

Access this article online
Quick Response Code:

Website: www.jehp.net
DOI: 10.4103/jehp.jehp_469_23

Relationship between professional self-concept and perceived organizational support with family functioning in nurses in Isfahan, Iran

Leila Sahraian, Mousa Alavi¹, Fatemeh Ghaedi-Heidari²

Abstract:

BACKGROUND: Vocational issues affect nurses' family functioning in long term. So the purpose of this study is to investigate the relationship between professional self-concept and perceived organizational support with nurses' family functioning.

MATERIALS AND METHODS: This descriptive correlational study conducted in hospitals affiliated to Isfahan University of Medical Sciences and 250 nurses who met the inclusion criteria participated in this study. The samples were selected conveniently from December 2022 to August 2022. To collect data, Cowin's professional self-concept questionnaire, Eisenberger's perceived organizational support questionnaire, and Epstein's family function measurement were used. Data collection was done in one step and cross-sectional. Descriptive statistics and inferential methods of data analysis consisted of Pearson's correlation coefficient and multiple linear regression were used. Data were analyzed with statistical package for the social sciences (SPSS) version 22.

RESULTS: One of the six dimensions of professional self-concept consisted of staff relations significantly predicted the family function of nurses ($P = .004$). No significant relationship was found between perceived organizational support and nurses' family function ($P = .825$).

CONCLUSION: Promoting the healthcare organizations' human climate may improve nurses' wellbeing and hereby their family functioning which could further improve quality of healthcare services. It may be worthwhile to suggest supporting interpersonal and interprofessional relationships to ensure a healthy professional life for the nurses.

Keywords:

Family functioning, nurse, perceived organizational support, professional self-concept

Introduction

Nursing is the core of the health system. Long-term exposures to vocational issues on one side and familial problems on the other side lead to burnout, which itself causes reduced energy, low occupational efficacy, and frequent absences, even permanently.^[1-3] Moreover, studies show that between 40% and 78% of working people experience work-family conflict. The conflict between work and family has been recognized as a main issue that effects

on the functioning of both employees and employers as well as their families. Family functioning is defined as how to establish interpersonal communication, make decisions, and solve problems between family members.^[3]

According to some evidence, nurses always face major problems in the field of mental health, such as anxiety and depression, which, along with the experience of conflict between work and family, can affect various aspects of their lives and endanger the family functioning of these people.^[3]

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Sahraian L, Alavi M, Ghaedi-Heidari F. Relationship between professional self-concept and perceived organizational support with family functioning in nurses in Isfahan, Iran. *J Edu Health Promot* 2024;13:151.

Student Research Center,
Faculty of Nursing
and Midwifery, Isfahan
University of Medical
Sciences, Isfahan, Iran,
¹Nursing and Midwifery
Care Research Center,
Faculty of Nursing
and Midwifery, Isfahan
University of Medical
Sciences, Isfahan, Iran,
²Department of Psychiatric
Nursing, School of Nursing
and Midwifery, Isfahan
University of Medical
Sciences, Isfahan, Iran

Address for correspondence:

Prof. Mousa Alavi,
Ph.D, Professor, Nursing
and Midwifery Care
Research Center, Faculty
of Nursing and Midwifery,
Isfahan University of
Medical Sciences, Isfahan,
Iran.
E-mail: m_alavi@nm.mui.
ac.ir

Received: 04-04-2023
Accepted: 28-05-2023
Published: 29-04-2024

In their research on Chinese nurses, Yu *et al.*^[4] showed that the stress caused by work-family conflict has negative effects on overall family wellbeing. Also, Zandian *et al.*'s^[5] research on nurses showed that work-family conflicts are associated with quality of family life.

Researchers have attempted to explore potential factors which may explain the status of the family functioning particularly those of workplace factors.

