RELATIONSHIPS AMONG NURSES’ PROFESSIONAL IDENTITY, CAREER SATISFACTION, OCCUPATIONAL COMMITMENT, AND INTENT TO STAY

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Doctor of Philosophy

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DEDICATION

This dissertation is dedicated to my mother, who was the first nurse to ever teach me what being a nurse was all about. I am only sorry she is not here to share this achievement with me. I know that she would have been very proud.
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This degree was not achieved in isolation. There are many individuals who have helped my journey along the way. The greatest thanks go to my committee; my chair, Dr. Lois Ryan Allen, and committee members Dr. Barbara Patterson, and Dr. Elizabeth Bayley. You have worked diligently to make me ask the best of myself. I have learned so much from all of you. Lois, I appreciate the extra time you always seemed to have when I needed it most – and the push to always stay on task. Thank you for sharing your stories, your knowledge of just about everything, and your true passion for nursing and nursing research!

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ABSTRACT

The shortage of registered nurses (RNs) in the United States continues to be of major concern in the healthcare industry. This shortage is expected to intensify as the current workforce ages, the general population ages, and the need for healthcare grows. It has become increasingly important to investigate the factors that contribute to nurses' commitment to the profession of nursing and intent to stay in the profession. The first purpose of the study was to describe RNs' professional identity, career satisfaction, and occupational commitment and intent to stay. The second purpose was to discover how the professional identity of nurses, career satisfaction, and occupational commitment are related to intent to stay in the nursing profession.

A descriptive correlational study was conducted. A blended model of Bonding into Nursing and the Three-Component Commitment Model served as the theoretical framework. A national mailed survey included a researcher-developed demographic questionnaire; The Nurses' Professional Identity Scale; The Mariani Nursing Career Satisfaction Scale; and the Occupational Commitment Survey. Approval for the solicitation of subjects was granted prior to initiation of this study from the Institutional Review Board.

One hundred thirty-seven registered nurses from throughout the United States completed the survey booklets. The mean age of the participants was 50.41 years. Females represented 92% of the sample. The nurses in the sample reported high professional identity, high career satisfaction, moderately high occupational commitment, and strong intent to remain in the nursing profession. Stepwise multiple regression revealed that nurses' professional identity was the best predictor of intent to stay in the nursing profession.

This research adds to the body of knowledge concerning factors that influence nurses' intent to stay in the profession. Knowledge has been generated about how nurses perceive their own identity as nurses through responses on the Nurses' Professional Identity Scale. This study
also provides additional knowledge concerning the relationships among nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession.
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CHAPTER ONE
INTRODUCTION

The shortage of registered nurses (RNs) in the United States continues to be of major concern in the healthcare industry. According to the American Association of Colleges of Nursing (AACN), this shortage is expected to intensify as the current workforce ages, the general population ages, and the need for healthcare grows (2008). According to the AACN, multiple factors are contributing to the continued and growing nursing shortage. These factors include an aging nursing workforce, job burnout, and dissatisfaction of the current nursing workforce (AACN). High nurse turnover rate and vacancy rates affect access to health care. It has become increasingly important for the nursing profession to identify factors that predict commitment to and retention in the profession.

Background and Statement of the Problem

The current and projected shortage of nurses remains an ongoing issue for health care services. In addition to growing the pool of nurses entering the profession, it is equally important to discover methods for retaining nurses in the workforce. The U. S. Department of Health and Human Services (2002) estimates that nationally, by 2020, hospitals will face a shortage of almost 800,000 nurses. Despite the easing of this original projected shortage due to an economic recession, Buerhaus, Staiger, and Auerbach (2009) maintain that this shortage will remain profound. Mounting organizational and global attention is being focused on retention and recruitment of nurses. Reports of higher job vacancies, job dissatisfaction, and turnover rates, along with associated costs, are driving
health care organizations to develop more effective ways of recruiting and retaining a committed workforce of nurses (Buerhaus, Staiger, & Auerbach, 2000).

While shortages have occurred in the nursing profession throughout history, experts are finding the current nursing shortage particularly serious. Nursing turnover rates have continued to rise over the last decade. Nurses are leaving the profession in record numbers (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). This current shortage is considered both a supply and demand shortage. The supply of RNs is affected by more nurses nearing retirement age and diminishing numbers of new nurses able to enter the profession (Letvak, 2002). In order to provide quality healthcare to a growing and aging population there will be an increased demand for RNs over the next two decades. The nation's population is projected to grow 18% between the years of 2000 and 2020. Within this growth, the subgroup of individuals aged 65 and older is projected to grow by 54%. This subgroup of the population contributes disproportionately to healthcare spending and use of resources, including nursing care (USDHHS, 2002).

It has become increasingly important to investigate the factors that contribute to nurses' commitment to the profession of nursing. The aging and looming retirement of practicing RNs, and the numbers of RNs leaving the nursing profession for other employment, all add to the growing shortage of nurses. These factors have affected the choices that individuals make in choosing their profession, and in determining how long they plan to stay in the workforce (Nogueras, 2006).

Buchan (2002) asserted that there is little point in addressing recruitment issues if an organization is unable to retain its current workforce. Working conditions are one part of the issue of retaining nurses. There are both internal and external factors that
contribute to retention of nurses in the workplace. Buchan (2002) and Carpenter, Shoffner, and Sarudi (2000) stated that nurses will only continue to support a workplace that provides opportunities for professional development, flexibility, and professional autonomy. Researchers continue to emphasize the importance of professional identity of nurses in the debate surrounding retention of nurses (Cowin, Craven, Johnson, & Marsh, 2006). Nurses need to feel a sense of belonging to the profession. A sense of role-fulfillment and a match between self-concept and professional identity is an important aspect to retaining staff (Ramsey, 2000). This sense of belonging to the profession is of particular relevance for retention as researchers have established that how nurses perceive themselves within their work environment has been a significant source of problems relating to professional identity, career satisfaction, occupational commitment, and intent to stay in the profession (Fagermoen, 1997; Honess & Yardley, 1987).

Professional identity is a complex phenomenon that is perceived and practiced in different ways across disciplines and among individuals. There has been considerable attention afforded professional identity in the nursing literature (Adams, Hearn, Sturgis, & Clark, 2006; Cook, Gilmer, & Bess, 2003; Fagermoen, 1997; Miller, 2004) underscoring its importance to nursing. Professional identity is defined as the nurse’s conception of what it means to be and act as a nurse (Ohlen & Segesten, 1998). Cowin (2001) similarly defined professional identity as the professional self-perception or self-concept of the nurse. The education of nurses involves more than acquiring a body of scientific knowledge and skills for caring for patients. This process involves the construction of professional identities. Throughout this process, nurses incorporate the
values, attitudes, and beliefs necessary to fill the professional role. In constructing a professional identity, nurses begin to integrate the "being of a nurse" (Gregg, 2000, p. 129) into the self.

Several studies have been conducted to conceptualize the phenomenon of professional identity in nursing and to explore factors that contribute to the development of a professional nursing identity (Cook et al., 2003; Deppoliti, 2003; Fagerberg & Kihlgren, 2001; Fagermoen, 1997; Gregg, 2000). An analysis of the multiple uses of professional identity included in a review of the literature provided some common characteristics. A commonly repeated theme was that a professional identity grew from one's personal identity (Fagermoen, 1997; Jurasaitė-Harbison, 2005).

Several authors (Costello, 2004; Solyom, 2006) discussed the importance of some type of socialization as the novice transitions into the profession, therefore developing a professional identity. Novices need to have positive role models throughout their careers in order to develop and maintain a professional identity. According to Fetzer (2003) nursing is a profession and a social phenomenon which consists of internalizing values, beliefs, and skills while assuming the role of professional nurse. The process of socialization leads to the development of oneself as a professional nurse. MacIntosh (2003) found that in spite of professional socialization through nursing education programs, many nurses experience stress once they become working professionals. This social process then must continue as nurses rework professional identity as they transition from new graduate to working nurse.

Self-reflection was another theme occurring in the literature (Fagerberg & Kihlgren, 2001; Jurasaitė-Harbison, 2005; Solyom, 2006). Professionals need to be able
to view themselves within the world of the profession, and to define their own place in the context of that world. The above cited authors also reflected on the interpersonal aspect of developing a professional identity. Emphasis was placed on reciprocal relationships— with self, patients, and colleagues— that contribute to the development of identity within one’s profession.

There was considerable discussion in the literature about the positive effects of professional identity development, both for the individual and for the profession of nursing as well. Professional identity involves increased positive professional self-image, professional fulfillment, a sense of belonging, and affirmation of professional competence (Fagermoen, 1997; Ohlen & Segesten, 1998; Secrest, Norwood, & Keatley, 2003). Gregg (2000) found that nurses with strong professional identities felt a stronger sense of commitment to, and a greater sense of satisfaction with, their nursing careers.

One of the major challenges facing the nursing profession is to identify contributors to career satisfaction. Identifying such factors would enable organizations to implement effective plans for retention of nurses. Career satisfaction refers to feelings of contentment that a nurse experiences from a nursing career (Mariani, 2007). Few studies have been found that explored career satisfaction in nursing specifically as a concept. Most of the identified research found in the literature focused on job satisfaction of nurses. Mariani explored the relationship between mentoring, career satisfaction, and intent to stay in the nursing profession. Mariani found a small but statistically significant relationship between career satisfaction and intent to stay in the profession ($r = .15$), with only “2.3% of the variance in intent to stay explained by career satisfaction. The residual 97.7% of the variance was due to other, as yet unexplained, factors” (p. 84). The present
study explored career satisfaction in addition to two other variables (professional identity and occupational commitment) with a possible affect on intent to stay.

The current study investigated career satisfaction as a broader concept than the concept of job satisfaction. Although most of the studies identified in the literature explored the concept of job satisfaction, this investigator explored a number of studies that linked job satisfaction with overall satisfaction with nursing as a career. For this reason, those studies did inform the current study and are included for review.

Research indicates that low levels of job satisfaction are prevalent among nurses. Sochalski (2002) reported that one in every three nurses expressed low satisfaction with the work of nursing. Aiken, Clarke, and Sloane (2001) reported that more than 40% of practicing nurses expressed dissatisfaction with nursing. Sources of low satisfaction have been associated with factors that interfere with patient care, relations with colleagues, personal factors, and the career stage of nurses (McNeese-Smith, 1999). Kovner, Brewer, Wu, and Suzuki (2006) found multiple factors associated with satisfaction of registered nurses. These authors found that satisfaction was explained by work setting factors and personal characteristics of the nurses.

Wolf (2001) identified several factors affecting job satisfaction of nurses. These factors included low autonomy, lack of participation in decision-making, and lower wages in comparison to other professionals. Wolfe found that these factors also affect the retention of nurses, as a direct result of job and, ultimately, career dissatisfaction. Studies have demonstrated the importance of job satisfaction in turnover intent (Barrett & Yates, 2002; Irvine & Evans, 1995; Larabee et al., 2003).
A number of classic studies (Irving, Coleman, & Cooper, 1997; Meyer & Allen, 1991; Meyer, Allen, & Smith, 1993) have supported an association between occupational satisfaction, occupational commitment, and turnover. Lee, Carswell, and Allen (2000) conducted a meta-analysis which showed that occupational commitment is the best single predictor of occupational turnover intention. Nogueras (2006) found that nurses with higher occupational commitment were less likely to express intent to leave the profession. Individuals with higher occupational commitment strongly identified with and had positive feelings about their occupation (Blau, 2003). Occupational commitment is a phenomenon that may be related to intent to stay in the profession, and was a variable measured in the current study.

Nursing has had a history of a high turnover rate when compared to other professions (Wagner & Huber, 2003). This registered nurse (RN) turnover is a major concern because of its effects on quality patient care and on replacement costs for nurses who leave. Fischer, Hinson, and Deets (1994) conducted a study to identify predictors of registered nurses’ intent to stay. Fischer et al. suggested that retention efforts should include participative management and a communication style that allows staff input in decision making. These findings are consistent with those of Wolf (2001). In a review of literature to determine factors that contribute to nurses’ intent to stay, Goodin (2003) identified that one of the possible solutions of high turnover within the profession is to encourage nurses to further their education. This continuing education was also suggested by Mitchell (2003) who asserted that what may be most threatening to nurses is the lack of focus within nursing education on the art of the profession. Mitchell asserted that this inherent nursing knowledge about the art of nursing may be missing for individual nurses
and may be crucial in the efforts to retain nurses in the profession. The implications may be that while initial nursing education prepares nurses for competent practice, continuing higher education allows nurses to further explore their experiences of being nurses and to internalize the art of nursing.

Because of the deepening nursing shortage, and the large number of nurses leaving the profession (AACN, 2007), the remaining practicing nurses will continue to feel increased pressures from the work of nursing. It has become increasingly important to examine the reasons for nurses leaving the profession, and to explore methods to address those reasons. Studying the professional identity of nurses, career satisfaction, and occupational commitment may provide insight into attrition from the profession. Previous research has focused on both internal and external factors of job and career satisfaction, factors predicting occupational commitment to the nursing profession, and the construction of nurses' professional identity. This study sought to expand the knowledge of the relationships among professional identity of nurses, career satisfaction, occupational commitment, and intent to stay in the profession.

Purposes of the Study

The first purpose of the study was to describe nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. The second purpose of this study was to discover the relationships among professional identity of the nurse, career satisfaction, occupational commitment and intent to stay in the nursing profession.

Research Questions

The following research questions were addressed in this study:
1) What are nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession?

2) What are the relationships among nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession?

Hypothesis

According to Burns and Grove (2009), hypotheses serve to identify the expected relationships among variables in a population. For this study, the research hypothesis was:

The linear combination of nurses’ professional identity, career satisfaction, and occupational commitment predicts intent to stay in the profession better than any one variable alone.

Definitions of Terms

The following terms were used in this study. This section will provide theoretical definitions of terms, followed by operational definitions of the variables being investigated.

1) Nurse is a licensed registered nurse currently working in the nursing profession in the United States. No limitations were placed on age, work environment, gender, work status (part-time versus full-time), or length of years in the profession. These data were collected on the demographic survey (Appendix A).

2) Nurses’ professional identity is “the individual nurse’s perception of her/himself in the context of nursing practice” (Ohlen & Segesten, 1998, p. 722). Professional identity was measured by total scores on the Nurses’ Professional Identity Scale (NPIS) (Sharbaugh, 2007) (Appendix B).
3) **Career satisfaction** is an employee’s affective reaction to a career. It is the sense of fulfillment that a nurse feels from a career in nursing. Total scores on the Mariani Nursing Career Satisfaction Scale (MNCSS) were used to measure career satisfaction (Mariani, 2007) (Appendix C).

4) **Occupational commitment** is a psychological link between people and their occupations that is based on an affective reaction to that occupation. It is a commitment to a particular line of work (Meyer & Allen, 1991). Occupational commitment was measured by total scores on the Occupational Commitment Survey (Blau, 2003). This instrument measures three components of occupational commitment; affective occupational commitment, normative occupational commitment, and continuance occupational commitment (Appendix D).

   a) **Affective occupational commitment** is the emotional attachment to a profession and was measured by scores on the affective occupational commitment subscale. This subscale includes items 1 – 6 on the Occupational Commitment Survey.

   b) **Normative occupational commitment** refers to a feeling of obligation to remain in a profession and was measured by scores on the normative commitment subscale. This subscale includes items 7 – 12 on the Occupational Commitment Survey.

   c) **Continuance occupational commitment** involves the individual’s assessment of the costs associated with leaving the profession and was measured by the continuance commitment subscale. This subscale includes items 13 – 24 on the Occupational Commitment Survey. This component is further divided into accumulated costs and limited alternatives.
1) **Accumulated costs** measures the investments in one's profession that would be lost if one left the profession and was measured by scores on items 13 – 20 on the Occupational Commitment Survey.

2) **Limited alternatives** are the perceived lack of available options for pursuing a new occupation and was measured by items 21 – 24 on the Occupational Commitment Survey.

5) **Intent to stay** is a nurse's decision to continue working in the profession of nursing. Intent to stay was measured by the response to item number 19 on the Demographic Questionnaire. This question asked participants to rate their intent to stay in nursing throughout their working years on a visual analog scale of agreement.

**Theoretical Framework**

A theoretical framework is important to understand and illuminate a concept of interest, and offers a point of view for interpreting the findings of a study. The theoretical work of Gregg (2000) on bonding into nursing and Meyer, Allen, and Smith’s Model of Occupational Commitment (1993) were blended to provide a framework for this study. This study focused on nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the profession of nursing. Gregg’s work explored the process of establishing the professional identity of nurses as a basic social process. She described multiple interrelated stages within the theory representing events or experiences that nurses travel through as they bond into nursing, and eventually develop a commitment to the profession (Gregg). While Gregg’s theory is a beginning theory based on her dissertation work with Japanese nurses, the conceptual relationships
provided direction for the current study. The current study further tested Gregg’s theory with nurses from the United States.

