

# The Impact of Professional Self-Concept on the Organizational Socialization of Hospital Nurses

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## 전문직 자아개념이 병원간호사의 조직사회화에 미치는 영향

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**Abstract** The purpose of this study was to analyze the impact of nurses' perceptions of care and professional self-concept on their organizational socialization. The participants were 193 nurses working in university hospitals and general hospitals in regions C and D. Data collection took place from July to August 2016, and the data were analyzed using descriptive statistics and multiple regression analysis with IBM SPSS 22 software. The results indicated that educational level and professional self-concept are determining factors influencing organizational socialization. Nurses with an associate degree showed higher levels of organizational socialization compared to those with a bachelor's degree or higher, and higher levels of professional self-concept were associated with higher organizational socialization. Therefore, it is necessary for hospitals to implement effective human resource management that enables nurses of each educational level to quickly socialize within the organization, providing differentiated support and programs based on educational level. Additionally, continuous research is required to enhance nurses' professional self-concept and establish their work identity.

**Key Words** : Nurse, Caring Perception, Professional Self-Concept, Organizational Socialization

**요약** 본 연구의 목적은 간호사의 돌봄지각과 전문직 자아개념이 간호사의 조직사회화에 미치는 영향을 분석하는 것이다. 연구대상자는 C지역과 D지역 대학병원과 종합병원에 근무하는 간호사 193명이다. 자료수집기간은 2016년 7월부터 8월까지이고, IBM SPSS 22 프로그램을 이용하여 기술통계 및 다중회귀분석으로 분석하였다. 연구 결과 학력과 전문직 자아개념이 조직사회화에 영향을 미치는 결정요인인 것으로 나타났다. 전문대 졸업자가 대학교 이상 졸업한 자보다 조직사회화가 높았고, 전문직 자아개념이 높을수록 조직사회화가 높게 나타났다. 따라서 각 학력 수준의 간호사가 조직 내에서 빠르게 사회화될 수 있도록 병원 차원에서의 효율적인 인력관리와 학력 수준에 따른 차별화된 지원과 프로그램 제공이 필요하다. 또한, 간호사들의 전문직 자아개념을 향상시키고 업무 정체성 확립을 확립하기 위한 지속적인 연구가 요구된다.

**키워드** : 간호사, 돌봄 지각, 전문직 자아개념, 조직사회화

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## 1. Introduction

### 1.1 Background

Organizational socialization is defined as the process through which an individual internalizes the values and beliefs of an organization, acquires norms and lifestyles, improves job competence, and maintains supportive interpersonal relationships, thereby becoming a productive member of the organization[1]. It is a crucial factor in managing nursing personnel. Improving organizational socialization can enhance nurses' adaptability and provide high-quality care to patients[2,3].

Nursing organizations in hospitals are key departments providing direct medical services to patients, constituting 40% of human resources within medical institutions[4]. According to a 2021 survey by the Ministry of Health and Welfare, while the OECD member countries have 7.9 nurses per 1,000 people, Korea has only 4.2, indicating a significant shortage of nursing personnel[5]. Consequently, the government has implemented policies to expand the number of nursing schools to stabilize the supply of nursing personnel and manage nurse retention. As of 2021, there are 202 nursing schools, an increase of 39% over four years, with 107,227 graduates on average per year[5]. However, the turnover rate of nurses remains high, posing ongoing challenges in healthcare personnel management[6]. High nurse turnover rates have led to chronic nursing staff shortages in medical institutions. While various factors contribute to nurse turnover, failure in organizational socialization is considered one key reason[7].

Recent studies have reported that nurses' values and beliefs about their profession and patient care influence organizational socialization, which helps them adapt to their organizations[8]. Therefore, it is necessary to continuously implement socialization strategies to enhance nurses' professional self-concept and satisfaction with their organization[9].

Studies focusing on the correlation between caring perception and professional self-concept among nursing students have shown moderate levels of professional self-concept and high levels of caring perception[10]. Similarly, higher caring perception in nurses is associated with higher professional self-concept[11]. However, it remains unclear how these factors influence the organizational socialization of nurses working in hospitals. To create successful nursing organizations, the concept of organizational socialization has been actively introduced and studied to identify key influencing factors[12-15]. Caring is increasingly recognized as the core of nursing and human growth[16]. This study aims to analyze the impact of nurses' caring perception and professional self-concept on their organizational socialization, providing foundational data to help nurses adapt and succeed in their organizations.