The potential factors influential on the status of family functioning have been divided into individual factors, demographic and psychological factors, organizational factors, and environmental factors.^[6] Previous studies have already highlighted the crucial role of individual and organizational factors that have potentially more prominent effects than others.^[7,8]

One of the psychological factors that affects function of nurses is professional self-concept that is understanding that a person has of himself as a professional person that furtherly affects his or her attitude, behavior, and the evolution of his role and performance. So, its promotion has been globally emphasized as an important goal in healthcare systems.^[9] Some studies have examined the relationship between the professional self-concept and the family functioning of the employees. Farhadi *et al.*^[10] in their research on nurses showed that the improvement of the professional self-concept is not only related to the improvement of the quality of care of nurses but also may solve family problems.

Perceived organizational support as an organizational factor is another potential factor that may be related to family functioning of the employees. It is referred to an individual's beliefs about the level of support from a special organization.^[11] Previous studies have investigated the relationship between perceived organizational support and family function of different professions. Some evidences showed that the more perceive organizational support, results in higher performance and productivity in current job and less likely to experience work family conflicts, change job, or leave the organization.^[12,13] For example, Hao *et al.*'s^[13] study on Chinese doctors showed that organizational support as a source of support has positive effects on their mental health and where work-related stress interferes with family responsibilities, organizational support may be able to modify the work-family conflict.

Although some factors related to nurses' family performance have already been identified, the role of professional (professional self-concept) and organizational factors (perceived organizational support) is less considered. Therefore, the purpose of this study is to investigate the relationship between professional

self-concept and perceived organizational support with family functioning in nurses.

Materials and Methods

Study design and setting

The present study is a cross-sectional descriptive correlational study that is conducted in two hospitals affiliated with Isfahan University of Medical Sciences (Al-Zahra, Noor, and Ali Asghar) which have randomly been selected among the respective hospitals. Quota sampling method was used considering the number of nurses in each hospital and subordinate wards. The study has been conducted between December 2022 and August 2022.

Study participants and sampling

G*power software was used to calculate the sample size. Considering the confidence interval of 95% ($\alpha \leq 5\%$), the power of at least 0.95 and the number of predictor variables (taking into account the dimensions of the questionnaires) at least seven items and estimated drop out of 10% total required sample size was 250. Upon making required coordination with the managers of hospitals and subordinate departments, the researcher referred to the nurses, introduced herself, explained the study objectives, obtained their informed consent to participate in the study, and provided some information about the research tools and how to complete them, and finally the measurement instruments were administrated. Data collection was performed at one stage and the researcher assured all the nurses that all their information would remain confidential.

Inclusion criteria included all nurses working in hospitals affiliated to Isfahan University of Medical Sciences with at least 6 months working experience and living with family and exclusion criteria were unwillingness to continue participating in the study for any reason and incomplete completion of the questionnaire (loss of more than 5% of the data).

Data collection tool and technique

To collect data, a four-part measurement instrument was used in this study. The first part included demographic information sheet. The second one was Cowin's professional self-concept questionnaire which included 36 items that measure nurses' self-concept in six dimensions consisted of General nursing, Care, Knowledge, Staff Relations, Communication, and Leadership. Each dimension includes six items. The scoring of the questionnaire was based on an eight-point Likert scale and the range of scores that is 36-288 and for each of the dimensions is 6-48. The higher scores indicate, the better self-concept. The validity and reliability of the Persian version of this questionnaire in the Iranian population

has been confirmed by Badiyepymaye Jahromi *et al.*^[14] The Spearman-Brown correlation coefficient was 0.84 and total Cronbach's alpha was 0.97 and reliability coefficient for the general nursing, leadership, knowledge, care, staff relations, and communication subscales were 0.93, 0.93, 0.83, 0.83, 0.84, and 0.84, respectively.