The Model of Occupational Commitment supports the link between external and internal factors that predict an individual’s commitment to, and ultimate decision to remain in, a particular occupation. Components of each of these models provided support for this study on professional identity, career satisfaction, occupational commitment, and intent to stay in nursing.

Bonding into Nursing

Bonding into nursing was described by Gregg (2000) as a beginning theory defined as “the process each nurse experiences to establish his/her professional identity as a nurse” (p. iii). According to Gregg, nurses establish a professional identity over time and in relation to others as they learn from being a nurse. Throughout this process, nurses come to the realization that being a nurse is an important part of their personal self. Nurses establish their own philosophies of nursing based on their particular experiences and relationships. Gregg developed the theory in order to explain the process of developing an internal, subjective self-conceptualization associated with the role of nurse. Gregg asserted that understanding the process of establishing the professional identity development of the nurse should help develop professional identity. Developing a professional identity leads to a commitment to the profession (Gregg). This theory provided a foundation for two of the concepts in the present study; professional identity and commitment to the profession (occupational commitment). The theory is depicted in Figure 1.
Gregg (2000) identified six categories which reflect the major concepts and patterns that lead to the development of a professional identity as a nurse. These categories included “learning from work experiences, recognizing the value of nursing, establishing one’s own philosophy of nursing, gaining influences from education, having a commitment to nursing, and integrating nurse into self” (Gregg, p. 94). These categories were depicted as part of the social process of “bonding into nursing” (Gregg, p. 134).

![Diagram of bonding into nursing](image)

**Figure 1. Bonding into Nursing (Gregg, 2000, p. 132). Reproduced with permission.**

The process of bonding into nursing was described by Gregg (2000) and is discussed in the following section. Gaining influences from education is depicted as a beginning influence for the process. This refers to nurses’ beginning educational
experiences in nursing school as well as further education the nurse gains after becoming a nurse. Nurses in Gregg's study became nurses for a variety of reasons. Some entered nursing because of childhood aspirations. Others chose nursing after failed attempts at other careers, and still others chose the profession because of family pressure. Although the motivation to become nurses varied, how nurses evaluated their basic nursing education was an important influence on the process of bonding into nursing.

Having a commitment to nursing directly relates to the other stages, so that commitment changes as other stages evolve. The three stages of learning from work experiences, recognizing the value of nursing, and establishing a philosophy of nursing occur at different times for different nurses. These stages are related to one another and proceed in a spiral progression, which, according to Gregg (2000) represents constant evolution. The spiral nature of the process means that it is possible for a nurse to return to a previous stage, but any change occurs at a higher level. Each stage of the process is directed at bonding into nursing. The final stage of the process is reached by the integration of being a nurse into self. Components of the process are discussed in additional detail in the next section.

Learning from work experience means that nurses learn about their own perspectives of being a nurse from the doing of nursing (Gregg, 2000). Theoretical subprocesses identified within the learning experiences included gaining influences from other nurses and having their own experiences influence their thoughts about nursing. Nurses learned from interactions with patients, families, and other nurses. "Nurses’ own experiences in their daily practice affected their way of thinking about nursing" (p. 135).
This learning experience influences all other factors involved in the development of a professional identity.

Recognizing the value of nursing includes becoming aware of the value of nursing work. Forming one's own values and beliefs, and recognizing the meaning of becoming a nurse become critical to the process of establishing a professional identity (Gregg, 2000). This theory suggests that becoming a nurse and recognizing the meaning of the profession occurs over time and is not inherently present upon graduation from school.

Establishing a philosophy of nursing consists of clarifying important aspects of the practice of nursing (Gregg, 2000). Nurses develop strong beliefs about the practice of nursing through their own experiences. Nurses also develop an image of an ideal nurse and realize the important aspects of being a nurse. These strong beliefs about nursing and the work of nursing lead to a philosophy of nursing, and become an integral part of the process described by Gregg.

The commitment to nursing becomes more focused and stronger through the process of establishing professional identity. The commitment to nursing leads to continuing to work as a nurse, allowing nurses to continue to learn from their working experiences and to gain influences from education, continuing the process of identity formation. All of these categories are described by Gregg as having mutual influences which lead to the final stage in the process, which is “integrating a nurse into self” (p. 126). At this stage, nurses begin to identify as a nurse, regardless of the working role they may fill. Nurses at this stage in the process who have established professional identity do not separate their personal self from being a nurse. It is at this stage that nurses self identify as nurses (Gregg).
This theory provided a basis for explaining the development of nurses' professional identity. The concepts described in this theory partially informed the development of the Nurses' Professional Identity Scale (Sharbaugh, 2007). Items on the instrument include questions designed to elicit information about initial nursing education experiences, recognizing the value of nursing, learning from work experiences, and commitment to nursing. Gregg served as a content expert and ongoing resource throughout the instrument development process.

This theory posits that the process of developing a professional identity leads to a commitment to the profession and the integration of nurse into self. “Bonding into nursing” (Gregg, 2000, p. 134) provides conceptual links among the six categories describing the process through which a nurse develops a professional identity. The current study explored the relationship between nurses’ professional identity, career satisfaction, occupational commitment and intent to stay.

The Three-Component Model of Commitment

The theoretical conceptualizations in this study are also derived in part from the perspectives proposed by Meyer, Allen, and Smith (1993). The Three-Component Model of Commitment suggests that occupational commitment is a complex and multidimensional construct. The model describes the psychological link between an individual and the decision to remain in a particular occupation. The model includes three components: affective, which refers to emotional attachment to, identification with, and involvement in the occupation; normative, which refers to a perceived obligation to remain in the occupation; and continuance, which refers to perceived costs of leaving (Meyer & Allen, 1997). This model is depicted in Figure 2.
Meyer and Allen (1991) initially developed the model in the context of organizational commitment. Meyer, Allen, and Smith (1993) further extended the organizational commitment to the occupational commitment model, based on a sample of 600 Canadian registered nurses and 366 Canadian nursing students. According to the extended model, an individual's psychological commitment shifts from an organization to the occupation or profession based on the individual's emotional link to the occupation.

![Figure 2. Three-Component Model of Occupational Commitment (Meyer, Allen, & Smith, 1993).](image)

According to the Three-Component Model of Commitment, affective commitment and normative commitment are positively related to job performance (Meyer & Allen, 1991). Affective commitment develops when involvement in a profession is a rewarding experience for an individual. An individual who is affectively committed has a strong desire to continue in the profession. Normative commitment develops with positive experiences as a result of professional engagement. Normative commitment leads to a sense of obligation to continue in a profession. Strong continuance commitment, on the other hand, leads to an individual continuing in the profession based
on the negative consequences of leaving. Negative consequences of leaving may include financial loss or loss of accumulated benefits. These individuals stay because they feel they have to. Those individuals continuing in a profession based on continuous commitment do not manifest the same ties to the profession as those motivated by affective or normative commitment (Meyer et al., 1993). According to Blau (2003), individuals who stay based on continuous commitment are less likely to promote their occupation to the public or to adhere to its professional standards.

Meyer and Allen (1997) identified several antecedents to affective commitment. These include personal characteristics, structural characteristics, and work experiences. A personal characteristic that influences affective commitment is perceived competence in one’s occupation. Affective commitment is also influenced by positive experiences within the occupation early in one’s career, described by Meyer and Allen as a structural characteristic. Experiences within an occupation that are consistent with an individual’s expectations result in the development of stronger affective attachments.

Normative commitment develops as a result of the internalization of pressures that create a sense of obligation (Meyer et al., 1993). This may occur through a process of socialization that emphasizes the appropriateness of remaining loyal to one’s occupation. Normative commitment may also develop through the receipt of benefits, such as tuition payment, or expanded skills training, that create within the professional a sense of obligation to reciprocate. Normative commitment instills a sense of obligation to continue in a profession (Blau, 2003; Meyer et al.).

Continuance commitment develops as the individual makes investments (such as time or status achievement) that would be lost if he or she changed occupations.
Continuous commitment also develops as individuals recognize that the availability of alternative occupations is limited (Meyer et al., 1993).

Blending of Models and Application in this Study

A blended model of bonding into nursing and occupational commitment was used as the theoretical basis for this research study. This blended model was synthesized from the works of Gregg (2000) and Meyer et al. (1993). The blended model as applied to the current study is depicted schematically in Figure 3.

The models share some common elements surrounding one’s commitment to a profession. Both models describe antecedents to commitment to a profession. Bonding into Nursing describes these antecedents as patterns that lead to the identification of a basic social process, identified as bonding into nursing (Gregg, 2000). The initial antecedent is gaining influences from education. An additional antecedent is the learning that occurs from different work experiences. Nurses learn about themselves and about nursing from interacting with clients and other nurses. Meyer, Allen, and Smith (1993) describe antecedents to occupational commitment that are similar to those described by Gregg as antecedents to professional identity development. These include gaining influences from work experiences, and positive experiences early in one’s career.

Nurses recognize the value of nursing and nursing work. Being a nurse becomes an integral part of one’s personal self and contributes to commitment to the profession. Throughout the process of bonding into nursing, nurses develop a personal philosophy of nursing to guide the practice of nursing. This occurs concurrent with work experiences as well as positive educational experiences. This process leads to a feeling of commitment to the profession and the development of a professional identity as a nurse (Gregg, 2000).
Figure 3. A Blended Model of Bonding into Nursing (Gregg, 2000) and the Three-Component Model of Occupational Commitment (Meyer, Allen, & Smith, 1993).
Bonding into Nursing (Gregg, 2000) suggests that through the process of developing professional identity, a nurse comes to feel a greater sense of commitment to the work and to the profession of nursing. This outcome has similarities to affective occupational commitment as proposed in the Model of Occupational Commitment. Meyer, Allen, and Smith (1993) further define different components of occupational commitment through relationships with both internal and external factors. According to this model an individual develops a psychological commitment to an occupation or profession based on an emotional link to the profession. Individuals participate in an occupation because they want to do so (affective commitment), because they feel an obligation to do so (normative commitment), or because they need to do so (continuance commitment) or through some combination of these. The current study measured overall occupational commitment as well as the various components defined within the model in order to determine relationships among the various components and intent to stay in the profession, or retention.

The blended model of Bonding into Nursing (Gregg, 2000) and the Model of Occupational Commitment (Meyer et al., 1993) captures factors that are significant to commitment to nursing and RN intent to stay in the profession. A person who strongly identifies with the profession of nursing and who is affectively committed has a strong desire to continue in the profession. It was the intent of this researcher to determine if relationships among professional identity, career satisfaction, and occupational commitment were predictors of RN intent to stay in the profession.
Assumptions of the Study

The following statements are the researcher's assumptions for this study.

1. Participants will respond truthfully and in good faith to the surveys.
2. Nurses perceive a sense of professional identity which can be measured.
4. Nurses will have realistic awareness of their intent to stay in the profession.

Significance of the Study

Previous research has focused on specific work conditions that contribute to the retention of nursing staff. This research investigated how nurses' professional identity, career satisfaction, and occupational commitment are related to intent to stay within the profession. This research has implications for nursing science and research, nursing practice, and nursing education.

Nursing Science and Research

This study has added to the body of knowledge about the professional identity of nurses, as well as retention of nurses in the profession. Findings from this study may contribute to the knowledge about how nurses feel about themselves as nurses. Researchers have explicated the process of constructing a professional identity (Cook et al., 2003; Deppoliti, 2003; Gregg, 2000) as well as defining components of this phenomenon (Fagermoen, 1997). This study adds to the knowledge about professional identity, career satisfaction, occupational commitment, and the nurses' intent to stay in the profession. Knowledge has been generated about how nurses perceive their own identity as nurses through responses on the Nurses' Professional Identity Scale (Sharbaugh, 2007).
This study tested a blended model of occupational commitment as applied to nurses and bonding into nursing. Several researchers (Blau, 2003; Irving et al., 1997; Lee et al., 2000; Meyer et al., 1993) have examined the application of the Three-Component Model of Occupational Commitment in various occupations. Gregg (2000) examined the phenomenon of bonding into nursing as a result of the development of nurses’ professional identity. The current study examined professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. Through the current research, the theory of Bonding into Nursing (Gregg, 2000) has been strengthened, as applied to nurses in the United States. Additionally, the Three-Component Model of Commitment as applied to nursing has been strengthened. A blended theory enhances nursing as a science and provides a basis for further research.

A valid and reliable research instrument to measure nurses’ professional identity, the Nurses’ Professional Identity Scale (Sharbaugh, 2007) has been developed by the researcher. This instrument will add to the science through its use to measure nurses’ professional identity. Additional data collected for this study has assessed the reliability for this instrument as used in the current sample. The current study has contributed to the reliability data available about the Mariani Nursing Career Satisfaction Scale (MNCSS) (Mariani, 2007).

Nursing Practice

The United States is facing a critical shortage of RNs. The nursing shortage necessitates that more nurses be retained in the profession. It is important to examine factors that contribute to retention in the nursing profession. The current study has generated knowledge about specific factors, including nurses’ professional identity,
career satisfaction, and occupational commitment that may contribute to nurses’ intent to stay in the profession.

The findings may be of importance to nursing practice and administration, in that insight has been provided into the components of professional identity of nursing. This may become important as health care organizations seek to find ways to retain a workforce that continues to struggle to meet the demands of society. Although it has been recognized in previous studies (McNeese-Smith, 1999; Parsons, 1998) that career satisfaction is an important element in retaining nurses, no studies were found by this researcher that explored the effect of professional identity on intent to stay. This study then, adds knowledge in this area.

Through the use of the Nurses’ Professional Identity Scale, new graduate nurses may be assessed for their professional identity at the beginning of their career. If deficits are detected, identity formation can be supported by professional development or continuing education programs designed to focus on the aspects of professional identity formation, thereby increasing the new nurses’ confidence and feelings of being a nurse. Increased confidence and feelings of being a nurse may lead to a greater sense of satisfaction with the career, greater commitment to the profession, and intent to stay in nursing (Gregg, 2000).

Administrators may incorporate strategies for orientation programs and ongoing professional development in order to strengthen the professional identity of nurses. This study has provided some insight into how the professional identity of the nurse, career satisfaction, and occupational commitment relate to intent to continue in the profession. Retention strategies could be designed on the basis of professional identity issues for
nurses, rather than only on external issues such as pay, shift work, and tasks. Nogueras (2006) suggested that nursing leaders utilize occupational commitment and intent to leave the profession as concepts to be measured when investigating the future retention of the nursing workforce.

**Nursing Education**

Nursing education may benefit from the knowledge generated about professional identity, career satisfaction, and occupational commitment, and intent to stay in the nursing profession in several ways. Through further validation of the Nurses’ Professional Identity Scale, those attributes leading to a strong professional identity could be incorporated into nursing curricula. Students may be fostered and socialized in different ways as faculty focus on the construction of professional identity. If students are educated about the problems facing practicing nurses, the result may be better prepared graduates. Lynn and Redman (2005) found that intention to leave nursing is partially driven by a lack of professional socialization. Positive aspects of the profession may be highlighted as students are gaining education and understanding about the profession of nursing.

**Chapter Summary**

The nursing shortage must continue to be addressed as it is anticipated to grow in the coming years (AACN, 2007). It has become increasingly important to discover factors that may influence retention in the profession. This study explored the relationships among professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. Professional identity is defined as “the individual nurse’s perception of her/himself in the context of nursing practice” (Ohlen &
Segesten, 1998, p. 722). Career satisfaction is the sense of fulfillment that a nurse feels from a career in nursing. Occupational commitment is a psychological link between people and their occupations that is based on an affective reaction to that occupation. Intent to stay in the nursing profession is a nurse’s decision to continue working in the profession of nursing.

A blended model of Bonding into Nursing (Gregg, 2000) and the Three-Component Model of Commitment (Meyer et al., 1993) served as the theoretical basis for this study. Bonding into Nursing suggests that there is a process through which nurses go as they develop commitment to the profession. The commitment model suggests that commitment has several distinct features. These include affective commitment, normative commitment, and continuance commitment. This blended model provided a basis for explaining intent to stay in the profession. Commitment to the profession of nursing was examined as a predictor of intent to remain in the profession.