### 1.2 Literature review

Nursing organizations are unified entities with a common goal of providing care. They have a unique atmosphere that combines strong control with professional autonomy. Organizational socialization helps individuals internalize the necessary self-identity and acquire the skills and qualities required for nursing through this process[8]. Shortening the organizational socialization process can reduce anxiety and uncertainty, helping individuals adapt more quickly[17]. Research on organizational socialization is distinguished by the development of tools, with studies primarily focusing on new nurses, highlighting the need for research on experienced nurses.

Variables related to organizational socialization can be broadly divided into personal and organizational factors[14]. These variables influence each other and are closely related to nursing outcomes such as organizational commitment and job sat-

isfaction. Improvements in organizational socialization can improve the empowerment of nurses and determine their intention to change jobs in advance[15]. Furthermore, by confirming the degree of organizational socialization according to educational background, nurse managers can better understand nurses and achieve efficient human resource management. For successful organizational socialization, it must be understood at various levels, from the individual level to the organizational level. This ultimately results in upgrading the quality of medical services.

### 1.3 Study aims

The purpose of this study was to determine the impact on organizational socialization of hospital nurses, and the specific purposes are as follows.

First, identify the participants' perception of care, professional self-concept, and degree of organizational socialization.

Second, we compare differences in organizational socialization according to the general characteristics of the participants.

Third, the correlation between the participants' perception of care, professional self-concept, and organizational socialization is confirmed.

Fourth, identify factors that affect the participants' organizational socialization.

## 2. Methods

### 2.1 Research Design

This study is a descriptive, exploratory, and correlational study aimed at examining the factors affecting the organizational socialization of clinical nurses.

### 2.2 Study Participants

The participants of this study were nurses who had worked for more than three months at three university hospitals and one general hospital lo-

cated in regions C and D. The criterion of three months was set based on previous research, which suggested that interpersonal relationships and attitudes toward the organization are established after three months. The specific selection criteria were as follows: a) General nurses who had been working in the hospital for more than three months. b) Those who understood the purpose of the study and voluntarily agreed to participate. Nurses working in administrative departments and nursing managers were excluded from the study. The number of participants was calculated using the G\*POWER 3.1 program, resulting in a minimum sample size of 152 based on an effect size of 0.15 [18], a significance level of 0.05, and a power of 0.9 with 11 predictor variables. Considering a response rate of approximately 80%, 200 questionnaires were distributed, and 193 were collected and used for final analysis.

### 2.3 Measurements

The tools used in this study consisted of a total of 117 items: 9 items on general characteristics, 42 items on care perception, 27 items on professional self-concept, and 39 items on organizational socialization.

#### 2.3.1 General Characteristics

General characteristics included 5 demographic questions (gender, age, religion, marital status, education level) and 4 job-related questions (monthly average income, department, work experience, and desired department).

#### 2.3.2 Care Perception

Arthur[19] and translated by Song and Noh[20], and later modified by Song[21] to fit the research environment, was used. This tool consists of 42 items rated on a 5-point Likert scale from 1 (not at all) to 5 (very much so). Negative items were reverse-scored, with higher scores indicating a higher

level of care perception. The reliability of this tool was Cronbach's  $\alpha = .94$  in Song's study [21] and Cronbach's  $\alpha = .88$  in this study.

### 2.3.3 Professional Self-Concept

The professional self-concept tool for nurses developed by Arthur[22] and translated by Song and Noh[23] was used. This tool includes 27 items divided into three domains: professional practice (16 items), satisfaction (7 items), and communication (4 items), rated on a 4-point Likert scale. Negative items were reverse-scored, with higher scores indicating a higher level of professional self-concept. The reliability was Cronbach's  $\alpha = .86$  in Kim's study[24] and Cronbach's  $\alpha = .82$  in this study.

### 2.3.4 Organizational Socialization

Organizational socialization was measured using a tool developed by Son et al. [25], which consists of 39 items across 7 domains: personal characteristics, collective characteristics, professional identity, job performance, job satisfaction, organizational commitment, and burnout. Items were rated on a 5-point Likert scale from 1 (strongly agree) to 5 (strongly disagree), with negative items reverse-scored. Higher scores indicated a higher level of organizational socialization. The reliability of this tool was Cronbach's  $\alpha = .89$  in this study.

## 2.4 Data Collection and Research Ethics

Data collection occurred from July 4 to August 31, 2016. The researcher visited three university hospitals and one general hospital in regions C and D, explained the purpose and methods of the study to the nursing department heads, and obtained consent. The ward managers then explained the study to the general nurses, ensuring confidentiality and voluntary participation. Completed questionnaires were sealed in individual envelopes to ensure anonymity and were collected by the re-

searcher during a follow-up visit two weeks later. A small gift was provided to participants.