To measure perceived organizational support, Eisenberger's questionnaire was used. This questionnaire has eight items that are graded using a seven-point Likert scale (1 indicating completely disagree to 7 indicating completely agree). Therefore, the range of scores is between 8 and 56, and a higher score means more perceived organizational support. Finally, scores between 8 and 24 indicate poor perceived organizational support, between 24 and 40 indicate moderate perceived organizational support, and scores between 40 and 56 indicate very good perceived organizational support. The reliability and validity of the Persian version of Eisenberger's Perceived Organizational Support Questionnaire was confirmed by Rajabi *et al.*^[15] in Iran who they have also reported the total Cronbach's alpha coefficient as 0.84.

Family function was measured with Family Assessment Device. This questionnaire has 19 items and it determines the family member's ability to compromise with intrafamilial roles on a four-point Likert scale in the form of completely agree (4), agree (3), disagree (2), and completely disagree (1). A higher score indicates healthier family performance. The validity and reliability of the Persian version of questionnaire had already been established in various studies. The reliability values in the study by Zadehmohammadi and Malek^[16] in Iran had been determined by 0.92. In the present study, the reliability of this questionnaire in a pilot sample of 25 nurses was examined and the interclass correlation coefficient was 0.76.

After assigning the informed consent forms by participants, data gathering was done and data were analyzed with SPSS. Before the multiple linear regression, it was checked whether the data met the key assumptions of the regression. For each of the predictor variables, tolerance values considered > 20 . The variance inflation factor was less than 10 and the Durbin-Watson indicator was between 1 and 6 that indicates no significant statistical error. Multiple linear regression analysis was done considering unstandardized coefficient (B) and standardized coefficient (β). Significance determined as $P < .05$.

Ethical considerations

This study was approved in the Ethics Committee of Isfahan University of Medical Sciences (IR.MUI.NUREMA.REC.1401.006). All the researchers of

this study believed in Helsinki Ethical principles. The informed consent form was completed by the participants at the beginning of the study.

Results

The mean, standard deviation, and correlation coefficient between the main variables are reported in Table 1. The results showed that there is a statistically significant correlation between the communication with colleagues and family function ($P < .01$) [Table 2]. There was no statistically significant correlation between total performance score and family function ($r = 0.023$, $P < .01$).

Results of multiple regression analysis showed no significant correlation between family function and other remained variables included general self-concept, care, communication, knowledge, and leadership [Table 3]. Finally, findings showed that all above predicting variables were accounted for 0/059 of total variance (R^2) of the family function ($P < .01$).

Discussion

The purpose of this study was to investigate the relationship between professional self-concept and perceived organizational support with family functioning in nurses.

Table 1: Demographic data and personal characteristics (n=250)

Variable	Terms	Frequency (%)
Sex	Female	207 (82.8)
	Male	43 (18.2)
Marriage	Married	132 (52.8)
	Single	112 (44.8)
	Divorced	6 (2.4)
Education	Masters	226 (90.4)
	Masters and PhD	24 (9.6)
Employment status	permanent	95 (38)
	Contractual	13 (5.2)
	Conventional	55 (22)
	Design period	35 (14)
	Other	52 (20.8)
Income	Income lesser than expenses	165 (66)
	Same as the expense	80 (32)
	More revenue than expenditure	5 (2)
Shift status	Fixed morning work	57 (22.8)
	Fixed evening work	8 (3.2)
	Fixed night work	3 (1.2)
	rotating shift	182 (72.8)
Variable		Mean (standard deviation)
Age		35.28 (8.44)
work experience		10.9 (8.2)

Table 2: Mean standard error and intercorrelation between key variables (n=250)

Variables	Mean (SE)	Correlation coefficients								
		1	2	3	4	5	6	7	8	9
1. Staff Relations	30.14 (4.17)	1								
2. Care	29.45 (4.42)	0.803**	1							
3. General nursing	26.43 (6.52)	0.453**	0.490**	1						
4. Communication	29.40 (4.63)	0.842**	0.740**	0.573**	1					
5. Knowledge	28.44 (5.21)	0.635**	0.615**	0.748**	0.750**	1				
6. Leadership	27.56 (4.91)	0.713**	0.684**	0.478**	0.759**	0.679**	1			
7 Total self-concept score	1717.07 (25.41)	0.825**	0.817**	0.766**	0.898**	0.883**	0.824**	1		
8. Organizational support score	15.54 (8.23)	0.043	0.045	0.187**	0.031	0.106	0.140	0.120	1	
9. Family functioning	55.14 (7.66)	0.201**	0.098	0.040	0.141	0.094	0.072	0.109	0.023	1

