35.40
Teacher	16.50	30.70	52.80

Furthermore, in the domain of 'prestige, economic and social status and self image', 77.6% believed that nursing was not a profession of high financial reward, job security was perceived to be very low (78%) and 76.6% said that the community did not respect nursing.

The participants declared that the prestige of the nurse was lower than physiotherapists (61.8%), nutritionists (57.1%), lawyers (76.9%) and teachers (52.8%), but greater than secretaries (68.4%), beauticians (64.2%) and sales clerks (69.8%) (Table 4).

According to data presented in Table 5, the majority of nurses reported a negative image about nursing if they did not have a nurse in their family, and a positive image about nursing if they had a nurse as a relative. However, the relationships were not statistically significant ($P > 0.05$). According to the findings, 63.5% of the participants had a positive nursing image and the remaining had a negative nursing image.

Regarding the relationship between thinking about leaving their job and nursing image, in the domain of 'characteristics required for entry to work' (Table 6) > 80% of those nurses experiencing a positive nursing image had not thought about leaving their job and

29.4% of them with a negative nursing image had intended to leave their job ($\chi^2 = 18.232, P = 0.000$).

In the domain of 'social role characteristics of nursing', 62.6% of the nurses with a positive nursing image had thought about leaving their job. Conversely, 28.8% of the nurses with a negative image did not intend to leave ($\chi^2 = 12.886, P = 0.000$). It can be concluded that despite having a positive nursing image, nurses intended to leave nursing because of the negative image of nursing held by the public.

In the domain of 'prestige, economic and social status and self image', 81.4% of the nurses with a negative image mentioned that they thought about leaving their job and 29.8% of them with a positive image had not thought about it ($\chi^2 = 10.596, P = 0.001$).

The factor that mostly (63.8%) influenced choosing nursing as an occupation was considerable rewards. In addition, the factor that had the least (7.3%) influence was opportunity for creativity and originality (Table 7).

Discussion

This study aimed to describe the perspectives of Iranian nurses regarding factors influencing nursing image. Our findings indicate that nurses believed that although nursing practice is strenuous work and presents unpleasant situations, they had a positive image of providing comfort to patients during illness. Within the international literature, reasons for choosing a nursing career are its social and humanistic dimensions, the potential of helping others and the potential of contributing to society (Mooney *et al.* 2008, Dala *et al.* 2009, Milisen *et al.* 2010, Natan & Becker 2010). Thus, the perceptions of Iranian nurses are similar to nurses in other countries and correlates with public trust and expectations of the nursing profession (Dawn 2010).

The nurses identified that nursing required higher-level education at colleges and universities as well as a

Table 5

Relationship between presence of nurse in the family and nursing image

Domain	Nurse in the family	Positive image, n (%)	Negative image, n (%)	Total, n (%)	Significance
Nature of work performance	Present	785 (53.4)	684 (46.6)	1469 (100.0)	$\chi^2 = 0.538, P = 0.478$
	Not present	599 (52.0)	553 (48.0)	1152 (100.0)	
Characteristics required for entry to work	Present	628 (74.6)	214 (25.4)	842 (100.0)	$\chi^2 = 0.224, P = 0.637$
	Not present	494 (73.5)	178 (26.5)	672 (100.0)	
Occupational educational preparation	Presence	510 (71.5)	203 (28.5)	713 (100.0)	$\chi^2 = 0.042, P = 0.852$
	Not present	415 (72.0)	161 (28.0)	576 (100.0)	
Social role characteristics of nursing	Present	619 (65.9)	320 (34.1)	939 (100.0)	$\chi^2 = 0.058, P = 0.425$
	Not present	502 (65.4)	266 (34.6)	768 (100.0)	
Prestige, economic and social status, and self image	Present	83 (23.1)	277 (76.9)	360 (100.0)	$\chi^2 = 0.103, P = 0.411$
	Not present	62 (22.0)	220 (78.0)	282 (100.0)	