The importance of professional identity has been explored in relation to retention of nurses in the profession (Cowin et al., 2006). Nurses need to feel a sense of belonging to the profession. This sense of belonging is of particular relevance within the focus of retention as researchers have established that how nurses perceive themselves within their work environment has been a significant source of problems relating to professional identity, career satisfaction, commitment to the profession, and intent to stay in the profession (Fagermoen, 1997; Honess & Yardley, 1987).
CHAPTER TWO

REVIEW OF THE LITERATURE

The literature review provided a foundation for viewing the variables of interest from several perspectives. Professional identity, professional identity in nursing, career satisfaction, occupational commitment, and intent to stay in the nursing profession are included in this review of literature. Empirical and theoretical literature is included as appropriate.

The review of literature includes a discussion about the development of professional identity as well as the expected consequences of a sense of professional identity. This review includes an in-depth synthesis of the literature on nurses' professional identity. In order to develop a valid and reliable instrument to measure nurses' professional identity, it was essential to gain a clear understanding of the concept within the structure of the nursing profession. Additionally, included in this chapter is a review of literature related to career satisfaction, occupational commitment, and intent to stay in the nursing profession.

This review of literature was guided by the following keywords and search terms: professional identity, professional identity in nursing, career satisfaction, intent to stay, occupational commitment, and professional commitment. Empirical and anecdotal literature in nursing as well as that in medicine, business, education, and psychology was searched electronically. Several databases were utilized including EBSCOhost, ERIC, CINAHL, PsychAbstracts, and Dissertation Abstracts. The Internet was also searched using the same keywords listed above. In an attempt to explore the most recent and relevant literature, the databases were searched for publications during the years 2000 to
2008. When few studies on professional identity in nursing resulted from the original search, the time frame was extended to 1997. Several subsequent sources resulted from this extension. In order to expand the search, the ancestry search method was used to insure a comprehensive review of pertinent literature. A manual search of relevant journals was also conducted in order to obtain specifically relevant information. Content experts in the areas under review were consulted for suggestions about additional references.

This chapter is organized with professional identity literature first. This will be followed by literature related to career satisfaction, occupational commitment, and nurses’ intent to stay in the profession. Anecdotal literature, if pertinent, is reviewed separately within each section. The studies are presented in chronological order. A summary is included at the end of each section, as well as a synthesis of the literature at the end of the chapter.

Professional Identity

A review of the literature was conducted to explore the concept of professional identity in the context of nursing and nursing education. The studies reviewed were conducted across cultures, and with nursing students or registered nurses with varying years of experience and in different areas of practice. Ohlen and Segesten (1998) concluded that professional identity is “the individual nurses’ perception of her/himself in the context of nursing practice” (p. 722). This self-perception is based on “personal and interpersonal dimensions focusing on interaction, growth, and maturity” (p. 725). Much of the literature revealed that professional identity is a sense of belonging to a particular profession.
Concept Analysis of Professional Identity in Nursing

A concept analysis was initially conducted to clarify the conceptual meaning of professional identity in nursing and to distinguish it from related concepts (Sharbaugh, 2007). An adaptation of the model developed by Walker and Avant (2005) guided the analysis and served as the organizing framework.

The concept analysis (Sharbaugh, 2007) was conducted to identify the critical attributes of nurses' professional identity. The first of these attributes identified was the feeling of being a nurse. The education process, experiences, and work as nurse all combine to develop the assumptions, values, and beliefs about being a nurse. A second critical attribute was an interpersonal dimension identified as connectedness. A core characteristic of the nursing profession is that its members work in close and continuous relationships with others. Nurses develop and refine their professional identities through connections and interpersonal relationships that occur throughout their practice.

Personal identity is another attribute and is viewed as an integral part of the nurses' professional identity. This personal identity includes his or her values, morals, and sense of self within the world. Another attribute of nurses' professional identity is reputation as a nurse. The nurse must possess the competencies required of the work. The literature revealed that this competence grows with experience and the identity of the nurse becomes more defined with this growth. MacIntosh (2003) discussed the importance of developing a reputation as the nurse constructs a professional identity. The process of developing a reputation involves three distinct phases, which include establishing consistent ways of managing practice, choosing standards to guide practice, and advancing the profession of nursing. According to MacIntosh, at the end of this
process, nurses reflect reputations that include expertise in practice, interests in learning, active professional contributions, and assistance to new nurses.

Confidence is a critical attribute of professional identity. Confidence allows nurses to be sure of themselves and of their abilities. A sense of confidence contributes to nurses being able to practice through conflicts that arise within organizational confines. With confidence in their skills, abilities, and knowledge, as well as their place in the profession, nurses develop a stronger sense of professional identity.

Antecedents for nurses' professional identity were identified as: socialization, role development, and self-reflection (Sharbaugh, 2007). The professional identity of the nurse begins to develop through the educational process, as the requisite knowledge and skills are learned. Socialization for the novice nurse, or for the experienced nurse in a new role, contributes to this identity formation. duToit (1995) defined socialization as a transformation process during which the values, norms, and symbols of the profession are internalized. duToit found that nursing students who were formally and positively socialized through a structured program demonstrated appropriate professional qualities and had a strong identification with the nursing culture. Socialization contributes to the role development of the professional nurse.

In order for one to develop a strong professional identity as a nurse, self-reflection was identified as a necessary antecedent. Fagerberg (2004) found that nurses reported a conscious use of self-reflection to achieve goals within the profession and to develop their identities as nurses. One's individual attributes needed to be defined and incorporated into the professional role. As the identity evolves, nurses must be able to
reflect on their own actions and place in the profession. It is through reflecting on their behaviors, values, and attitudes, that a true identity can form.

The consequences of nurses' professional identity included increased professional commitment, professional behaviors, and increased pride in and satisfaction with the profession. When the nurse develops a professional identity, nursing is seen as more than a job. A greater sense of professionalism is an outcome as the nurse commits to the advancement of the profession in a variety of ways. A strong sense of professional identity is a key resource that enables the nurse to sustain motivation and to make work meaningful while dealing with the challenges encountered in the workplace (Sharbaugh, 2007).

The concept analysis (Sharbaugh, 2007) served to clarify the concept of professional identity in nursing and to gain a better understanding of the attributes, antecedents and consequences of a professional identity. A literature review provided information on the use of this concept in nursing as well as other disciplines and will be provided in the following section.

Professional Identity in Nursing

A review of the literature was conducted to explore the concept of professional identity in the context of nursing and nursing education. The studies reviewed were conducted across cultures and with nursing students or registered nurses with varying years of experience and in different areas of practice.

Values and beliefs held about the work of nursing are an important component of nurses' professional identity. Fagermoen (1997) conducted a two-phase descriptive study to explore the values underlying nurses' professional identity. She approached this by
asking nurses what was meaningful in their work. She initially surveyed a large sample (N = 767) of nurses with varying years of nursing experience and followed that with in-depth interviews with six nurses in order to elicit stories about providing health care to patients. The initial data were obtained from mailed questionnaires to 767 randomly selected nurses with one, five, and 10 years experience in nursing. The nurses were asked to respond to selected background questions as well as an open-ended question about the meaning of nurses' work. Through analysis of the responses to the open-ended question, the researcher developed "value-categories" (p. 436) for content analysis. The major themes that emerged from the content analysis included moral values and work values. Analysis of the survey data indicated that nurses held both "other-oriented and self-oriented values, i.e. moral and work values" (p. 436). New graduates mentioned significantly more moral process values (Chi-square 6.17, p < .05) compared to older more experienced nurses.

The second phase of the study (Fagermoen, 1997) involved collecting data from a convenience sample of six nurses through written descriptions and in-depth focused interviews about the work of nursing and professional development. These data revealed a greater diversity in values-expressions compared to the survey data. The interactive relationships with others provided the main source of meaning for the nurses interviewed and affected their professional development. The author conceptualized professional identity as having a direct linkage to everyday practice. She defined the identity of the nurse as "the values and beliefs held by the nurse that guides his/her thinking, actions, and interactions with the patient" (p. 435). She found that values are inherent in
developing and sustaining a sense of professional identity and are expressed in nurses’ relationship with others.

Fagermoen (1997) concluded that professional identity concerns how the nurse conceptualizes what it means to act and be a nurse. Through thought processes, actions, and interactions with others, the nurse is guided by previously held beliefs and values. What is meaningful in the nurses’ work is reflected on the identity of being and doing as a nurse. The author concluded that nurses’ professional identity evolves from a set of values which are specific and differentiated. These values are often revised as nurses gain experience through working with patients and colleagues. The study provides support for a proposed model for professional identity built around relationships and the provision of care. The findings from the six nurses interviewed were consistent across participants and led to the identification of a common core of nurses’ professional identity which depicts nursing as a human practice concerned with providing care to patients.

Throughout the literature, personal and professional values and beliefs play an important role in the development of a professional identity for nurses. Gregg (2000) used grounded theory methodology to explore the process of establishing the professional identity of Japanese nurses. Professional identity was defined in the study as “self-identification with a profession” (p. 5). Gregg asserted that to have self-identification as a nurse, one needs a strong commitment to being a nurse, and being a nurse needs to be an integral part of one’s life. Data were generated by interviews and multi-site participant observations. Eighteen nurses were interviewed, including “8 staff nurses, 4 educators, 1 nurse counselor, 1 doctoral nursing student, 1 public health nurse, 1 nurse-midwife, 1 supervisor, and 1 director of nursing” (p. 90). There were 16 female and 2 male
participants ranging in age from 26 to 63 years. The total years in nursing practice varied from 3 years to 41 years, with the mean of the total years in nursing practice of 15.6. Basic nursing education also varied, with 9 of the participants having diploma preparation, 5 with Associate's degrees and 4 with Baccalaureate degrees. Eight of the participants had received higher education beyond their basic nursing education. The primary question that drove the investigation was: "What is the process of establishing the professional identity of Japanese nurses?" (p. 6).

The grounded theory methodology used in this study (Gregg, 2000) was originally developed by Glaser and Strauss (1967). Data collection and analysis were described in detail. Constant comparative methods of analysis between and among data were used and codes and categories were developed from the data. "The rigor of the study was assessed based on the criteria of credibility, applicability, consistency, and neutrality proposed by Lincoln and Guba (1985)" (Gregg, p. 86). These methods were described in detail by Gregg.

Six categories emerged from the data (Gregg, 2000). These included: "learning from work experiences, recognizing the value of nursing, establishing one's own philosophy of nursing, gaining influence from education, having a commitment to nursing, and integrating a nurse into self" (Gregg, p. 130). Gregg proposed a beginning substantive theory that explains the interrelationships among all the categories. The core category of "bonding into nursing" (p. 131) was proposed as the basic social process.

Learning from work experiences meant that nurses learned about who they were as nurses from working as nurses. This knowledge came from influences of other nurses and clients and having these experiences in turn influence their way of thinking about
nursing. This process included reflection and self-examination as nurses worked with others. Analysis of interview data revealed that participants' ways of thinking about nursing were influenced by both positive and negative experiences. Working experiences were recognized as an important factor in establishing professional identity.

The next category Gregg (2000) identified was recognizing the value of nursing. This involved becoming aware of the value of nursing work and recognizing the meaning of being a nurse. The value of a nurse’s work grew from personal growth and from the satisfaction of helping clients. Being aware of this value was expressed as an incentive to remain in nursing. All of the participants in the study stated strong beliefs in and about nursing. This process of establishing a philosophy of nursing evolved from having an ideal nurse image and clarifying what was important about the work of nursing. While there were different philosophies of nursing expressed by the participants, each strongly believed in his or her own philosophy (Gregg).

All of the study participants gained influences from their education and how they were influenced relates to the categories of learning from work experiences, recognizing the value of nursing, and establishing one's philosophy of nursing (Gregg, 2000). The participants who had professional identity evaluated their basic nursing education positively and created a positive attitude about nursing. A positive influence from education influenced the participant’s professional identity.

Having a commitment to nursing started at the beginning of the process of establishing professional identity, becoming stronger and more focused at the end of the process. Themes emerging from this category included “continuing to work as a nurse, having a commitment to care, and having self-confidence as a nurse” (Gregg, 2000,
p. 120). The last category identified by Gregg was integrating a nurse into self, which Gregg described as a nurse having self-identification as a nurse. The participants described not separating being nurses from their personal selves. Being a nurse was therefore integrated into self as the last stage in the process of establishing a professional identity as a nurse.

Gregg generated a beginning model incorporating the six categories identified through the analysis of participant data in this study. This model is an abstraction about how Japanese nurses establish their professional identity. Concepts from this model, including learning from work experiences, gaining influences from education, and commitment to nursing contributed to the instrument development process and were utilized as components of the blended model for the present study on nurses in the United States.

While the previous two studies explored professional identity of practicing nurses, Fagerberg and Kilgren (2001) expanded the body of knowledge by following student nurses through the educational process and two years into practice. Fagerberg and Kihlgren conducted a longitudinal study to describe how nurses experienced the meaning of their identity as nurses when they were students and two years after graduation. Data were collected through interviews during the education of the nurses (N = 27) and at two years after graduation (N = 20). Participants were asked, as students, to describe their experiences of transition into nursing during the educational process. They were asked again after two years in practice. Analysis of the data revealed that there were four different perspectives that emerged from the nurses’ stories. These perspectives involved “having the patient in focus; being a team leader; preceptorship; and task orientation” (p.
These perspectives built up the phenomenon of identity as a nurse. For each participant, one perspective dominated all other perspectives. The analyses indicated that the dominant perspective did not change over time. This dominant perspective in each nurses' narrative was understood as the professional identity of the nurse. The researchers asserted that these dominant perspectives were related to the nurses' life paradigms which followed them into their professional lives, and were instrumental in creating a professional identity.

A particular strength of Fagerberg and Kilgren's study (2001) is that nurses were interviewed as students and followed up two years after graduation, providing for an in-depth exploration of professional identity over time. For the participants of this study, the personal orientation that predicts development as a professional did not change during education (Fagerberg & Kilgren).

Adding to the knowledge about the development of professional identity in nurses, Deppoliti (2003) conducted a qualitative study to investigate how registered nurses construct their professional identity in hospital settings. She interviewed 16 nurses who were within one to three years post graduation from nursing school. The study was guided by two questions: "How do nurses think about their occupation and their place in it? What factors do nurses feel influenced the construction of their professional identity?" (Deppoliti, p. 36).

Deppoliti (2003) concluded that for the participants in the study, professional identity began to form in nursing school, and continued through the practice of nursing. The nurses passed through several transition points, beginning with the decision to enter nursing school, and continuing throughout practice. There was a balance of challenge and
support which was critical to the development of the nurses’ professional identity.

Deppoliti asserted that hospital recruitment officers should provide adequate support in helping new nurses identify their initial work setting. The importance of a successful fit positively impacted the nurses’ sense of professional identity. This study contributed to the current study by adding insight into how hospital nurses construct their professional identity. The results reinforced the findings from previous studies, which found that construction of nurses’ professional identities begin in nursing school and can be strengthened as they begin to practice nursing.

Professional identity is a developmental process that evolves throughout the careers of professional nurses (Deppoliti, 2003; Gregg, 2000). The importance of the early development of nursing identity is seen in the literature. Cook, Gilmer, and Bess (2003) conducted a qualitative study to explore student nurses’ early beliefs about nursing. The goal of the study was to identify and describe concepts used in beginning students’ definitions of nursing. Data analysis revealed three major themes of definitions of nursing—“nursing as a verb, noun, and transaction” (p. 313). The nursing students in this study (N = 109) had a beginning understanding of professional characteristics that enhance nursing identity. The students in this study reported a wide range of preconceived ideas about what nursing is (Cook et al.). This study provided implications for nursing education. By building on the students’ beginning perceptions of nursing, the authors concluded that educators could have a positive impact on their professional identity development. A noted limitation of this study was that only written responses were sought, and students were not given the opportunity for verbal responses (Cook et
This study contributed to the current study by providing additional insight into how nursing students begin to define themselves and the work of nursing.

Continuing to add to the knowledge about the development of professional identity for nursing students, Grealish and Trevitt (2005) conducted focus group discussions with six nursing students in Australia. The purpose of their research was to identify ways that clinical education helps to develop professional identities for the students. Findings indicated that theories learned in the classroom are insufficient for students to learn how to navigate complex relationships in the clinical environment. The authors gathered some evidence that a contributing factor to the theory–practice disconnect may be that “the theories learned in the classroom focus on the nurse-patient (family/community) dyad and do not acknowledge the complex relationships that exist in the clinical workplace” (Grealish & Trevitt, p. 142). Students are able to begin to develop an identity of a nurse as they make meaning out of relationships with others in nursing work.

This study was limited by the small sample size and location at only one university in Australia. Grealish and Trevitt did not discuss reaching saturation during data collection from the focus groups. This study did, however, provide some insight into how students begin to develop a professional identity as a nurse through clinical learning experiences. The study contributed to the knowledge about identity formation within learning experiences for students (Grealish & Trevitt, 2005).