This study was approved by the Institutional Review Board (IRB) of the College of Nursing at C-University (No. 2-1046881-A-N-01-201605-HR-018-01-04).

## 2.5 Data Analysis

Data were analyzed using IBM SPSS (version 22). The analysis methods were as follows:

a) Frequency, percentage, mean, and standard deviation were calculated for the general characteristics and main variables (care perception, professional self-concept, organizational socialization).

b) Differences in organizational socialization scores according to general characteristics were analyzed using t-tests and ANOVA, with post-hoc analysis by Scheffe test.

c) Pearson's correlation coefficient was used to analyze the relationships among the main variables (care perception, professional self-concept, organizational socialization).

d) Hierarchical regression analysis was conducted to identify the effects of general characteristics, care perception, and professional self-concept on organizational socialization, checking for multicollinearity using the Variance Inflation Factor (VIF) to ensure it did not exceed 10.

## 3. Results

### 3.1 General Characteristics and Main Variables Scores of Participants

The general characteristics of the participants in this study are shown in Table 1. There were 186 females (96.4%) and 7 males (3.6%). The average age was 28.86 years. Among the participants, 108 (56.0%) had no religion, and 144 (74.6%) were unmarried. The majority, 139 participants (72.0%), had a university degree or higher. Most participants worked in general wards (116, 60.1%). The average

work experience was 5 years and 4 months, with 65 participants (33.7%) having more than 6 years of experience. Regarding the preferred department, 102 participants (52.8%) indicated they were not in their preferred department. The average scores for the main variables were: caring perception, 155.68 ( $\pm 15.25$ ); professional self-concept, 75.58 ( $\pm 7.22$ ); and organizational socialization, 114.71 ( $\pm 15.67$ ).

**Table 1. General Characteristics of Participants** (N=193)

Characteristics	Categories	n (%) or Mean $\pm$ SD
Sex	Male	7(3.6)
	Female	186(96.4)
Age, yr	Range: 22-47	28.86 $\pm$ 5.93
Having Religion	Yes	85(44.0)
	No	108(56.0)
Marital status	Single	144(74.6)
	Married	49(25.4)
Educational level	College	54(28.0)
	University or Graduate School	139(72.0)
Income (10,000won/month)	< 200	35(18.1)
	200 ~ 249	87(45.1)
	250 ~ 299	45(23.3)
	$\geq$ 300	26(13.5)
	General inpatients units	116(60.1)
Wards	Special units (ICU, ER, OR, OPD)	77(39.9)
	< 1	24(12.4)
Clinical careers (yr) Mean $\pm$ SD=5.51 $\pm$ 5.47	1 $\leq$ ~ < 3	60(31.1)
	3 $\leq$ ~ < 6	44(22.8)
	$\geq$ 6	65(22.7)
	Yes	91(47.2)
The department that you want to	No	102(52.8)

ICU: Intensive Care Units, ER: Emergency Room  
OR: Operation Room, OPD: Out Patient Department

### 3.2 Organizational Socialization by General Characteristics

Table 2 shows the organizational socialization scores according to the general characteristics of the nurses. Significant differences were found in marital status, educational background, and preferred department. Married participants (120.61 $\pm$ 14.73) had higher organizational socialization scores than unmarried participants (112.70 $\pm$ 15.52) ( $t=-3.12$ ,  $p=.002$ ). Participants with an associate degree (118.72 $\pm$ 16.31) had higher or-

ganizational socialization scores than those with a university degree or higher (113.15 $\pm$ 15.19) ( $t=2.24$ ,  $p=.026$ ). Those working in their preferred department (118.13 $\pm$ 15.27) had higher organizational socialization scores than those not in their preferred department (111.66 $\pm$ 15.47) ( $t=-2.92$ ,  $p=.004$ ).