P<0.01**

Table 3: Results of multiple regression analysis to examine the prediction model of nurses' family function

Variable entered	Unstandardized Coefficients		Standardized Coefficients	t	P	CI	
	B	Std. error				Beta	Lower bound
Staff Relations	0.725	0.248	0.395	2.924	0.004	0.237	1.214
Care	0.241	0.192	0.139	1.257	0.210	0.618	0.137
General nursing	0.052	0.114	0.044	0.456	0.649	0.277	0.173
Communication	0.023	0.234	0.014	0.099	0.921	0.484	0.438
Knowledge	0.079	0.177	0.053	0.443	0.658	0.271	0.429
Leadership	0.183	0.164	0.118	1.120	0.264	0.506	0.139
Organizational support score	0.013	0.060	0.014	0.222	0.825	0.132	0.106

The findings showed that one of seven variables entered in the model significantly predicted the family functioning in the nurses which emphasizes the relative importance of this factor among other factors. Considering the significant predicting role of the staff relations (the state of interpersonal relationships among nursing staff), the findings suggest that this factor may play a more effective role in the wellbeing of nurses' family life. A study by Kamkar and Madani^[17] on healthcare workers the findings similarly showed that relational problems and conflicts between colleagues in a work environment may affect family function. In the other word, appropriate communication with friends and colleagues may have a significant protective role in reducing family-work conflicts, and therefore, improving individual, family, social, and professional functions.^[18,19]

Moreover, the study of Farshad *et al.*^[20] on nursing students demonstrated a significant positive correlation between communication skills and family function. Such findings highlighted the importance of peer support and communication skills in predicting the health professionals' family function. In line with the present study of Ghaffari *et al.*,^[21] on the population of married students, a significant relationship was found between satisfaction with relationships and family performance.

Other findings of this study revealed no significant correlation between professional self-concept indices (care, general nursing, communication, leadership, knowledge) and organizational support

with family function. To the best of our knowledge, the predicting role of these variables on the health professionals' family functioning has not been assessed separately in similar studies. However, the findings have been discussed considering the most relevant studies. For example, in case of the predicting role of the "caring" subscale, the results of Yu^[4] and Grzywacz^[22] showed that there was no significant relationship between nursing care and family performance in second-level hospitals, which is in line with the present study. In second-level hospitals, family conflicts were reported at an average level. Moreover, Raesi *et al.*,^[23] study on healthcare professionals during COVID-19 pandemics showed significant correlation between engagement in caring and family-work conflict. These different results may be due to different study contexts and critical situations raised in pandemics, such that COVID-19 faced nursing profession with a major challenge of being a nurse versus being a family member.

According to results from the present study, there was no correlation between "general nursing" subdomain and family function. Nevertheless, positive association between these two factors has been reported in a study.^[10]

As in another finding, no significant relationship was found between the communication subdomain of the professional self-concept and the family functioning of nurses, which is in line with the results of the study by Fallahi Khoshknab *et al.*^[24] According to the findings of this study, 52% of nurses reported that communication with patients affects their family life.

The results of the present study showed that the “knowledge” dimension did not predict the nurses’ family function. However, the predicting role of the nurses’ education level in their family functioning, this finding was consistent with those of Zeng *et al.*,^[25] Alizadeh *et al.*,^[26] Asadi *et al.*,^[26] and Nasiripour *et al.*^[27] that illustrated no significant correlation between family function and level of education in Chinese nurses. According to the results of these studies, academic and educational opportunities do not seem to be an important factor in reducing work-family conflicts and family functioning, respectively. However, the findings of Labrague *et al.*’s^[28] study have supported such association.