The review of the literature has provided some insight into the both the process and product of professional identity in nursing. The studies located and reviewed were all qualitative in nature. The literature reviewed illustrated the collective experiences of
nurses as they construct their professional identities within nursing. The studies included in the review built upon one another and provided similar themes about how nurses come to feel and be as nurses. One of the purposes of the current study was to quantify and measure the phenomenon of nurses’ professional identity.

**Professional Identity in Other Disciplines**

Professional identity and the development of this identity is not unique to nursing and has been discussed in multiple disciplines. The literature search included sources from education, medicine, law, and social work. Many of the references addressed professional identity from the perspective of its application within a specific discipline and not in terms of conceptualization.

The literature provided further support that in disciplines other than nursing, professional identity development is a process that evolves throughout a professional career. The internalization of a professional identity begins to develop during the educational process. Costello (2004) conducted an ethnographic study to study the process of internalizing appropriate professional identities for law students and students at the school of social work. She found that during the educational process, students must succeed at two tasks: they must master a particular substantive body of knowledge and they must internalize an appropriate professional identity. She identified several phenomena over the course of her study. The first phenomenon was “identity dissonance” (p. 140). She defined this as the internal conflict felt by professional students when the professional identity emerging conflicted with their pre-existing personal identity. “Identity consonance” (Costello, p. 141) is when students are able to incorporate their new professional identity smoothly and non-consciously, meaning that there is no felt
conflict between personal identity and the emerging professional identity. Costello found that, in general, men had substantially more identity consonance than females, and whites had more than other ethnic groups. This study may have implications for nursing, which remains a female dominated profession. These findings could have implications for nursing orientation programs, as it has been suggested, from this study, and for these participants, that the organizational structure may have some place in the formation of a professional identity.

Professional development and evolution have been viewed as key elements in the construction of a professional identity. Jurasaite-Harbison (2005) used ethnographic methodology to explore how a teacher reconstructed her professional identity in a research relationship. She focused on informal teachers' learning in situations in which teachers are subjects of scholarly investigation. The investigation was based on the assumption that research in which voices of teachers are heard can provide understanding about their professional growth in informal settings. She wanted to explore how teachers learn as a participant of a study. This was important, according to the author, because any interaction is a particular social experience that creates new learning opportunities. Her study told the story of one teacher's journey as a professional in the process of interaction with the researcher.

The aim of the analysis was to increase awareness of all possible figures that engage in helping teachers develop a professional identity (Jurasaite-Harbison, 2005). The participant shared stories from both her personal and professional lives. Each story added to the teacher's philosophy and served as a basis for professional decisions made in various situations. In interactions with the researcher, the teacher began to view herself as
a researcher as well, as she began to reconstruct her identity. By exploring her own practice through a researcher's lens, the teacher identified multiple social and professional interactions that contributed to her sense of identity as a professional. Identity construction was a complex process that involved multiple contexts and relationships with self and others. This recollection suggested that the development of a professional identity is a fluid process that occurs within the social context of the profession itself. These findings are consistent with findings of much of the nursing literature (Fagerberg & Kilgren, 2001; Gregg, 2000).

The importance of values surrounding professional identity is echoed by Solyom (2006), who presented an essay about the contemporary education of physicians. He specifically addressed the development of professional identity as a physician. He wrote of the "humanistic aspects of becoming and being a physician" (p. 436). He focused the essay on the professional identity of the physician, manifested in observable values and attitudes. A literature review guided this essay. The author discussed medical school curricula, and reiterated the importance of including content on values, ethics, morals, and spirituality. He provided recommendations for the educational environments that prepare physicians. Upon review, these recommendations could be applied to nursing education as well. The first of these is to provide a "culture of critical self-reflection" (p. 439). The reflective discussion of lived experiences can become an integral part of professional formation. The second component discussed was the presence of positive role models. This can facilitate discussions of how to deal with potential conflicting value systems. In this way, the author believed, integrity and other professional values may be internalized. He also asserted that professional education be more narrative based. This
would allow students and novices to witness professional identity within other, more experienced practitioners. Solyom provided additional insight into how the educational process might facilitate the formation of professional identities.

**Professional Identity Summary**

There has been considerable attention afforded professional identity in the literature, underscoring its importance to nursing. Throughout the literature, diverse meanings are provided for this concept. In order to add to theory development and to attempt to clarify the meaning of professional identity in nursing, several qualitative studies related to the concept were explored (Cook et al., 2003; Deppoliti, 2003, Fagerberg & Kihlgren, 2001; Fagermoen, 1997; Gregg, 2000). Professional identity is a sense of belonging to a particular profession (Gregg, 2000; Ohlen & Segesten, 1998).

Professional identity develops over time and throughout a professional career. Education and role socialization in the workplace contribute to one's sense of being a nurse (Cook, et al., 2003; DuToit, 1995; Fagerberg & Kilgren, 2001). Relationships with others and self are important components of the development of a professional identity (Fagerberg, 2004; Fagermoen, 1997). Throughout the literature, personal and professionals values and beliefs are also crucial for professional identity development. Consequences of professional identity include increased professional commitment, professional behaviors, and increased satisfaction with the profession (Gregg, 2000; MacIntosh, 2003).

The literature review revealed several qualitative studies which explored the nature of professional identity in other disciplines. The literature review provided accounts of how professional identity forms in various disciplines and professions.
Several gaps were uncovered through the review of published literature. There were no quantitative studies found concerning the measurement of professional identity, nor of the relationships among professional identity, career satisfaction, occupational commitment, or intent to stay.

Career Satisfaction

Within the discipline of nursing, attention has been focused on examining job satisfaction and how it relates to other factors such as turnover (McNeese-Smith, 1999; Sochalski, 2002). In a review of literature, limited studies were identified that explored career satisfaction of nurses. Some researchers used the term work satisfaction synonymously with career satisfaction, so these studies were included for review. In much of the literature, there is a distinction made between work and job satisfaction (which have a narrow focus relating directly to a particular job) and career satisfaction (which has a broader meaning relating to the career as a whole).

Satisfaction with both job and career are important factors to investigate when looking at the retention issues facing nursing. A study conducted by Shaver and Lacey (2003) used a sample of 600 RN staff nurses and 600 LPNs licensed and employed in North Carolina in hospital and community health settings. The purpose was to describe the relationship between job and career satisfaction. Several factors were examined in this study and included employment setting, job commitment, tenure, years until retirement, short staffing, and patient load. The most significant finding of the study for both job and career satisfaction was short staffing and how that affects the nurses’ abilities to meet the needs of their patients. Employment in a hospital, having a low level of job commitment, and having high daily patient loads were significantly associated
with lower levels of job satisfaction. The number of years until retirement had a small but significant effect on nurses' satisfaction with nursing as a career ($r = .15, p < .05$), but did not have a significant influence on job satisfaction. The authors speculated that as nurses near retirement they may be satisfied with their job, but their dissatisfaction with nursing may cause them to leave the workforce. The overall conclusion drawn by Shaver and Lacey was that if nurses feel that they have adequate resources to provide quality patient care they will be more satisfied and less likely to leave the profession. The authors acknowledged a limitation that the study was confined to nurses in only one state. This study added to the current study by providing some predictors of career satisfaction in nursing.

Rambur, McIntosh, Val Palumbo, and Reinier (2005) conducted a study to compare job satisfaction and career retention in two cohorts of nurses. The groups differed in the highest level of education obtained; those who held an Associate's degree (AD) in nursing and those who held a Baccalaureate degree (BS) in nursing. Participants completed a career satisfaction scale along with two questions related to job and career retention. The Cronbach's alpha coefficient for the Job Dimensions Scale ranged from .72 to .88. The researchers pilot-tested the final instrument with nurses in three different settings. No report on the pilot test was provided. A random sample of 1,574 registered nurses from the state of Vermont completed the survey. Nurses who reported diplomas or non-nursing masters or doctoral degrees were excluded from the analysis.

The final sample included 379 AD RNs and 499 BS RNs (Rambur et al., 2005). No differences were found in mean age. Compared to BS nurses, AD nurses were more likely to work in hospital settings (59% vs 53%) and in direct patient care (68% vs 62%).
No differences were found in the number of years in current position, but BS nurses had held more nursing jobs ($p < .001$). BS nurses were significantly more satisfied than AD nurses in opportunities for autonomy and growth ($p < .01$), and job and organizational security ($p = .002$). No significant differences were reported “related to supervision, career, continuing education, promotion, or pay and benefits” (Rambur et al., p. 189). Among this sample of registered nurses, BS RNs entered their careers earlier and were employed for longer periods of time. This finding of longer work-years among BS nurses had some implications for the researchers. Longevity in the workforce is necessary for retention of nurses in the profession. While this study investigated dimensions of job satisfaction rather than distinct career satisfaction, the results contribute to the knowledge by supporting the hypothesis that BS compared to AD-educated nurses will have different career patterns followed by longevity in the workplace. Career retention, which was the primary reason for the review of the study, was not reported in the findings (Rambur et al., 2005).

Mentoring relationships were examined by Mariani (2007) as possible influences on career satisfaction and intent to stay in the nursing profession. She surveyed practicing registered nurses (RNs) ($N = 173$) in the United States. The RNs in the study reported moderate to high career satisfaction mean scores ($M = 89.05, SD = 14.33$) with a range of 46 to 112, however, Mariani found no significant relationship between mentoring and career satisfaction. There was no significant relationship between mentoring and intent to stay in the nursing profession. There was less than a 4-point difference in the mean satisfaction score for those RNs participating in a mentoring relationship and those who did not.
Mariani (2007) found that, on average, the RNs reported intent to stay in the profession for 18.51 years. With the average age of the sample in this study of 41.25 years, this indicates that they plan to stay in nursing until age 60. Mariani stated that she did not capture the younger population of nurses, and suggested the results might have been different with younger nurses represented.

A weak, positive relationship was found between career satisfaction and intent to stay in the profession ($r = .15$) but only 2.3% of the variance in intent to stay was explained by career satisfaction (Mariani, 2007). The residual 97.7% of the variance in intent to stay is due to other factors. The current study sought to explain other factors that influence intent to stay in nursing.

Additional analysis yielded statistically significant relationships between selected demographic variables and career satisfaction and intent to stay in the profession (Mariani, 2007). Nurses who were enrolled in an advanced degree program ($n = 47$) reported that they intended to stay in the profession almost three years longer than those not enrolled in an advanced degree program ($n = 120$). Those nurses who would choose nursing again ($n = 145$) had higher satisfaction with their careers and intended to remain in the profession longer than those who would not choose nursing again ($n = 20$). The current study collected and analyzed data for these variables and has added to the nursing science knowledge contribution of Mariani.

Nemcek (2007) conducted a study to determine whether nurses were satisfied with their lives, how self-nurturing they were, and if there were relationships among life satisfaction, self-nurturance, and career satisfaction. One hundred and thirty six nurses participated in the study. The ages of the nurses ranged from 23 to 75 years ($M = 42$;
Most respondents were female, White, and married. The range of years worked was from 1 to 50 years (\( M = 16.20; SD = 12.18 \)). Most worked full time, held an associate's degree in nursing, and were employed in hospitals. Nemcek used a descriptive correlational design and participants completed questionnaires which measured self-nurturance (self-chosen thoughts, feelings or behaviors fostering a healthy life); satisfaction with life; and career satisfaction. The researcher reported acceptable validity and reliability for the Self-Nurturing Scale and the Satisfaction with Life Scale. The Nursing Career Satisfaction Scale had an internal consistency of .63. The findings supported that for this convenience sample of nurses, self-nurturance, career satisfaction, and life satisfaction were positively correlated with each other. Career satisfaction was found to be a predictor of life satisfaction. Also, as self-nurturing behaviors were more frequent, nurses reported greater career satisfaction. Limitations in the study included a small convenience sample of nurses, and an instrument to measure career satisfaction with low reliability coefficients. This study provided implications for the current study by adding further insight into the factors that affect the career satisfaction of nurses.

The work environment itself has been found to have some impact on the overall career satisfaction of practicing nurses. Ulrich, Buerhaus, Donelan, Norman, and Dittus (2007) conducted a study to compare how registered nurses view the work environment and the nursing shortage based on the Magnet status of their organizations. This study was of interest for the current study, as the researchers also examined how nurses view their careers in nursing. A national sampling of registered nurses licensed to practice in the United States was surveyed. Surveys were completed and returned by 1,783 registered nurses. Demographic data were collected and analyzed. Nurses were
categorized by the Magnet status of their organizations: Magnet, non-Magnet, and In Process organizations. Nurses were asked about their perceptions of the current nursing shortage and its effects on the organizations.

No significant differences in the nurses' views on the effects of the nursing shortage on their organizations were found among the groups (Ulrich et al., 2007). The difference in RNs’ views on emphasis on patient care within their organizations was significant \( (p = .05) \). Those in Magnet and In Process organizations more strongly agreed with the emphasis placed on patient care. When asked to rate the quality of opportunities for professional development and advancement, nurses working for In Process organizations rated this point higher than the other groups. These same nurses also rated the opportunities to influence decisions about the organization higher (23% of the nurses working for In Process organizations) than those in Magnet (19%) or non-Magnet organizations (14%) \( (p = .05) \). Nurses were also asked to rate their perceptions of the quality of relationships between nurses and other members of the health care team. Registered nurses in the Magnet organizations rated the relationships among nurses and other nurses and between nurses and physicians more positively than those in In Process or non-Magnet organizations \( (p = .05) \).

Ulrich et al. (2007) surveyed the nurses about their satisfaction with nursing as a career and whether they would recommend nursing as a career. There was no significant difference in the level of satisfaction with being a nurse. Reporting on their willingness to recommend nursing as career 80% of RNs in Magnet organizations responded positively, compared with 70% of RNs associated with In Process organizations and 67% in non-Magnet organizations \( (p = .05) \). The findings of this study indicated that nurses
employed with In Process organizations perceive better outcomes on certain factors than RNs employed in Magnet hospitals. The authors suggested that the work involved in the process of applying for Magnet status has positive effects for the nurses. One of the implications for this study is that RNs in Magnet organizations are more satisfied and are more likely to advise nursing as a career. This study provided some beginning evidence about factors that may increase nurses’ career satisfaction. The Magnet organizations and In Process organizations reported increased opportunities for professional development and advancement, providing implications for the current study as professional identity is considered.

Perry (2008) conducted a phenomenological study focusing on the career satisfaction of nurses. Eight nurses were interviewed and asked to describe times during their careers when they felt most professionally fulfilled and described why they enjoyed their work. Asked to share incidents when they felt pleased with their career choice, the major themes that emerged included “upholding the vulnerable, going the extra mile, and attending to the essential ordinary” (p. 18). Nurses were drawn to the career, and remained in the career because they had a desire to protect the vulnerable. Going the extra mile referred to when the nurses’ approach to meeting the needs of their patients required innovative care planning. This need for creativity contributed to the feeling of fulfillment. Nurses gained satisfaction when they were able to facilitate the essential human functions and bring comfort to their patients.

The themes articulated by Perry (2008) may begin to account for some elements that influence career satisfaction of nurses. In order to place the practice implications in context, Perry discussed the relationships between the themes identified in the study and
the experiences of connections. When the study participants “upheld the vulnerable, went the extra mile, and attended to the essential ordinary, their actions facilitated the achievement of meaningful...connections between patients and nurses” (p. 22). This study added to the current research as it described the importance of connections to career satisfaction. Connections have also been purported to be an important critical attribute of professional identity.

Career Satisfaction Summary

Knowledge of factors that contribute to career satisfaction of nurses becomes increasingly important as the shortage of nurses continues to grow. Career satisfaction is a concept separate and distinct from job satisfaction and should be of interest to the profession as a whole. Much of the research reviewed examined job satisfaction, or job and career satisfaction as one concept. There was a limited number of published studies on career satisfaction, therefore a limited number of studies have been included in this review. Studies that included career retention as a variable were included in this review, even though the researchers were measuring job satisfaction. The study conducted by Shaver and Lacey (2003) provided significant findings concerning predictors of career satisfaction. Shaver and Lacey found that if nurses feel they have adequate resources to care for patients they will be more satisfied and less likely to leave the profession. Perry (2008) provided additional support through findings that nurses are more satisfied with their careers when they are able to connect with and provide quality care to their patients.

Rambur et al. (2005) found that higher levels of education were positively correlated with satisfaction with nursing. Bachelor’s prepared nurses were more satisfied with their careers than nurses who held Associate’s degrees. Mariani studied mentoring
relationships, career satisfaction, and intent to stay in nursing. Mariani found a weak, positive correlation between career satisfaction and intent to remain in nursing. There were gaps uncovered in the review of literature concerning career satisfaction. Much of the literature examined job satisfaction rather than career satisfaction. More studies need to be conducted to explore career satisfaction and the relationship between career satisfaction and intent to stay. Retention of the current RN workforce has become a key focus of the healthcare industry as a means to address the nursing shortage.