Table 6

Relationship between thinking about leaving job and nursing image in each domain

Domains	Leaving job	Positive image, n (%)	Negative image, n (%)	Total, n (%)	Significance
Nature of work performance	Leaving job	886 (52.1)	816 (47.9)	1702 (100.0)	$\chi^2 = 1.089, P = 0.158$
	Not leaving job	498 (54.2)	421 (45.8)	919 (100.0)	
Characteristics required for entry to work	Leaving job	693 (70.6)	289 (29.4)	982 (100.0)	$\chi^2 = 18.232, P = 0.000$
	Not leaving job	429 (80.6)	103 (19.4)	532 (100.0)	
Characteristics or occupational education preparation	Leaving job	595 (71.4)	238 (28.6)	833 (100.0)	$\chi^2 = 0.128, P = 0.385$
	Not leaving job	330 (72.4)	126 (27.6)	456 (100.0)	
Social role characteristics of nursing	Leaving job	688 (62.6)	411 (37.4)	1099 (100.0)	$\chi^2 = 12.886, P = 0.000$
	Not leaving job	433 (71.2)	175 (28.8)	608 (100.0)	
Prestige, economic and social status, and self image	Leaving job	77 (18.6)	337 (81.4)	414 (100.0)	$\chi^2 = 10.596, P = 0.001$
	Not leaving job	68 (29.8)	160 (70.2)	228 (100.0)	

Table 7

The factors that influenced choosing nursing as an occupation

	Very important (%)	Important (%)	Less important (%)
Challenges ability and experience	38.5	47.2	11.0
Considerable rewards	63.8	31.7	3.7
Opportunity for creativity and originality	45.4	45.4	7.3
Opportunity for leadership	38.1	46.3	11.5%
Opportunity to work with people	35.8	43.1	15.6

high degree of scholastic ability. It is generally believed that a positive and professional image derived from skills, knowledge, credibility and academic degrees may grant nurses expert power (Tzeng 2006, Campbell-Heider *et al.* 2008). Summers and Summers (2011) support the notion that an educated nurse is more effective and has a higher social position than the other professions.

The nurses perceived that nursing was as open to men as it was to women. However, the findings of another study conducted in Iran by Vaismoradi *et al.* (2011a) shows that Iranian male nursing students worry about the public perspective about nursing that considers the nursing profession more suitable for female students. Seago *et al.* (2006) have reported that women are better at nursing than men. In addition, Summers and Summers (2011) state that only women can be nurses. According to the latest statistics, (American Society of Registered Nurses, 2008) male nurses represent just a small fraction of the nursing workforce in the USA. Although studies indicate an overall positive acceptance of men in nursing, they do indicate a need for professional adaptations in core issues, such as care, for men to remain and flourish in the profession (American Society of Registered Nurses, 2008). Recent research

studies have shown that male nurses face gender-based barriers even during their nursing education programmes (Keogh & O'Lynn 2007). Based on the nature of nursing work and clinical experiences, Taiwanese male nurses believed that nursing was a profession suitable for both men and women. Similarly, supporting Marsland *et al.*'s (1996) findings in the UK, Taiwanese men were less likely than women to select nursing as a first choice for their profession (Yang *et al.* 2004).

An interesting observation is that the nurses believed that nursing did not offer the opportunity to meet a suitable marriage partner and nurses did not enjoy long social talks with interns and resident physicians. Zarea *et al.* (2009) stated that as clinical nurses were required to work all shifts, some families in Iran discouraged their members from continuing their nursing careers or in some cases did not allow their daughters to enter nursing. This viewpoint is supported by the society's notion that many men do not want to get married to nurses because of nurses' night shifts.

The participation of women in the workforce has increased in Iran. Statistics from 1956 to 1986 shows that about 9% of women in Iran were employed (Moayed 1994), this had increased to 79.5% in 2004 (Karimi & Nouri 2009). Although women are working out of the home in Iran today, traditional female gender stereotypes remain regarding domestic roles. Iranian women who already have a traditional role as housewives have to assume additional responsibility as an employee out of the home (Rastegarkhaled, 2006).

Nurses, like other female employees, are faced with the demands of work and home responsibilities as their daily tasks. As of 2008, it was reported that 71% of Iranian nurses were female (MoHME 2008). Nurses have to work in critical situations that include dealing with high workloads and time pressures, number of hours worked, shift work, life and death situations, and stressful and demanding responsibilities. These

have been denoted as the major issues in the nature of the nurses' job interfering in their personal life and marriage (Vaismoradi *et al.*, 2011b; Namayandeh *et al.* 2010a,b).