The findings of the present study also showed that there was no correlation between perceived organizational support and family function that was consistent with those of^[26] Robaee *et al.*^[12] Moreover, Seif *et al.*’s^[29] study on married nurses showed that there was an association between supervisor support in workplace and family-work conflicts. It seems that other above variables have a moderator role in organizational support and family function that can be investigated in further studies.

Limitation and recommendation

This paper shed more light on the significant potential predicting factors of the nurses’ family functioning and important role of organizations to support their family health. However, selecting the study participants from the few health centers may limit the generalizability of the findings. It is worthwhile to suggest conducting nationwide studies in different hospitals and including other potential variables that may modify the association among the predictors and family functioning.

Conclusion

The findings supported a significant relationship between relationship with colleagues and family performance of the nurses. Based on such finding, promoting the healthcare organizations’ human climate may improve nurses’ wellbeing and hereby their family functioning which could further improve quality of healthcare services. It may be worthwhile to suggest supporting interpersonal and interprofessional relationships to ensure a healthy professional life for the nurses. More investigations are needed to identify either predicting or modifying the role of a wider variety of potential sociocultural variables.

Acknowledgments

We thank all the nurses and those who contributed to this study.

Financial support and sponsorship

Isfahan University of Medical Sciences provided financial support for this study.

Conflicts of interest

The authors have no conflict of interest.

References

1. Aminizadeh M, Saberinia A, Salahi S, Sarhadi M, Jangipour Afshar P, Sheikhbardsiri H. Quality of working life and organizational commitment of Iranian pre-hospital paramedic employees during the 2019 novel coronavirus outbreak. *Int J Healthc Manag* 2022;15:36-44.
2. Jafar Jalal E, Seyedfatemi N, Haghani S, Feyzbabaie M. Psychological capital of nurses working in academic medical centers of Iran University of Medical Sciences. *Iran J Nurs* 2021;34:27-38.
3. Hajian F, Sadeghi N, Moghimian M. The effectiveness of self-compassion training on nurses’ family performance management. *Daneshvar Med* 2021;28:51-62.
4. Yu J, Song H, Shi H, Wang K. Association between work-family conflict and overall well-being among Chinese nurse leaders. *J Nurs Manag* 2020;28:1498-503.
5. Zandian H, Sharghi A, Moghadam TZ. Quality of work life and work-family conflict: A cross-sectional study among nurses in teaching hospitals. 2020.
6. Campo-Arias A, Jiménez-Villamizar MP, Caballero-Domínguez CC. Healthcare workers’ distress and perceived discrimination related to COVID-19 in Colombia. *Nurs Health Sci* 2021;23:763-7.
7. Miedaner F, Kuntz L, Enke C, Roth B, Nitzsche A. Exploring the differential impact of individual and organizational factors on organizational commitment of physicians and nurses. *BMC Health Serv Res* 2018;18:1-13. doi: 10.1186/s12913-018-2977-1
8. Hayes LJ, O’Brien-Pallas L, Duffield C, Shamian J, Buchan J, Hughes F, *et al.* Nurse turnover: A literature review. *Int J Nurs Stud* 2006;43:237-63.
9. Karimi A, Heravi-karimooi M, Rrekeh N, Javanmard S. Professional self-concept in nurses working in intensive care units. *Crit Care Nurs* 2019;12:21-7.
10. Farhadi A, Bagherzadeh R, Moradi A, Nemati R, Sadeghmoghadam L. The relationship between professional self-concept and work-related quality of life of nurses working in the wards of patients with COVID-19. *BMC Nurs* 2021;20:1-8.
11. Zarei S, Kazemi A. The moderating effect of perceived organizational support and psychological resiliency in the relationship between job stress with job productivity among nurses. *Iran J Nurs Res* 2020;15:45-57.
12. Robaee N, Atashzadeh-Shoorideh F, Ashktorab T, Baghestani A, Barkhordari-Sharifabad M. Perceived organizational support and moral distress among nurses. *BMC Nurs* 2018;17:1-7. doi: 10.1186/s12912-017-0270-y.
13. Hao J, Wang J, Liu L, Wu W, Wu H. Perceived organizational support impacts on the associations of work-family conflict or family-work conflict with depressive symptoms among Chinese doctors. *Int J Environ Res Public Health* 2016;13:326. doi: 10.3390/ijerph13030326.
14. Badiyepemaye Jahromi Z, Keshavarzi S, Jahanbin I. Determination of the reliability and validity of the Persian version of nurses’ self-concept questionnaire (NSCQ). *J Nurs Educ* 2014;2:63-71.
15. Rajabi AA, Mehrara A, Kanani YG, Matani M. The role model of perceived organizational support on service quality with the mediating role of organizational innovation. *J Islamic Life Style* 2020;4:49-57.