Occupational Commitment

For the purpose of this study, occupational commitment is defined as a psychological link between people and their occupations that is based on an affective reaction to that occupation. Limited research was found that examined occupational commitment in nursing specifically, so other areas of literature were searched. Most of the published research was found in the area of psychology, educational psychology, and human resource management. These studies were included for review in an effort to gain an overall understanding of the concept of occupational commitment.

Meyer and Allen (1991) originally developed a three-component model of organizational commitment. The authors described three forms of commitment which have implications for the continuing participation of an individual in an organization. Affective commitment refers to the psychological attachment to an organization. With this type of commitment, individuals stay because they want to. Continuance commitment refers to costs associated with leaving. Individuals stay with an organization because they need to. Normative commitment refers to a perceived obligation to remain with the organization. Individuals stay because they feel they should.
The model of commitment was extended to include commitment to occupations. Meyer, Allen, and Smith (1993) examined the generalizability of the model of organizational commitment to occupations. The researchers created measures of occupational commitment paralleling measures of affective, continuance, and normative organizational commitment. Using a sample of registered nurses ($N = 530$), confirmatory factor analysis demonstrated that the model could be extended to occupational commitment. The three-component model of occupational commitment has been tested and utilized over time and across occupations (Culpepper, 2000; Meyer & Herscovitch, 2001; Snape & Redman, 2003). This model provides implications for understanding what ties individuals to their particular occupations.

Irving, Coleman, and Cooper (1997) further tested the model using a sample of 232 employees in a variety of occupations within a single organization. The researchers also measured some potential correlates of occupational commitment to determine if the variables related differently to the three dimensions of occupational commitment. The potential correlates that were examined included age, gender, education levels, locus of control, job satisfaction, and turnover intentions.

In the study, the coefficient alphas for the tool were .79, .83, and .83 for affective, continuance, and normative commitment, respectively (Irving et al., 1997). The findings of the study provided further evidence that the three-component model holds across divergent occupations. Differential relations between the occupational commitment and the other study variables provided evidence of the distinct constructs within the model. Job satisfaction was positively correlated with affective and normative commitment. Job satisfaction was not significantly correlated with continuance commitment. The authors
found no significant relationships between age or educational level and occupational commitment. Locus of control was found to correlate with affective and continuance commitment (Irving et al.).

The men in the sample reported higher levels of occupational commitment than the women surveyed (Irving et al., 1997). Several possible explanations were provided for this finding. A large number of women in the sample were in clerical positions, with relatively low pay and status. These women would then have less to lose by leaving their occupation. The male-dominated groupings in the sample included more technical occupations requiring more specific skill sets not readily transportable to another occupation. Overall, the findings of this study suggested that Meyer et al.'s (1993) model of occupational commitment fit across occupational groupings (Irving et al.).

Blau (2003) further expanded the model to split continuance occupational commitment into separate dimensions, perceived accumulated costs and limited alternatives. Blau argued that the Meyer et al.'s (1993) 6-item continuance occupational commitment scale “measures general perceived cost of leaving one’s occupation, without distinguishing between limited alternatives and specific costs, such as time and training” (p. 470). While higher accumulated costs such as training and education make it more difficult for an individual to change occupations, it is still possible if one has the financial means to do this. However, perceived limited occupational alternatives give a greater sense that one has no other choice but to remain in the occupation. Blau conducted a study to test for a four-dimensional structure of occupational commitment. Blau used three samples which included 230 medical technologists, 412 working adults across a variety of organizations, and 227 Executive MBA students. Blau developed a revised
Occupational Commitment Scale which included 6-items each measuring affective and normative occupational commitment, 8-items measuring accumulated costs occupational commitment, and 4-items measuring limited alternatives occupational commitment. A 4-point response scale was used for the final 24-item instrument, ranging from 1 (strongly disagree) to 4 (strongly agree). The range of possible scores on this scale is therefore 24 – 96.

Confirmatory factor analysis was used on the 24 occupational commitment items to determine the degree to which the items fit the proposed model for each sample (Blau, 2003). The results obtained by Blau were consistent across all three samples. For the medical technologists, reliabilities for each occupational commitment dimension exceeded .90. For working adults, reliabilities also exceeded .90. For the Executive MBA student sample, reliabilities for each occupational commitment dimension were .85. Overall, the confirmatory factor analysis for all three samples supported Blau's hypothesis that occupational commitment is best measured as a four-component construct: affective, normative, accumulated costs, and limited alternatives. The current study further tested Blau’s Occupational Commitment Survey 2000, which includes the 4-component model (Blau).

Nogueras (2006) conducted a study to test the efficacy of the Three-Component Model of Occupational Commitment in predicting RN intent to leave the profession. Several hypotheses were also tested in order to examine the influences of age, gender, level of education, and length of experience as a RN. Data were collected from 908 participants. Demographic data for the sample were varied. Females represented 92% of the sample. The mean age was 49 years. The majority of the respondents (34.4%)
reported a BSN as the highest level of nursing education. The findings indicated an inverse relationship between affective occupational commitment and intent to leave the profession ($r = -.31; p < .01$). Weak correlations between normative occupational commitment and intent to leave the profession indicated that higher normative commitment was associated with less intent to leave the profession ($r = -.18; p < .01$).

The relationship between continuance occupational commitment and intent to leave the profession was statistically significant ($r = -.14; p < .01$) (Nogueras, 2006). Greater continuance occupational commitment was associated with less intent to leave the profession. There were also significant positive correlations between age and occupational commitment ($r = -.25, p < .01$) and level of education and occupational commitment ($F(5, 900) = 3.56, p < .01$). No significant relationships were found between gender and occupational commitment, or years of experience and occupational commitment. Linear regression analyses were conducted to determine predictors of intent to leave the profession. The multiple regression analysis showed that 9% ($r = .30, R^2 = .09$) of the variance in intent to leave was explained by the predictor variables of occupational commitment, level of education, and years of experience. Age and gender did not predict intent to leave the profession (Nogueras).

There were several limitations to this study (Nogueras, 2006). The survey was conducted through the use of a web site of a nursing publication, so only those nurses who subscribed to the web-based publication participated. Only RNs practicing in clinical areas were included. This study used the Three-Component Model of Occupational Commitment as a foundation for a study about nurses’ intent to leave the profession. Data
were collected using Blau’s Occupational Commitment Survey 2000 (Blau, 2003). Nogueras did not report reliability for the instrument used in her study.

**Occupational Commitment Summary**

The literature revealed limited studies relating to nurses and occupational commitment. Occupational commitment literature from various disciplines was reviewed in order to gain an understanding of what is known about the construct. Initial work on a model to explain occupational commitment (Meyer & Allen, 1991) was explored, and further testing of the model across disciplines was presented. The literature review provided support for the applicability of the model to the current study and provided reliability and validity data for the instrument chosen for this study. As limited literature was found focused on nursing and occupational commitment, the current study adds to this limited knowledge base.

**Intent to Stay**

The review of literature produced limited research related to intent to stay in the nursing profession, occupational commitment and intent to stay, career satisfaction and intent to stay, or professional identity, and intent to stay. The previously discussed study conducted by Nogueras (2006) investigated occupational commitment and intent to leave the nursing profession. Applicability of those findings to the current study was presented. Additional studies were found that explored nurses’ intent to stay in a particular job or in a particular organization.

Some studies explored the reasons that nurses have left the profession. Duffield, O’Brien-Pallas, and Aitken (2004) surveyed 150 registered nurses who were currently working in a position outside of nursing about why they entered nursing, how long they
stayed, and their reasons for leaving. Advertisements were placed in the press to recruit participants and then snowball sampling was used to obtain additional participants who had left nursing. The mailed questionnaires included questions on demographics, area of employment, perceptions of skills gained from nursing, reasons for becoming a nurse, and reasons for leaving the profession. The sample was composed of 150 nurses no longer employed in nursing, including 8% men and 92% women with a mean age of 43.6 years. A majority (77.2%) indicated that they had pursued further higher education in a non-nursing discipline.

Reasons for becoming a nurse were reported as “altruistic reasons” (Duffield et al., 2004, p. 666), “default choice” (p. 666), and “stepping stone” (p. 667). These three factors explained 36% of the variance in choosing nursing as a career. Altruistic reasons described individuals who had a strong desire to help people and explained 15.51% of the variance. This factor was also associated with a longer tenure as a nurse. The alpha reliability for this subscale was .71. Default choice described individuals who chose nursing as a career because they did not know what else to do. This subscale explained 11.44% of the variance and had an alpha reliability of .69. The third factor, stepping stone described those individuals who thought that nursing would be a stepping stone to a different career and explained 9.28% of the variance. The subscale of stepping stone was associated with the shortest tenure as a nurse. This subscale had a low alpha reliability of .59, but it was retained by the researchers due to the exploratory nature of the study. A model incorporating the factors “legal and employer, external values and beliefs about nursing, professional practice, work life/home life, and contract requirements” (Duffield et al., p. 664) explained 55.4% of the variance in reasons for leaving nursing. This study
adds to the current knowledge about why nurses enter the profession, as well as reasons that they may remain in or leave the profession, and was a particular strength of the study. The study identified personal characteristics such as age, initial nursing qualifications, and educational qualifications, which accounted for a large component of tenure in nursing. A high importance attached to professional practice issues was also associated with increased longevity in the profession. The research had implications for the current study, which measured some of the same personal characteristics as potential factors in a nurses’ intent to stay in the profession.

Building on the previous study, O’Brien-Pallas, Duffield, and Hayes (2006) conducted a study in Australia to compare the views of nurse executives with those of nurses who have left the profession on the importance of retention strategies. The comparative work utilized data from two studies sharing a common data collection tool—53 items relating to retention and reasons for leaving nursing. The first study (N = 432) was a National Review of Nursing Education to determine satisfaction with the preparation, knowledge, and skills of new graduates. Nurse executives were also asked to indicate the importance of specific factors when new registered nurses decide whether they will remain in nursing. The second study surveyed those who left nursing (N = 150) and asked: why they became a nurse, how long they worked in nursing, why they left, skills they gained as a nurse, and to what position they moved. Respondents were asked to rate the 53 items for level of importance in their decision to leave nursing.

The results indicated that for the nurses gone from nursing, the most important reason was “professional practice” (O’Brien-Pallas et al., 2006, p. 267), including provision of quality care, autonomy, influence over policy, determination of workload,
unpaid overtime, and call-back on days off. Rated second by this group were external values and beliefs about nursing, including other professional team members’ opinions of nursing as a career, being treated with value, and career development and promotion. This was followed by legal and employer issues, worklife/homelife, and contract requirements. For nurse executives, the most important factor in staff retention was external values, followed by legal and employer issues, and professional practice. The last two factors, worklife/homelife, and contract requirements, were ranked equally by both groups surveyed. Alpha reliabilities were reported for each of the subscales in the instrument, and ranged from .72 to .95, which is a strength of the study. Results indicated that nurses who have left the profession identified different factors as more important than the nurse executives thought were important in retaining staff. These results would have implications for practice, as nurse executives may have some influence on some of the professional practice issues identified by the nurses who left. The results may have some value for the current study, as those nurses who have left nursing rated professional practice issues as most important in their decision to leave. The current study explored the relationships among professional identity (including some items related to professional practice), career satisfaction, occupational commitment, and intent to stay.

Intent to Stay Summary

The literature provided a beginning understanding of the dynamics of nurses’ careers by investigating the factors associated with nurses leaving the profession. Duffield et al. (2004) presented findings explaining some of the factors associated with nurses leaving the profession. These included employer factors, personal beliefs and values, professional practice, balancing work and home life, and requirements of a
contract (Duffield et al., p. 644). O'Brien-Pallas, et al. (2006) extended this research to further explore reasons that nurses leave nursing. The most important reason found for leaving nursing was professional practice issues. Both of these studies found that nurses leave nursing most often for professional issues. The studies added to the current research by underscoring the importance of professional issues, and potentially, professional identity for the retention of nurses in the profession.

Chapter Summary

The literature review conducted by this researcher provided no published research related to nurses' professional identity and intent to stay, and limited research related to career satisfaction and intent to stay. The nursing literature was also limited related to occupational commitment and intent to stay in the profession. Multiple qualitative studies exploring nurses' professional identity were identified and reviewed. Professional identity was defined as “the individual nurses' perception of her/himself in the context of nursing practice” (Ohlen & Segesten, 1998, p. 722). The studies conducted by Fagerberg and Kihlgren (2001), Gregg (2000), and Fagermoen (1997) provided insight into how nurses construct a professional identity. Nurses construct a professional identity through the educational process, through working with patients and other nurses, and through recognizing the value of nursing. Commitment to the profession and professional pride were identified as consequences of professional identity (Ohlen & Segesten). There is a substantial amount known about how one forms a professional identity through education, work experiences, and relationships with others. There is a need for further research to measure nurses' professional identity and to support the
outcomes of professional identity formation, particularly career satisfaction, occupational commitment, and intent to stay in the profession.

There was a limited number of published studies on career satisfaction to include in this review. Studies by Perry (2008) and Shaver and Lacey (2003) provided information pertinent to the current study, as they described factors contributing to career satisfaction in nursing and supported the position that career satisfaction is fundamentally different from job satisfaction. Dissatisfaction with nursing as a career may have a lasting affect on the profession.

There is a substantial amount currently known about occupational commitment, although only one current study was found that explored this concept in relation to nursing. Literature related to occupational commitment was reviewed to evaluate the applicability of the Three-Component Commitment Model to the current study. After a review of the literature, this model, blended with the model of Bonding into Nursing, is appropriate for the current study. Several studies were included in the review (Blau, 2003; Nogueras, 2006). Initial works by Meyer and Allen (1991) and Meyer et al. (1993) were presented to describe how the original model of organizational commitment was expanded to apply to occupational commitment. Work completed by Blau (2003) was presented as Meyer et al.'s model was expanded further to split continuance occupational commitment into separate dimensions, perceived accumulated costs and limited alternatives. As a result of this work, Blau developed and tested the Occupational Commitment Survey 2000 Instrument. This instrument was used in the current study to measure nurses' occupational commitment. Nogueras (2006) used the Three-Component
Model of Occupational Commitment as a foundation for a study about nurses’ intent to leave the profession.

Several studies were reviewed to determine what is currently known about nurses’ intent to stay in the profession. The major reasons found by the researchers reviewed included aspects of the work itself, as well as professional satisfaction. Two studies (Duffield et al., 2004; O’Brien-Pallas et al., 2006) explored reasons that nurses left the profession and practice of nursing. Limited studies were found related to intent to stay in the profession.

Research that examines the relationships among nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the profession is important for the nursing profession. Exploration of these factors is important as the profession continues to deal with an increasing shortage of nurses, and recruitment and retention of nurses become more crucial.
CHAPTER THREE
METHODOLOGY

The methodology of the study is presented in this chapter. The study design is explained. This chapter provides a description of the sample and setting where the study was conducted. Data collection instruments are discussed, followed by methods of data collection. Data analysis methods are outlined. The first purpose of this study was to describe nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. The second purpose of this study was to discover relationships among nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the profession.

Research Design

The design best suited to answer the research questions was a descriptive correlational design. The predictor variables for this study were nurses' professional identity, career satisfaction, and occupational commitment. The outcome variable was intent to stay in the profession of nursing. According to Munro (2005), correlational techniques are used to study relationships among variables. This design may also be used to test hypotheses about a particular relationship. A descriptive correlational study examines variables in a situation that has already occurred or in a currently occurring situation (Burns & Grove, 2009). The aim of a predictive design is to predict the level of the outcome variable from the independent variables.

Setting and Sample

The sample for this study consisted of practicing registered nurses (RNs) in the United States. Professional nurse databases available for use or purchase from State
Boards of Nursing were accessed. The sampling method described by Mariani (2007) was used. This method involved dividing the United States into nine geographic regions (Table 1).

Table 1
Regions and States

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<tr>
<th>Regions</th>
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<td>Alaska*</td>
<td>Washington</td>
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</table>

*States randomly selected for sampling in the current study
These regions include New England, Middle Atlantic, South Atlantic, East South Central, West South Central, East North Central, West North Central, Mountain, and Pacific (Mariani, 2007). Mariani reported a response rate of 27% using this sampling method.

The target population was registered nurses currently practicing, regardless of employment setting. A demographic questionnaire (Appendix A) requested the current employment settings of the respondents. Current age of nurses was an extraneous variable, as older nurses may be thinking of retiring within the next several years. Age was included as a demographic variable and was used in secondary analyses. Educational level was also included as a demographic variable, as this may have some influence on the professional identity of the nurse, as well as intent to stay in the nursing profession (Nogueras, 2006). The aim of this study was to determine the intent of RNs to remain in the profession.