The nurses had a negative image of the acquisition of wealth in nursing, respect in the community and opportunities for job security. It is believed that the public image of an occupation relates strongly to the financial remuneration, job opportunities and security of those who practice it, as well as to the nature of the work itself (Nasrabadi *et al.* 2004, Seago *et al.* 2006, Zarea *et al.* 2009). Takase *et al.* (2001), in Australia, revealed a discrepancy in the images of nursing between nurses and the public as perceived by nurses themselves, resulting in a nurse–environment mis-fit. This mis-fit was negatively correlated with the nurses' job satisfaction and performance as perceived by these nurses. However, other studies have shown that nursing is generally perceived favourably and is considered to be a career that provides good job security and income potential (Seago *et al.* 2006). It has been said that a majority of nurses are satisfied with their job security and finances but are worry about their retirement plans. Roughly 79% of nurses participating in an online survey of 408 practicing nurses said they were secure in their jobs but expected changes because of health-care reform and rising costs, and more than four in 10 nurses (42%) believed they would never be able to fully retire. About 79% of them said they planned to work past retirement age in order to meet basic living expenses. In 2007, only 65% of nurses surveyed responded this way (MacKnight's Long Term Care News and Assisted Living 2011).

It should not be forgotten that, with regard to occupational status and prestige, nursing continues to remain significantly behind medicine, an attitude related to the perception of nursing as a woman's occupation and the stereotypical images of the nursing profession as a subordinate occupation (Brodie *et al.* 2004, Seago *et al.* 2006).

It is believed that the opinions of nursing held by parents, friends, and guidance counsellors influence opinions regarding nursing (Campbell-Heider *et al.* 2008). The majority of the nurses in this study reported a positive image of nursing when there was a nurse in the family and a negative image when there was not. However, based on our findings, there was no statistically significant relationship between the presence of nurses in the family and nursing image. Similarly, Van Hoyer (2008) believes that nursing employees were willing to recommend nursing to others, and information and advice from practicing nurses is the most

influential factor in deciding to become a nurse (Buerhaus *et al.* 2005, Tzeng 2006); our results showed that 20.9% of the nurses recommend nursing to others. These results are opposite to the results of Milisen *et al.*'s (2010) study, in which 95.5% of nursing students were proud of becoming a nurse. In addition, 83.4% of them would recommend family or friends to study nursing and 78.2% would choose nursing again as their field of higher education.

Respondents believed that society did not respect nursing, paralleling the findings of a qualitative study by Morris-Thompson *et al.* (2011) that the public appear ill-informed of what nurses do, purporting to respect nursing but would not recommend nursing as a career choice for themselves, their children or their pupils. Moreover, Adib Hajbaghery and Salsali (2005) claim that Iranian people have a poor image of nursing and those who choose nursing as a profession experience low self-esteem.

Statistically significant differences were found between thinking about leaving their job and nursing image in the domains of 'characteristics required for entry to work', 'social role characteristics of nursing', and 'prestige, economic and social status and self image'.

Karagozolu (2009) reported that nursing students had less independence than other college students. According to the international literature, nursing students have a tendency to be accepting, dependent, obedient and female. This might cause nurses to have less desire for positions that require them to be assertive and independent after they enter the profession. A positive image is an important factor in attracting and retaining nurses and is therefore very important for the future of the profession (Siebens *et al.* 2006, Takase *et al.* 2006, Yun *et al.* 2010).

Limitations and recommendations for future studies

This study only considered nurses' self-reporting about their professional image, and the sample consisted of only surgical and medical nurses; a broader range of nurses may have produced different perspectives. It is suggested that nursing managers' perspectives are sought in future studies in order to provide a complete picture of nursing image and factors influencing it. Above all, future studies with larger samples should be conducted in order to devise strategies to reduce the issue of nursing shortage and turnover. The questionnaire used was published in 1969 and therefore relates to a time when nursing globally and culturally was very

different. It would be useful if the questionnaire was updated for cultural relevance and incorporate more contemporary issues such as opportunities for continuing professional development and career progression.

Conclusion

Based on the findings of this study, lack of understanding of the reality of nursing as a profession by the public is a common phenomenon that contributes to a negative image of nursing. The traditional public image of nursing needs to be replaced with a more realistic and accurate one that truly reflects nursing's unique and valuable work. In this regard, improving the prestige and social position of the nursing profession as well as providing the opportunity for creativity and originality in nursing practice will change the self-image of every nurse, facilitating effective and lasting changes in nursing image. In addition, the importance of reinforcing nurses' positive image is emphasized in order to sustain their job performance and cope with the potential pressure from the public's high expectations of nursing care.

Implications for nursing management

Nurse managers are well-placed to influence nurses' perceptions of nursing's image. Given the finding that thinking about leaving a job positively correlates with holding a negative nursing image, nurse managers need to consider how they can work positively with their staff to enhance morale and nurses' experience of their job. Moreover, the participation of nurse managers in improving the public knowledge about the nursing profession and the diverse and effective roles of nurses in the health-care system through mass media will be helpful to rectify the public perspective about nurses.

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