**Table 2. Organizational Socialization by the General Characteristics**

Characteristics	Categories	Organizational Socialization	
		Mean $\pm$ SD	t or F (p)
Sex	Male	125.43 $\pm$ 13.64	1.86 (.065)
	Female	114.31 $\pm$ 15.63	
Having Religion	Yes	114.29 $\pm$ 16.69	.33 (.745)
	No	115.04 $\pm$ 14.90	
Marital status	Single	112.70 $\pm$ 15.52	-3.12 (.002)
	Married	120.61 $\pm$ 14.73	
Educational level	College	118.72 $\pm$ 16.31	2.24 (.026)
	University or Graduate School	113.15 $\pm$ 15.19	
Average monthly Income (10,000won)	< 200	112.03 $\pm$ 15.56	2.56 (.057)
	200 ~ 249	112.64 $\pm$ 14.35	
	250 ~ 299	117.42 $\pm$ 17.76	
	$\geq$ 300	120.54 $\pm$ 14.82	
Wards	General inpatients units	114.39 $\pm$ 14.84	-.35 (.727)
	Special units (ICU, ER, OR, OPD)	115.19 $\pm$ 16.94	
Clinical careers (years)	< 1	114.88 $\pm$ 16.29	.36 (.783)
	1 $\leq$ ~ < 3	114.20 $\pm$ 16.31	
	3 $\leq$ ~ < 6	113.14 $\pm$ 14.11	
	$\geq$ 6	116.18 $\pm$ 16.07	
The department that you want to	Yes	118.13 $\pm$ 15.27	-2.92 (.004)
	No	111.66 $\pm$ 15.47	

### 3.3 Correlations Among Caring Perception, Professional Self-Concept, and Organizational Socialization

Table 3 shows the correlations among caring perception, professional self-concept, and organizational socialization of the participants. The analysis revealed a low but significant positive correlation between caring perception and professional self-concept ( $r=.33$ ,  $p<.001$ ). There was also a low but significant positive correlation between caring perception and organizational socialization ( $r=.25$ ,  $p=.001$ ). A high and significant positive correlation was found between professional self-concept and

organizational socialization ( $r=.72, p<.001$ ).

**Table 3. Correlations among Variables (N=193)**

r-value (p)	Caring Perception	Professional Self-Concept	Organizational Socialization
Caring Perception	1		
Professional Self-Concept	.33(<.001)	1	
Organizational Socialization	.25(.001)	.72(<.001)	1

**3.4 Impact of Caring Perception and Professional Self-Concept on Organizational Socialization**

To identify the factors influencing nurses' organizational socialization, organizational socialization was used as the dependent variable. In the first step, marital status, educational background, and preferred department, which showed significant differences in organizational socialization, were included as independent variables. In the second step, caring perception and professional self-concept, which were considered relevant to organizational socialization, were added. The analysis results are shown in Table 7.

To check for multicollinearity among the independent variables, the tolerance limits and variance inflation factors (VIF) were examined. The tolerance values ranged from 0.770 to 0.989, and the VIF values ranged from 1.011 to 1.299, indicating no multicollinearity problems among the variables.

In the first step of the hierarchical regression model, the general characteristics of the nurses, such as marital status, educational background, and preferred department, explained 10.9% of the variance in organizational socialization ( $F=7.77, p<.001$ ), indicating the regression model was significant. Marital status ( $\beta=-.26, p<.001$ ), educational background ( $\beta=-.17, p=.020$ ), and preferred department ( $\beta=-.17, p=.015$ ) were all significant variables influencing organizational socialization.

In the second step, after controlling for the general characteristics, caring perception and professional self-concept were added, and the ex-

planatory power increased to 53.3% ( $F=43.09, p<.001$ ), indicating a significant improvement. The variables influencing organizational socialization were educational background ( $\beta=-.14, p=.006$ ) and professional self-concept ( $\beta=.70, p<.001$ ).

**Table 4. Factors Influencing on Organizational Socialization**

	Model	beta	t	p	Adjusted R <sup>2</sup> (R <sup>2</sup> Change)	F (p)
I	Constant		23.5	<.001	.11	7.77 (<.001)
	Marital status (0=no, 1=yes)	.26	3.69	<.001		
	Educational level	-.17	-2.35	.020		
	The department that you want to (0=no, 1=yes)	-.17	-2.46	.015		
II	Constant		.25	.807	.53 (.42)	43.09 (<.001)
	Marital status (0=no, 1=yes)	.02	.28	.780		
	Educational level	-.14	-2.77	.006		
	The department that you want to (0=no, 1=yes)	-.02	-.39	.697		
	Caring Perception	.03	.50	.620		
	Professional self-Concept	.70	12.36	<.001		

**4. Discussion**

In this study, we first identified the correlations between the main variables: caring perception, professional self-concept, and organizational socialization to determine the factors affecting organizational socialization. The results indicated a statistically significant positive correlation between nurses' caring perception and professional self-concept. This aligns with the studies by Noh and Song[20], and Song[21], which compared caring perception and professional self-concept between nurses and nursing students, indicating that the more positive the caring perception, the higher the professional self-concept.