Sample Selection

Cluster random sampling was used to select the sample. With the United States divided into nine regions, one state was randomly selected from each of the regions. Names of states in each region were placed in a hat and were randomly drawn. State Boards of Nursing of each of the selected states were contacted for names and addresses of active registered nurses. The lists from Florida, Alaska, and Tennessee were available to this researcher free of charge for scholarly work. The mailing lists from Massachusetts, New Jersey, Arkansas, Ohio, Nebraska, and Arizona were purchased for a fee.
Names of registered nurses were randomly selected from these lists by assigning each name a number and then using a table of random numbers. The surveys were mailed to 60 RNs from each of the chosen states. The initial mailing yielded a sufficient sample of nurses, so a second mailing was not needed. A potential limitation of this method is that the lists may also have included nurses who were licensed but not currently practicing. This inclusion criterion was addressed in the Letter of Invitation (Appendix G) that accompanied the survey. Only those registered nurses currently employed in nursing were asked to complete the survey.

Sample Size

A priori power analysis was computed using SPSS Sample Power version 1.0 (Borenstein, Rothstein, & Cohen, 1997) to establish the minimum needed sample size for this study. According to Burns and Grove (2009) “power is the capacity of the study to detect differences or relationships that actually exist in a population” (p. 354). The multivariate hypothesis for this study was directional, so a one-tailed p-value was used to compute sample size. Burns and Grove suggested the minimal acceptable power for a study is .80. This power level results in a 20% chance of a Type II error. This error would lead the researcher to accept the null hypothesis when it should be rejected. A power level of .80 was used in calculating this power analysis. The level of significance was set at .05 to reduce the risk of a Type I error. This error would lead the researcher to reject the null hypothesis when it should be accepted (Burns & Grove).

Effect size is another important factor when considering sample size. Effect size refers to the degree to which a phenomenon is present. A medium effect size of .13 (Cohen, 1988) was used for this calculation, based on the available quantitative research
concerning the study variables and the strength of the theory. Polit and Beck (2008) recommended estimating the sample size needed for multiple regression by multiplying the number of predictor variables by 40, resulting in a suggested minimal sample size for this study of 120. Polit and Beck asserted that a better way to estimate sample size is to perform a power analysis. Based on the a priori power analysis, the minimum sample size needed for this study was 77 subjects. The response rate for mailed surveys is usually 25% to 30% (Burns & Grove, 2009). With an expected response rate of 25%, a total of 540 surveys were sent, in order to increase the likelihood of obtaining at least 120 completed surveys for data analysis.

Data collection took place between April 1, 2009 and May 15, 2009. Five hundred-forty surveys were mailed (60 to each of the 9 randomly selected states). Ten surveys were returned for incorrect addresses. One hundred-fifty surveys were returned for a response rate of 28%. Thirteen of these were completed by nurses who were retired from nursing, in spite of the instructions provided. This resulted in 137 useable surveys returned which represents a 26% return rate.

Characteristics of Study Sample

This section describes the demographics of the sample. In this study (N = 137), females represented 92% of the sample and males represented 8% of the sample. The greatest frequency of RNs by state was in the West North Central and Pacific regions; the remaining distribution of RNs by region were from Mid-Atlantic, East South Central, New England, Mountain, South Atlantic, West South Central, and East South Central regions. The percentages of respondents from each region are depicted in Table 1. Descriptive characteristics of the study sample are presented in Table 2.
Table 2

Descriptive Statistics of Categorical Demographic Data (N = 137)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>126</td>
<td>92.0</td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>8.0</td>
</tr>
<tr>
<td><strong>Highest Level of Nursing Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>18</td>
<td>13.1</td>
</tr>
<tr>
<td>Associate's Degree</td>
<td>35</td>
<td>25.5</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>62</td>
<td>43.3</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>22</td>
<td>16.1</td>
</tr>
<tr>
<td><strong>Currently Enrolled in Advanced Degree?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>12.4</td>
</tr>
<tr>
<td>No</td>
<td>120</td>
<td>87.6</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Time</td>
<td>104</td>
<td>75.9</td>
</tr>
<tr>
<td>Part Time</td>
<td>33</td>
<td>24.1</td>
</tr>
<tr>
<td><strong>Current Area of Nursing Practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>81</td>
<td>59.1</td>
</tr>
<tr>
<td>Community</td>
<td>22</td>
<td>16.1</td>
</tr>
<tr>
<td>Academic</td>
<td>7</td>
<td>5.1</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>19.0</td>
</tr>
<tr>
<td><strong>Nursing Position</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff RN</td>
<td>70</td>
<td>51.1</td>
</tr>
<tr>
<td>Manager</td>
<td>19</td>
<td>13.9</td>
</tr>
<tr>
<td>Administrator</td>
<td>4</td>
<td>2.9</td>
</tr>
<tr>
<td>Educator</td>
<td>7</td>
<td>5.1</td>
</tr>
<tr>
<td>Patient Educator</td>
<td>3</td>
<td>2.1</td>
</tr>
<tr>
<td>Researcher</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
<td>24.1</td>
</tr>
</tbody>
</table>

The largest number of respondents were female and Bachelor’s prepared (45.3%).

Only 12.4% of the respondents reported being enrolled in an advanced degree program.

The majority of respondents (75.9%) worked full time in hospital settings (59.1%) as
staff nurses (51.1%). Twenty-six percent of the nurses responding reported their area of practice as other. These other practice areas included, among others, nurse practitioner practice (4.4%), nurse anesthesia practice (1.5%), and office nursing (1.5%).

The mean age of the nurses responding was 50.41 years, the youngest was 24 and the oldest respondent was 71 years old. The average number of years of nursing work experience was 25.19 years. The nurses responding worked an average of 36.05 hours per week, and reported that they planned to work as nurses an average of 13.54 more years. Details of these descriptive statistics are presented in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Mean</th>
<th>SD</th>
<th>Mode</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>50.41</td>
<td>11.59</td>
<td>59</td>
<td>24 – 71</td>
</tr>
<tr>
<td>Years of RN Work Experience</td>
<td>25.19</td>
<td>12.56</td>
<td>30</td>
<td>1 – 50</td>
</tr>
<tr>
<td>Hours Worked per Week</td>
<td>36.05</td>
<td>10.11</td>
<td>40</td>
<td>3 – 68</td>
</tr>
<tr>
<td>Years Still to Work</td>
<td>13.54</td>
<td>9.56</td>
<td>5, 10, 15</td>
<td>1 – 40</td>
</tr>
</tbody>
</table>
(Mariani, 2007) (Appendix B), the Mariani Nursing Career Satisfaction Scale (MNCSS) (Mariani, 2007) (Appendix C), and the Occupational Commitment Survey (Blau, 2003) (Appendix D). Intent to stay in the nursing profession was measured by response to item number 19 on the Demographic Questionnaire. This question addressed nurses' intent to stay in the nursing profession throughout their working lives.

**Demographic Questionnaire**

The demographic questionnaire is a 19-item questionnaire designed by the researcher. This questionnaire was used to collect data about each subject's gender, age, educational preparation, years in nursing, and area of nursing practice. These questions consisted of fill-in-the-blank items as well as items that provided choices to be checked off. In those items, a choice was provided for other, and write-in responses were solicited. In addition, four items were developed using a 50 millimeter visual analog scale to assess level of agreement with statements regarding intent to stay in the nursing profession, feelings of competence as a nurse, positive experiences early in one's nursing career, and the extent to which the current national economic crisis influenced the retirement decision. The participants' responses were measured on the 50 millimeter line using a millimeter ruler in order to obtain an interval level score.

**Nurses' Professional Identity Scale**

**Description**

A thorough review of relevant literature revealed no valid and reliable instrument to measure nurses' professional identity. The NPIS was developed by this researcher and included a review by a panel of content experts and a pilot study to determine the reliability and validity of the instrument prior to use in the full study.
The Nurses' Professional Identity Scale (NPIS) is a 24-item Likert scale developed by Sharbaugh (2007) (Appendix B). The items were constructed after a thorough review of the literature on professional identity. Subjects are asked to rate their response to each item on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). This instrument was pilot tested in 2008. The development of this instrument was influenced by the work of Gregg (2000), specifically the theory, Bonding into Nursing, as well as themes found in multiple qualitative studies (Cook, Gilmer, & Bess, 2003; Deppoliti, 2003; Fagerberg & Kihlgren, 2001; Fagermoen, 1997).

**Content Validity of NPIS**

Content validity was established with the assistance of five content experts, chosen for their work on professional identity. The panel of experts included four experts on professional identity in nursing, and one expert in professional identity development in psychology. Gregg (2000) served as one of the content experts for the development of the instrument. Utilizing the content validity method described by Soeken (2005) letters were sent to the proposed content experts, asking them to rate the relevance of a draft version of the NPIS. The original draft included 26 items describing nurses' professional identity for review. Using feedback from the content experts, two of the items were removed from the instrument and 24 items were retained for inclusion in the final NPIS. Items that achieved a score of 60% or greater agreement among the content experts were retained in the final instrument. The overall content validity index (CVI) of the NPIS was .89 for the retained 24 items.
Reliability of NPIS

Based on data from the pilot study (N = 41) conducted by this researcher, Cronbach’s alpha internal consistency reliability of the NPIS was .85. Burns and Grove (2009) suggested that a reliability coefficient of .70 is acceptable for a newly developed instrument. For the NPIS, all item-to-total correlations were positive, and ranged from .09 to .73. All 24 items were retained in the final version of the NPIS. For the full study, Cronbach’s alpha internal consistency reliability was .80. All item-to-total correlations were positive, and ranged from .16 to .65. All items contributed to the internal consistency reliability of the NPIS.

Scoring of NPIS

The NPIS is a 24-item Likert scale with a 5-point scale. Subjects are asked to rate their responses about professional identity in nursing on 5-point scale from 1 (strongly disagree) to 5 (strongly agree) with a neutral choice provided. Seven items are reverse coded. These included items 5, 7, 11, 13, 17, 20, and 21 on the instrument. The responses from all items were summed to produce a total NPIS score which could range from 24 to 120. Higher scores indicate a stronger professional identity.

Mariani Nursing Career Satisfaction Scale (MNCSS)

Description

The Mariani Career Satisfaction Scale (MNCSS) is a semantic differential scale developed by Mariani (2007) (Appendix C). The scale has 16 bipolar adjectives related to career satisfaction. Subjects are asked to review each set of bipolar adjectives and to indicate the point on a 7-point scale that best rated their feelings about their nursing career. Permission for use of the MNCSS was obtained from Mariani (Appendix E).
Validity

Content validity was established through the use of a panel of seven experts. “The panel of experts included one nurse expert on mentoring, three nurse experts on career satisfaction, two experts in business with experience in mentoring and one expert in education in the field of mentoring” (Mariani, 2007, p. 57). The experts were asked to rate the relevance of a draft version containing 24 bipolar pairs of adjectives used to describe career satisfaction in nursing. Sixteen of the original adjective pairs were retained in the final version of the instrument. All items that achieved a score of 57% or greater agreement among the content experts were retained. “The overall content validity (CVI) of the MCNSS is .84 for the 16 bipolar adjectives” (Mariani, p. 58).

Reliability

Mariani (2007) reported a Cronbach’s alpha internal consistency reliability of .82 for the pilot study (N = 16). For her full study (N = 173), the Cronbach’s alpha reliability was .94. Items-to-total correlations ranged from .48 to .83, indicating that all items on the scale contributed to the internal consistency reliability of the instrument. For the current study, Cronbach’s alpha was .93, and all item-to-total correlations were positive and ranged from .43 to .78.

Scoring

The semantic differential scale has 16 pairs of bipolar adjectives with a 7-point scale. Subjects are asked to indicate their feelings about their nursing careers by marking a space on the scale that most closely indicated those feelings. Each adjective pair is scored from 1 to 7 using the lower number for the less positively worded adjective and
the higher number for the most positively worded adjective. Four items on the scale are reverse coded. The responses from all items were summed to produce total MCNSS scores which could range from 16 to 112. Higher scores on the MCNSS indicate higher nursing career satisfaction.

Occupational Commitment Survey

Description

The Occupational Commitment Survey (Blau, 2003) (Appendix D) is a 24-item Likert scale based on work by Meyer et al. (1993) and Carson et al. (1995). Within the 24 items are three subcategories and two subcategories measuring the components of occupational commitment. Items number 1 to 6 measure affective occupational commitment and items number 7 to 12 measure normative occupational commitment. The measure for continuance commitment is further divided into two subcategories based on Blau’s work (2003). Items 13 to 20 measure accumulated costs, and items 21 to 24 measure for alternatives. Items on the original scale are clustered to identify the subscales; however they will be randomized for administration to subjects for the current study. Scores for the subcategories will be computed based on the total score of the appropriate items. Permission to use the Occupational Commitment Survey was granted by Dr. Blau (Appendix F).

Validity

Blau (2003) used factor analysis in order to examine the construct validity of the Occupational Commitment Survey. The factor analysis validated the fit of the four dimensions of occupational commitment included in the survey (Blau).
Reliability

Blau (2003) examined the final 4-dimension instrument for evidence of stability, consistency, and homogeneity, in three major sample groups. The sample groups consisted of medical technologists (n = 230), working adults (n = 412), and MBA students (n = 227). Analysis completed for each group resulted in overall levels of reliability as follows: affective occupational commitment (\( \alpha = .94 \)); normative occupational commitment (\( \alpha = .92 \)); accumulated costs occupational commitment (\( \alpha = .86 \)); and limited alternative occupational commitment (\( \alpha = .84 \)).

In the current study, reliability for the OCS was evaluated using Cronbach’s alpha. The alpha score was .84. Item-to-total correlations on all but two items on the instrument were positive and ranged from .09 to .61. Items 21 and 24 had negative item-to-total correlations, however the Cronbach’s alpha if deleted remained at .84 or lower, so these items were retained. Cronbach’s alpha for the affective occupational commitment subscale was .87. All item-to-total correlations were positive and greater than .20. Cronbach’s alpha for the normative occupational commitment subscale was .90. All item-to-total correlations were positive. Cronbach’s internal consistency reliability for the continuance occupational commitment subscale was .70. The internal consistency reliability of the subscales of continuance occupational commitment were as follows: accumulated costs (\( \alpha = .86 \)), and limited alternatives (\( \alpha = .94 \)).

Scoring

The Occupational Commitment Survey uses a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The subscale of affective occupational
commitment is comprised of 6 items. All items are positively worded, so that high scores on these items indicate affective commitment. The subscale of normative commitment contains 6 items. All items are positively worded. The continuance commitment contains 12 items which are divided within the subgroups of accumulated costs and limited alternatives. The accumulated costs occupational commitment subscale contains 8 items. The limited alternative subscale contains 4 items. Total scores on this instrument were computed for each subject and were used in the statistical analyses that addressed the Research Questions and Hypothesis. In addition, subscale scores for each of the four dimensions were calculated for descriptive purposes. Higher scores on the instrument indicate higher occupational commitment. Table 4 presents the scoring of the Occupational Commitment Survey.

Table 4
Occupational Commitment Survey Scoring

<table>
<thead>
<tr>
<th>Score</th>
<th>Item Numbers</th>
<th>Possible Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1 – 24</td>
<td>24 – 144</td>
</tr>
<tr>
<td>Affective</td>
<td>1 – 6</td>
<td>6 – 36</td>
</tr>
<tr>
<td>Normative</td>
<td>7 – 12</td>
<td>6 – 36</td>
</tr>
<tr>
<td>Continuance</td>
<td>13 – 24</td>
<td>12 – 72</td>
</tr>
<tr>
<td>Accumulated Costs</td>
<td>13 – 20</td>
<td>8 – 48</td>
</tr>
<tr>
<td>Limited Alternatives</td>
<td>21 – 24</td>
<td>4 – 24</td>
</tr>
</tbody>
</table>

Intent to Stay

Intent to stay in the nursing profession was measured using a single item on the Demographic Questionnaire. Intent to stay was measured on a visual analog scale, as reported by the subjects in response to item number 19 on the Demographic Questionnaire. Several studies have been identified which provided evidence of the reliability and validity of single-item self-reports. Dollinger and Malmquist (2009)
conducted a study to test the reliability and validity of single-item measures completed by college students to rate their alcohol use, study habits, and aspects of their college social life. Students were also asked to complete a daily log concerning the items on each scale. The findings of the study provided support for both the reliability and validity of all of the single-item measures. Rohrer, Herman, Merry, Naessens, and Houston (2009) also provided evidence for the validity of a single-item measure of self-rated health, used as an outcome measure for a prospective observational weight loss project. While there has been relatively little research that has directly addressed the issue of reliability and validity of single-item measures, the previous studies have offered support for the use of such measures.