16. Zadehmohammadi A, Malek KG. The preliminary study of psychometric and reliability of Family Assessment Device. *Journal of Family Research* 2006; 2: 69-89.
17. Kamkar M, Madani E. The predict of work-family conflict and job attachment from success dimensions among employees of Natanz Medical Hygiene Network. *J Educ Psychol* 2010;1:40-9.
18. Masror D, Heydarikhayat D, Joolae S. Assessing patient safety events and it's correlation with nurse-physician interaction from nurses' view. *Quarterly Journal of Nursing Management* 2012;1:37-45.
19. Singh A, Ranjan P, Kumari A, Sarkar S, Kaur T, Aggarwal R, *et al.* A cross-sectional evaluation of communication skills and perceived barriers among the resident doctors at a tertiary care center in India. *J Educ Health Promot* 2022;11:425.
20. Farshad M, Najarpourian S, Salmabadi M. Prediction of family function based on couples' communication patterns and perceived social support in Hormozgan university of medical sciences nurses. *Iran J Psychiatr Nurs* 2019;6:19-25.
21. Ghaffari M, Mahini S. Investigating the relation of relationship satisfaction and differentiation with family performance in married students. *Personality and Individual Differences* 2014; 3:29-50.
22. Grzywacz JG, Frone MR, Brewer CS, Kovner CT. Quantifying work-family conflict among registered nurses. *Res Nurs Health* 2006;29:414-26.
23. Raesi R, Abbasi Z, Bokaie S, Raei M, Hushmandi K. Investigation of the relationship between work-family conflict and the quality of nursing care among nurses working in the Covid-19 ward. *EBNESINA* 2022;23:33-43.
24. Fallahi Khoshknab M, Karimloo M, Rahgoy A, Fattah Moghaddam L. Quality of life and factors related to it among psychiatric nurses in the university teaching hospitals in Tehran. *Hakim Res J* 2007;9:24-30.
25. Zeng W, Fang Q, Wang C, Tong B, Li D, Zou Z, *et al.* Perceived family function and associated predictors in nurses: A cross-sectional study. *Front Psychiatry* 2022;13:904581. doi: 10.3389/fpsy. 2022.904581.
26. Asadi K, Niknami M, Jafari Asl M, Kazemnezhad Leyli E. Relationship Between the Dimensions of Quality of Work Life and General Health in Iranian Nurses. *J Holist Nurs Midwifery*. 2019;29 (1):8-14. doi: 10.29252/hnmj.29.1.266
27. Nasiripour AA, Pourmohammadi M. The relationship between quality of working life and work-family conflict among nurses of Tehran University of Medical Sciences' Hospitals. *J Hosp* 2015;13:145-51.
28. Labrague LJ, Gloe D, McEnroe DM, Konstantinos K, Colet P. Factors influencing turnover intention among registered nurses in Samar Philippines. *Appl Nur Res* 2018;39:200-6.
29. SM A. Organizational and psychological factors affecting work-family conflict among married female nurses (Path Analysis Model). *Q J Women Soc* 2014;5:49-68.