The relatively low correlation between caring perception and both professional self-concept and organizational socialization suggests that caring, a

core phenomenon of nursing which signifies deep concern, compassion, and respect for others, may be more heavily influenced by nurses' personal values and beliefs[26]. This indicates that caring perception may not directly connect with the processes of organizational socialization. Therefore, a deeper understanding of how nurses' personal attribute of caring perception integrates with their roles within the organization is necessary. Particularly, further research is required to explore how the fundamental value of caring in nursing is reflected within the organization and how these values can be integrated into the formation of professional self-concept and organizational socialization. However, the professional self-concept showed a high positive correlation with organizational socialization, consistent with previous studies[9].

The regression analysis to identify the factors influencing the organizational socialization of hospital nurses revealed that marital status, educational background, and desired department were major factors. The first factor affecting organizational socialization was marital status, with married nurses showing higher organizational socialization than single nurses. This finding aligns with the studies by Song[8] and Lee[27], suggesting that marriage expands an individual's social network, provides psychological stability, and enhances job commitment.

Among the factors influencing nurses' organizational socialization, educational background emerged as a significant element, with nurses holding associate degrees showing higher levels of organizational socialization compared to those with bachelor's degrees or higher. This aligns with the findings of Kwak Myung-Hee's study, which reported that nurses with three-year diplomas experienced higher organizational socialization than those with four-year degrees or higher, targeting nurses with less than one year of experience[9]. This outcome suggests that the curriculum for associate degrees, being more practice-oriented, might enable

new nurses to adapt more quickly and integrate more effectively into clinical settings, resulting in higher organizational socialization.

On the other hand, studies like those by Song[8] and Lee[27], which included both new and experienced nurses, reported that higher educational attainment was associated with higher organizational socialization, indicating mixed results. Typically, higher experience levels correlate with increased organizational socialization[8,27]; however, in this study, the prevalence of nurses with associate degrees who have over six years of experience might explain the higher levels of organizational socialization observed. This discrepancy highlights the need for more in-depth qualitative research for a better understanding of these differences. Additionally, when designing nursing education and career development programs, a differentiated approach based on educational and experience levels might be necessary.

Another significant factor was the desired department, with nurses working in their preferred departments showing higher organizational socialization than those working elsewhere. This finding is consistent with studies by Kwak[9] and Song[28], and Son[25], which showed that nurses working in their desired departments had significantly higher collective characteristics, professional identity, job satisfaction, and organizational commitment. This positive effect of department preference on organizational socialization was also evident in the study by Song[29], which focused on nurses with more than one year of clinical experience.

After controlling for general characteristics, the second-stage model confirmed that educational background and professional self-concept were determining factors influencing organizational socialization. Higher professional self-concept was a positive influencing factor, consistent with the study by Kwak[9], which compared professional self-concept and organizational socialization

among new nurses. To enhance nurses' organizational socialization, it is crucial to improve their professional self-concept and provide differentiated support and programs according to their educational level. Additionally, human resource management strategies that enable nurses to perform tasks matching their educational level and maximize their capabilities are important. Furthermore, as professional self-concept is influenced by organizational characteristics and improves with higher communication skills, strategies to enhance these skills are also needed.

Successful organizational socialization helps nursing managers understand individual levels. Nursing managers tend to perceive nurses with extensive clinical experience as well-socialized. However, even if they have experienced the same socialization process, individual differences arise due to various factors such as work environment, colleagues, and work atmosphere. Therefore, flexible and adaptive socialization programs are required. Moreover, continuous nursing education to foster the growth of experienced nurses within the workplace and create a complementary organizational atmosphere is necessary for successful organizational socialization. Establishing organizational socialization can enhance positive perspectives among members, increase job satisfaction and organizational commitment, and ultimately improve organizational performance.

## 5. Conclusion

This study examined the impact of nurses' caring perception, professional self-concept, and organizational socialization. The results indicated that establishing a strong caring perception and professional self-concept among nurses could achieve successful organizational socialization early on. Therefore, continuous attention to factors influencing each individual's caring perception and pro-

fessional self-concept is necessary. It is crucial to provide educational programs that accumulate knowledge applicable in clinical settings to enhance nurses' caring perception and professional self-concept. Additionally, hospitals need to plan effective human resource management and differentiated programs to improve the organizational socialization of nurses. This study focused on personal variables affecting organizational socialization, but ongoing research is needed to identify various factors influencing organizational socialization. However, this study was based on a sample survey of nurses working in general hospitals located in Daejeon Metropolitan City and its neighboring cities. Thus, caution is required when generalizing the results nationwide. Moreover, there are many similar concepts among the tool items measuring professional self-concept and organizational socialization. Future studies should adjust or revise the items to address this issue.

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