Protection of Human Subjects

An application was submitted to the Institutional Review Board (IRB) of Widener University. This procedure is followed for the purpose of ensuring the rights of human subjects. The application to the IRB included a summary of the study to be conducted, a copy of the Letter of Invitation (Appendix G) to research subjects, the risks to subjects, and their right to anonymity. The Widener University IRB approved the solicitation of participants for study (Appendix H). Once IRB approval was received, data collection began.

Participants were obtained from a population of educated adults, and were not part of a vulnerable population (Burns & Grove, 2009). A Letter of Invitation was included in all mailed surveys, explaining the focus of the study and definitions of the terms of nurses' professional identity, career satisfaction, occupational commitment, and intent to stay. The Letter of Invitation explained the efforts that would be made to
maintain anonymity of all data and that completion and return of the survey indicated the participants’ voluntary consent to participate. Participants were advised through the Letter of Invitation, to put no names or identifying information on any part of the research materials. The Letter of Invitation had a Flesch-Kincaid reading level of 12th grade, which was appropriate, as all subjects completed post-high school education.

Participants

The target population was RNs currently working in nursing practice, full- or part-time, regardless of employment setting or length of time as RNs. New graduate nurses were included. All participants were English speaking adults (minimum age 21; no maximum age). RNs not currently working in nursing were excluded from the study.

Risks and Benefits

There were no identified risks to the participants. Participation was anonymous and voluntary. This study explored the relationships among nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. There was no loss of privacy as anonymity was assured. Returned surveys contained no identifying information.

There were no direct benefits to participants in this study. Participants were informed that they would be contributing to the advancement of nursing science and research by providing data to investigate the relationships among the variables.

Participants voluntarily completed the anonymous survey. No identifying data were collected that could link participants to their responses. Completing and returning the survey constituted implied informed consent. Registered nurses could choose not to participate or could withdraw from the study by not completing and submitting the
survey. Participants were provided with information for the researcher (phone number and e-mail address) so they could contact the researcher to ask questions, if needed. One participant contacted the researcher by email to request a summary of the findings at the completion of the study.

Data Storage

Raw data are stored in a locked file cabinet in the researcher’s home office. Only the researcher, the dissertation committee, and members of the IRB have access to raw data. All data analyses and reporting of results are in the aggregate. Individual identification is not possible. Raw data surveys will be shredded and destroyed one year after completion of the dissertation research.

Alternate Therapies or Procedures

Registered nurses could choose to not participate in this study.

Compensation

There was no compensation for participants in this study.

Procedures for Data Collection

A random sample of registered nurses were drawn from lists of registered nurses obtained through randomly selected State Boards of Nursing as described in the discussion about setting and sample size after Institutional Review Board approval from Widener University was obtained. Data were collected through the use of a mailed survey booklet. The survey booklet was comprised of four parts: the Demographic Survey, the Nurses’ Professional Identity Scale, the Mariani Nursing Career Satisfaction Scale, and the Occupational Commitment Survey.
Booklets including the Letter of Invitation and the research instruments were mailed to the randomly selected registered nurses throughout the United States. The sample was selected from nine regions throughout the United States. Each of the nine regions was assigned a series of numbers. All booklets were copied on white paper and were assigned a number associated with a particular region. The researcher assembled and mailed the booklets to the sample selected. The booklets were stamped and completed with a return address to a post office box, therefore minimizing the work required for subjects to return them. The Tailored Design Method (Dillman, 2007) was used for mailing of the survey.

Dillman (2007) described a method for implementing surveys in order to achieve a good response rate. This method, based on social exchange theory, emphasizes the rewards of survey completion over the costs. All written materials emphasized the importance of participants' input into something of value, and acknowledged their expertise. The rewards to the participants in this study were intrinsic, as they will be contributing to nursing science development. Several elements were presented by Dillman as part of this method. The initial element involved using a “respondent-friendly” format (Dillman, p. 150). The questionnaires had clear and easy to understand items, and were presented in a visually appealing way. Questionnaires were copied on white paper and were designed as small booklets for ease of reading. The four separate parts of the survey were separated with clear instructions for completion included at the beginning of each new section.

Dillman (2007) also suggested multiple contacts for maximizing the response rate for mailed surveys. This researcher planned at least two mailings to the entire sample, if
necessary, in an attempt to increase responses. Only one mailing was necessary, as the initial mailing yielded a sufficient number of responses. The mailings were not done during holiday seasons, in order to increase the likelihood of completion. Results were monitored as they were received. Return booklets had first class stamps affixed. Dillman suggested that this too would increase the possibility of responses. Correspondence to subjects was personalized and signed by the researcher in blue ink. Dillman also suggested token financial incentives. This researcher did not provide financial incentives.

Data Analysis

Missing Data

Upon receipt, the completed tools were evaluated for incomplete responses. All returned surveys contained complete responses for the research instruments. A few subjects did not answer one or two demographics questions and these were left blank in the data set. Once data collection was completed and survey forms were checked for completion, data were entered into SPSS for Windows Version 16 for analysis on a personal computer.

Demographic Data

Descriptive statistics were used to describe the sample based on the demographic data. Demographic data consisted of nominal, ordinal, and interval level data. Frequencies and percentages were computed for the nominal and ordinal variables. Measures of central tendency and dispersion were computed for the interval level variables. The results of these analyses are presented in Chapter Four.
Research Question #1

Research Question #1 asked: "What are nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the profession?" Nurses' professional identity was measured by total scores on the Nurses' Professional Identity Scale (NPIS). Career satisfaction was measured by total scores on the Mariani Nursing Career Satisfaction Scale (MNCSS). Occupational commitment was measured by total scores on the Occupational Commitment Survey. Scores were also computed for each subscale on the Occupational Commitment Survey. Intent to stay in the nursing profession was measured by responses to item number 19 on the Demographic Questionnaire. Descriptive analyses including measures of central tendency and measures of dispersion, and characteristics of the shape of the graphed curve of the distribution of scores were computed on the scores for each research instrument and each subscore on the Occupational Commitment Survey.

Analysis of Predictor Variables

In order to determine if a relationship existed between nurses' professional identity and intent to stay in the profession, Pearson correlation was used. Pearson correlation identifies relationships between variables, as well as the strength and direction of the relationship (Munro, 2005). Professional identity scores were calculated from the Nurses' Professional Identity Scale and were correlated with the number of years of intent to stay in the nursing profession obtained from the Demographic Questionnaire. The Pearson correlation is an appropriate statistic, as it identifies the relationship, if any, between professional identity and intent to stay in the nursing profession (Munro).
Pearson correlation was also used to determine if there was a relationship between nurses’ career satisfaction and intent to stay in the profession. Subject’s scores from the MNCSS were correlated with intent to stay in the nursing profession indicated on the Demographic Questionnaire. Pearson correlation is an appropriate statistic to identify the direction and magnitude of the relationship between these two variables (Munro, 2005).

The relationship between nurses’ occupational commitment and intent to stay in the profession was also tested using Pearson correlation. Subject’s scores from the Occupational Commitment Survey were correlated with intent to stay in the nursing profession indicated on the Demographic Questionnaire. Pearson correlation demonstrates the direction and magnitude of the relationship between these two variables (Munro, 2005).

**Research Question #2**

Research Question #2 asked: “What are the relationships among nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the profession?”

The research hypothesis for this study was that the linear combination of nurses’ professional identity, career satisfaction, and occupational commitment explains intent to stay in the profession better than any one variable alone. The null hypothesis, then, predicted that the linear combination of nurses’ professional identity, career satisfaction, and occupational commitment would not explain intent to stay in the profession better than any one variable alone. This hypothesis was tested using stepwise multiple regression analysis. “Regression makes use of the correlation between variables… to develop a prediction equation” (Munro, 2005, p. 259). Regression analysis produces a
prediction equation. "The final outcome of a regression analysis is a model from which values of the independent variables can be used to predict values of the dependent variable in the population" (Burns & Grove, 2009, p. 506). In this study the predictor variables of professional identity, career satisfaction, and occupational commitment were used to predict a nurse’s intent to stay in the profession. Multiple regression is an appropriate statistic, because it demonstrates the relationship among the variables of professional relationship, career satisfaction, occupational commitment, and intent to stay in the nursing profession (Munro).

Additional Analyses

Additional analyses were computed to address the research question and to explore relationships between selected demographic variables, personal characteristics, and antecedent variables with the major research variables of professional identity, career satisfaction, occupational commitment, and intent to stay in the profession. Age, gender, educational level, work status, and work setting were explored in relation to scores on the research instruments measuring professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. Pearson correlations were computed to explore the relationship between age and professional identity, career satisfaction, occupational commitment, and intent to stay.

Independent t-tests were used to compare differences in males and females in professional identity, career satisfaction, occupational commitment, and intent to stay in the profession. One-way ANOVAs were computed to test differences in level of education on professional identity, career satisfaction, occupational commitment, and intent to stay in the profession. Differences in nurses working part-time versus full-time
in professional identity, career satisfaction, occupational commitment, and intent to stay in the profession were tested using independent t-tests. As work setting may have had an influence on each of the research variables, one-way ANOVAs were used to test differences among the groups in various work settings in professional identity, career satisfaction, occupational commitment, and intent to stay in the profession. Table 5 presents additional analyses which were completed.

Table 5

Additional Analyses

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Major Research Variable</th>
<th>Statistical Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Nurses' Professional Identity Career Satisfaction Occupational Commitment Intent to Stay</td>
<td>Pearson Correlations</td>
</tr>
<tr>
<td>Gender</td>
<td>Nurses' Professional Identity Career Satisfaction Occupational Commitment Intent to Stay</td>
<td>Independent t-tests</td>
</tr>
<tr>
<td>Educational Level</td>
<td>Nurses' Professional Identity Career Satisfaction Occupational Commitment Intent to Stay</td>
<td>One-way ANOVAs</td>
</tr>
<tr>
<td>Work Status (part-time versus full-time)</td>
<td>Nurses' Professional Identity Career Satisfaction Occupational Commitment Intent to Stay</td>
<td>Independent t-tests</td>
</tr>
<tr>
<td>Work Setting</td>
<td>Nurses' Professional Identity Career Satisfaction Occupational Commitment Intent to Stay</td>
<td>One-way ANOVAs</td>
</tr>
</tbody>
</table>
Report of Pilot Study

A pilot study was completed as part of the development of the NPIS prior to its use in the current study. Through the use of content experts, content validity was established, as discussed previously in this chapter. Approval was obtained from the Widener University Institutional Review Board (IRB) to solicit participants in order to conduct a pilot study of the newly developed instrument. In addition, approval was obtained from the Human Subjects Review Committee of the university used as the data collection site.

The pilot study sample and setting consisted of a convenience sample (N = 41) of registered nurses who were attending a Baccalaureate completion program or a Master’s in Science in Nursing program at a university in the Mid-Atlantic region of the United States. Nurses meeting the sample criteria were asked to participate voluntarily in the study. Inclusion criteria included a state license to practice professional (RN) nursing. There were no exclusion criteria.

Participants were asked to voluntarily complete a Demographic Questionnaire (Appendix A) and the Nurses Professional Identity Scale (Appendix B). The participants were provided with a letter of explanation for the pilot study which included the purpose of the pilot study, definitions used, and informed consent disclosure. The Flesch-Kincaid reading level of the letter of explanation was at the 12th grade level. This was appropriate for the intended audience, who were all professional nurses.

Data collection was facilitated by university faculty members who provided a cover letter and a copy of the Nurses’ Professional Identity Scale to volunteer participants. The cover letter explained the purpose of the research and included informed
consent disclosure. Return of the completed instrument was considered implied informed consent to participate. To ensure anonymity, participants were instructed to put no identifying marks on the instrument and were provided with envelopes to use for return of the completed anonymous instruments. Participants received no compensation for their participation.

Sixty questionnaires were distributed and 41 were returned, for a return rate of 68%. The questionnaires were numbered and the raw data were entered into SPSS for analysis. Five subjects had up to three missing data bits. The missing data were replaced with the group mean. There was no pattern to the missing data. The instrument contained 24 items with responses from 1 to 5, for a possible total score range of 24 to 120. The mean NPIS score was 99, with a range of 77 to 116. The mean total NPIS score was moderately high. There were several possible explanations for these scores. One possible explanation was that the instrument is biased toward positive responses. This researcher believes that this is a low risk possibility since 30% of the responses were negatively phrased to reduce a response set bias. Another possible explanation was that the RNs responding gave socially acceptable responses in order to help the researcher. This was also believed to be a low risk possibility, as all responses were anonymous, and this was clearly explained to the participants. The most likely explanation for the high total scores on the NPIS was that RNs have moderate to strong professional identity. Nurses completing the pilot instrument were all returning to school to further advance their careers.

Based on data from the pilot study (N = 41), Cronbach’s alpha internal consistency reliability of the NPIS was .85. Burns and Grove (2009) suggested that a
reliability coefficient of .70 is acceptable for a newly developed instrument. For the NPIS, all item-to-total correlations were positive, and ranged from .09 to .73. All 24 items were retained in the final version of the NPIS.

Chapter Summary

This descriptive correlational study was conducted to examine the relationships among nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. A demographic questionnaire was utilized to elicit information about the sample. In addition, a question on the demographic questionnaire asked subjects about their intent to stay in the nursing profession. Nurses' professional identity was measured using a researcher-developed instrument, the Nurses' Professional Identity Scale (NPIS) (Sharbaugh, 2007). Career satisfaction was measured using the Mariani Nursing Career Satisfaction Scale (MNCSS) (Mariani, 2007). Occupational commitment was measured using the Occupational Commitment Survey (Blau, 2003), which is an instrument with established reliability and validity.

Approval for solicitation of subjects was obtained from the Institutional Review Board of Widener University prior to data collection. Data were collected using a modified Tailored Design Method as described by Dillman (2007). Mailed surveys were sent to a random sample of registered nurses throughout nine regions in the United States. Statistical analysis included Pearson correlations in order to demonstrate relationships among the variables. Multiple regression analysis was computed to predict the relationship among the three predictor variables of professional identity, career satisfaction, and occupational commitment, to the dependent variable of intent to stay in the nursing profession. The intent of this study was to examine some factors that may
influence intent to stay in nursing. With the growing nursing shortage, this research has added to the knowledge pertaining to reasons nurses stay in or leave the profession, and contributes to strategies to decrease attrition.
CHAPTER FOUR
FINDINGS

The primary purpose of this study was to describe nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. The second purpose of this study was to discover the relationships among professional identity of the nurse, career satisfaction, occupational commitment and intent to stay in the nursing profession.

This chapter presents the findings of this study exploring nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. Relationships among nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession are also presented and discussed. Additional analyses of the study variables are also presented.

Analyses of Research Questions

This section contains findings related to each research question. Each question and the analyses are presented separately.

Research Question #1:

Research Question # 1 asked: "What are nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession?"

Nurses’ professional identity was measured by descriptive analysis of the Nurses’ Professional Identity Scale (NPIS). NPIS scores ranged from 61 to 118 with high scores indicating a strong professional identity. All participants completed the NPIS. Seven negatively worded items on this tool were reverse scored. The mean score for the NPIS
was 100.22 (SD = 8.98) indicating strong professional identity. The median score was 100.

Career satisfaction was measured by descriptive analysis of the Mariani Career Satisfaction Scale (MNCSS). MNCSS scores ranged from 47 to 112 with high scores indicating career satisfaction. All participants completed this instrument. Four negatively worded items on this instrument were reverse scored. The mean score for the MNCSS was 94.36 (SD = 12.95) indicating high career satisfaction. The median score on the MNCSS was 96.

Occupational commitment was measured by descriptive analysis of the Occupational Commitment Survey (OCS). The range of total OCS scores was 59 to 138. The mean score on the OCS was 96.20 (SD = 14.31) with a median score of 95, indicating moderately strong occupational commitment.

Within the 24 items on the OCS are three subscales of occupational commitment as well as two subcategories for the subscale of continuance occupational commitment. Items number 1 to 6 measured affective occupational commitment and items number 7 to 12 measured normative occupational commitment. The 12-item measure for continuance commitment was further divided into two subcategories based on Blau’s work (2003). Items 13 to 20 measured accumulated costs, and items 21 to 24 measured for limited alternatives.

The mean score for affective commitment was 31.15 (SD = 3.38) out of a range of 6 to 36. This finding indicates that the nurses responding to this survey had strong affective occupational commitment, or were emotionally attached to the profession.
Normative commitment refers to a sense of obligation to remain in the profession. The mean score for normative commitment was 19.71 ($SD = 7.05$) out of a range of 6 to 36. This finding indicated that overall, the respondents had moderate normative commitment to the profession.

Continuance commitment refers to the perceived costs of leaving a profession. This was measured by scores on the continuance commitment subscale of the OCS. The mean score on this subscale was 45.34 ($SD = 8.22$) out of a range of 12 to 72, indicating that nurses responding to this survey felt moderate continuance commitment to the profession of nursing. This scale was further divided into two additional subscales, accumulated costs and limited alternatives. The mean score on the accumulated costs subscale was 31.80 ($SD = 8.27$) out of a range of 8 to 48, indicating moderate continuance commitment based on perceptions of accumulated costs. Limited alternative continuance commitment refers to remaining in a profession due to limited alternatives for another career. The mean score on the limited alternatives subscale of continuance commitment was 13.55 ($SD = 4.99$) out of a range of 4 to 24. These findings suggested that the respondents felt moderate limited alternatives continuance commitment due to a perceived lack of available options for pursuing another career.

Intent to stay was measured by participants' level of agreement with the following statement: "I intend to stay in nursing throughout my working years". This was measured on a visual analog scale with possible scores ranging from 0 to 50. The mean score on this item was 44.92 ($SD = 7.70$) with a range of 15 to 50. These findings indicated that participants had strong intent to stay in nursing throughout their working years. Detailed descriptive analyses of the study variables are presented in Table 6.
Table 6

Descriptive Statistics for Study Variables (N = 137)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Median</th>
<th>Observed Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses' Professional Identity</td>
<td>100.22</td>
<td>8.98</td>
<td>100</td>
<td>61 - 118</td>
</tr>
<tr>
<td>Career Satisfaction</td>
<td>94.36</td>
<td>12.95</td>
<td>96</td>
<td>47 - 112</td>
</tr>
<tr>
<td>Occupational Commitment</td>
<td>96.20</td>
<td>14.31</td>
<td>95</td>
<td>59 - 138</td>
</tr>
<tr>
<td>Intent to Stay</td>
<td>44.92</td>
<td>7.70</td>
<td>48</td>
<td>15 - 50</td>
</tr>
</tbody>
</table>

Research Question # 2

Research Question # 2 asked: "What are the relationships among nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession?" In order to explore possible relationships among the variables of nurses' professional identity, career satisfaction, occupational commitment, and intent to stay, Pearson's correlations were calculated. Results are provided in Table 7.

Based on respondents' replies, nurses' professional identity was moderately correlated with intent to stay, career satisfaction, and occupational commitment. There were statistically significant relationships between career satisfaction and intent to stay, as well as between career satisfaction and occupational commitment. The strength of the relationships was moderate (Munro, 2005). There was a weak, but positive correlation between occupational commitment and intent to stay.
Table 7

Correlation Matrix for Nurses’ Professional Identity, Career Satisfaction, Occupational Commitment, and Intent to Stay (N = 137)

<table>
<thead>
<tr>
<th></th>
<th>Intent to Stay</th>
<th>Nurses’ Professional Identity</th>
<th>Career Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses’ Professional Identity</td>
<td>r</td>
<td>.34</td>
<td>p</td>
</tr>
<tr>
<td>Career Satisfaction</td>
<td>r</td>
<td>.30</td>
<td>p</td>
</tr>
<tr>
<td>Occupational Commitment</td>
<td>r</td>
<td>.17</td>
<td>p</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.40</td>
<td></td>
</tr>
</tbody>
</table>

Findings Related to Hypothesis

Research Hypothesis

The research hypothesis for this study was that the linear combination of nurses’ professional identity, career satisfaction, and occupational commitment predicts intent to stay in the profession better than any one variable alone. The null hypothesis was tested by computing a stepwise multiple regression, which determines the probability of a dependent variable (outcome) occurring with the independent, or predictor variables (Munro, 2005). In this study, the dependent variable was intent to stay in nursing, and the independent variables were nurses’ professional identity, career satisfaction, and occupational commitment.
Multiple Regression

In order to determine relationships between intent to stay and the predictor variables of nurses' professional identity, career satisfaction, and occupational commitment, Pearson correlations were computed. These results appear in Table 7 and are discussed in further detail in this section. Significant positive correlations were found between intent to stay and each of the predictor variables of nurses' professional identity, career satisfaction, and occupational commitment. Nurses' professional identity was positively correlated with intent to stay ($r = .34, p < .001, r^2 = .116$). Nurses' professional identity explained 11.6% of the variance in intent to stay. Career satisfaction and intent to stay were positively correlated ($r = .30, p < .001, r^2 = .090$). Career satisfaction explained 9% of the variance in intent to stay. Occupational commitment and intent to stay were positively correlated ($r = .17, p < .046, r^2 = .028$). Occupational commitment explained 2.8% of the variance in intent to stay.

The research hypothesis stated that the linear combination of nurses’ professional identity, career satisfaction, and occupational commitment predicts intent to stay in the profession better than any one variable alone. The hypothesis was tested using stepwise multiple regression (MR) analysis. All of the predictor variables were entered into a stepwise multiple regression against the outcome variable of intent to stay. Only nurses' professional identity entered into the regression equation. The MR analysis revealed an overall $R = .34$ with nurses' professional identity explaining 11.6% of the variance in intent to stay. Career satisfaction and occupational commitment did not contribute to the regression equation due to multicolinearity.
Results of the stepwise multiple regression showed that the linear combination of nurses' professional identity, career satisfaction, and occupational commitment did not predict intent to stay better than any one variable alone. Therefore the research hypothesis was rejected and the null hypothesis was accepted. Only nurses' professional identity predicted intent to stay. The results indicated that 11.6% of the variance in intent to stay was explained by nurses' professional identity. The remaining 88.4% of the variance was unexplained, and was due to factors other than nurses' professional identity. Multiple regression summary data are provided in Table 8.

Table 8

<table>
<thead>
<tr>
<th>R</th>
<th>$R^2$</th>
<th>F</th>
<th>df</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>.34</td>
<td>.116</td>
<td>17.75</td>
<td>1, 135</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

Additional Analyses

Additional analyses were computed to explore relationships between selected demographic variables with the major research variables. Age was correlated with scores on each of the research variables of intent to stay, professional identity, career satisfaction, and occupational commitment. No significant relationships were found between age and any of the research variables.

Independent $t$-tests were used to compare the group means for intent to stay, nurses' professional identity, career satisfaction, and occupational commitment for males ($n = 11$) and females ($n = 126$). There were no statistically significant differences between males and females on any of the variables.
Independent t-tests were also computed to test the differences between nurses working full-time and those working part-time on the study variables. There was a significant difference between nurses working full-time and those working part-time on intent to stay ($t = 2.30, df = 40.35, p \leq .05$). Nurses working full-time reported greater intent to stay. There were no significant differences between nurses working full time and those working part time on nurses' professional identity ($t = 1.78, df = 44.53, p = .080$), career satisfaction ($t = .85, df = 43.78, p = .403$) or occupational commitment ($t = .81, df = 49.85, p = .425$).

The remaining demographic variables (educational level and work setting) were at the nominal level of measurement and one-way ANOVAs were used to determine differences among the levels of these variables on the study variables. There were no significant differences among the subgroups of educational level or work setting in intent to stay, nurses' professional identity, career satisfaction, or occupational commitment.

Additionally, independent t-tests were computed to compare nurses who would choose nursing again and those who would not on intent to stay, nurses' professional identity, career satisfaction, and occupational commitment. Nurses who would choose nursing again ($n = 124$) had stronger occupational commitment and career satisfaction than those who would not choose nursing again ($n = 13$). Independent t-tests were also computed to compare nurses who would recommend nursing as a career and those who would not on the levels of the study variables. Nurses who would recommend nursing ($n = 127$) reported higher professional identity, career satisfaction, and occupational commitment than those who would not recommend nursing as a career ($n = 10$). Details of all significant t-test results are presented in Table 9.
Table 9

Mean Scores and t - Tests for Intent to Stay, Nurses’ Professional Identity, Career Satisfaction, and Occupational Commitment on Demographic Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational Commitment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose nursing again</td>
<td>124</td>
<td>97.74</td>
<td>13.86</td>
<td>4.10</td>
<td>135</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Not choose nursing</td>
<td>13</td>
<td>81.54</td>
<td>9.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend nursing</td>
<td>127</td>
<td>97.04</td>
<td>13.65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recommend nursing</td>
<td>10</td>
<td>85.69</td>
<td>18.74</td>
<td>2.47</td>
<td>135</td>
<td>.003</td>
</tr>
<tr>
<td><strong>Career Satisfaction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose nursing again</td>
<td>124</td>
<td>95.88</td>
<td>11.49</td>
<td>3.28</td>
<td>135</td>
<td>.006</td>
</tr>
<tr>
<td>Not choose nursing</td>
<td>13</td>
<td>79.85</td>
<td>17.18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend nursing</td>
<td>127</td>
<td>95.79</td>
<td>11.22</td>
<td>4.99</td>
<td>135</td>
<td>.011</td>
</tr>
<tr>
<td>Not recommend nursing</td>
<td>10</td>
<td>76.20</td>
<td>19.41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurses’ Professional Identity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend nursing</td>
<td>127</td>
<td>100.85</td>
<td>8.19</td>
<td>3.01</td>
<td>135</td>
<td>.003</td>
</tr>
<tr>
<td>Not recommend nursing</td>
<td>10</td>
<td>92.20</td>
<td>14.22</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nurses were also asked to rate their feelings of competence with their work as nurses on a visual analog scale of 1 to 50 millimeters. All participants responded to this item. The results ($M = 44.3, SD = 6.78$) indicated that the nurses felt strongly competent in their work. Meyer and Allen (1997) identified perceived competence in one’s occupation as an antecedent to occupational commitment. Pearson’s correlation did not support a relationship between competence and occupational commitment ($r = .11, p = .22$).

Nurses also reported strong positive educational experiences in their initial
nursing education ($M = 39.8, SD = 11.47$). Gregg's theory (2000) suggested a relationship between positive educational experiences and nurses' professional identity. This relationship was supported in the current study through Pearson's correlation ($r = .34; p < .001$). Having a positive educational experience was moderately correlated with professional identity.

Due to a substantial economic crisis in the United States just prior to the data collection stage of the current study, an additional item was developed and added to the Demographic Questionnaire. This item asked participants to rate the degree to which the economic crisis had influenced their intent to stay in nursing. The findings from this question revealed a mean score of $21.15 (SD = 20.02)$ with a range of 0 to 50. These nurses indicated that the economic crisis had a low to moderate influence on their intent to stay in the profession.

Chapter Summary

This study was conducted to explore the relationships among nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. The findings of this study were based on data collected from the Demographic Questionnaire, the Nurses' Professional Identity Scale (NPIS), The Mariani Nurses' Career Satisfaction Scale (MNCSS), and the Occupational Commitment Scale (OCS).

One hundred-thirty-seven nurses from nine regions throughout the United States completed the survey booklets. Participants in the study were primarily female, Bachelor's prepared, and worked full-time in hospitals. Fifty one percent of the respondents reported their current nursing position as staff nurse and 21% reported that
they had another career prior to nursing. A small number of respondents are enrolled in an advanced nursing degree program. The mean age of the respondents was 50.41 and the mean number of years they expected to remain in nursing was 13.54.

The first research question was answered through descriptive analyses of the data obtained through the research instruments. Nurses' professional identity was measured by descriptive analysis of the NPIS. The nurses in this sample reported a strong sense of professional identity. Career satisfaction was measured through the MNCSS, and the nurses reported a mean score on this instrument of 94.36. The nurses in this sample also indicated that they were satisfied with nursing as a career. Analysis of occupational commitment, measured through the use of the OCS, indicated that the nurses were moderately committed to nursing as an occupation. The nurses participating in this study reported strong intent to stay in nursing as long as they were working.

Nurses' professional identity was moderately correlated with career satisfaction, occupational commitment, and intent to stay. There were also statistically significant relationships between career satisfaction and intent to stay and career satisfaction and occupational commitment. There was a weak, but positive correlation between occupational commitment and intent to stay.

The research hypothesis was tested using stepwise multiple regression. A single variable, nurses' professional identity was identified through this analysis as the single best predictor of intent to stay in the nursing profession. The null hypothesis was accepted and the research hypothesis was rejected.

Additional analyses were computed to compare selected demographic variables with the main research variables. Age was correlated with scores on each of the research
variables of professional identity, career satisfaction, occupational commitment and intent to stay. No significant relationships were found between age and any of the other variables. There were no significant differences between males and females on any of the research variables tested. Nurses who worked full time reported greater intent to stay than those who worked part time. Nurses who would choose nursing again reported stronger occupational commitment and career satisfaction than those who would not choose nursing again. Nurses who would recommend nursing as a career reported stronger professional identity, career satisfaction, and occupational commitment than those who would not recommend nursing as a career. Discussion and implications of these findings are presented in Chapter Five.
CHAPTER FIVE

DISCUSSION, CONCLUSIONS, and RECOMMENDATIONS

The primary purpose of this study was to describe nurses' professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession. The second purpose of this study was to discover the relationships among professional identity of the nurse, career satisfaction, occupational commitment and intent to stay in the nursing profession. This study explored the extent to which professional identity, career satisfaction, and occupational commitment predicted nurses' intent to stay in the nursing profession. Instruments used in this study included a new instrument developed by the researcher, the NPIS, as well the MNCSS, and the OCS. A blended model of Bonding into Nursing and The Three Component Model of Occupational Commitment served as the conceptual framework for this study. Descriptive statistics, independent t - Tests, Pearson correlations, one-way analysis of variance, and step-wise multiple regression were used in statistical analysis. Chapter Five concludes with a discussion related to the research findings as well as limitations and implications for nursing. Recommendations for future study are also presented.

Discussion

The first section of this chapter presents descriptive findings related to the sample, followed by a discussion of findings of relationships among the variables of nurses' professional identity, career satisfaction, occupational commitment and intent to stay in the nursing profession.
Demographic Findings

Demographic data revealed that the sample in the current study was similar in age and gender to the national representation of the United States population of registered nurses (HRSA, 2004). The nurses in the study sample were slightly more educated than the national average with 45.3% having Bachelor’s degrees compared to 34% of the national average. This may be explained by the fact that nurses who have more education may be more likely to respond to surveys.

Research Question # 1 asked: “What are nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession?” This study sought to explore variables that may contribute to nurses’ intent to stay. The variables investigated in this study included nurses’ professional identity, career satisfaction, and occupational commitment.

Nurses’ Professional Identity

There has been considerable attention afforded professional identity in the nursing literature (Adams et al., 2006; Cook et al., 2003; Fagermoen, 1997; Miller, 2004) underscoring its importance to nursing. There was also discussion in the literature about the positive effects of professional identity development, both for the individual and for the profession of nursing as well. Professional identity involves positive professional self-image, professional fulfillment, a sense of belonging, and affirmation of professional competence (Fagermoen; Ohlen & Segesten, 1998; Secrest et al., 2003). Nogueras (2006) found that nurses with strong professional identities felt a stronger sense of commitment to, and a greater sense of satisfaction with, their nursing careers. There was no literature found that sought to quantify and measure professional identity for nurses, or
to explore the relationship of professional identity to intent to stay in the profession of nursing.

Through the use of a newly developed instrument to measure nurses’ professional identity, data were collected from a sample of registered nurses throughout the United States. The instrument included concepts found in the literature concerning professional identity in nursing. These concepts included, among others, the work of nursing, competence in nursing, fulfillment from the work of nursing, and connections to others in nursing. Fagermoen (1997) concluded that professional identity develops through thoughts, actions, and interactions with others in the workplace. This is consistent with findings of Gregg (2000), who found that learning from work experiences and gaining influence from others led to formation of professional identity. The concepts within the blended model used for the current study were supported in the current study, through the use of the NPIS. These concepts included positive educational experiences, recognizing the value of nursing, integrating a nurse into self, and having a commitment to nursing. Cronbach’s internal consistency reliability for the NPIS was .80, and all item-to-total correlations were positive. The NPIS measured the professional identity of the nurses.

The results of the current study indicated that the nurses in this sample felt a strong sense of professional identity. Further, based on respondents’ replies, nurses’ professional identity was moderately and positively correlated with intent to stay, career satisfaction, and occupational commitment. When nurses experienced strong feelings about being a nurse, there was an association with increased satisfaction with their careers, and increased commitment to the profession. These findings support the blended
model used in the study. The blended model described antecedents and outcomes of commitment to a profession. The model proposed relationships among professional identity, career satisfaction, and occupational commitment. These relationships were supported by the current findings. In addition, the findings described above are also consistent with the findings of Nogueras (2006). When nurses identify strongly with their profession, they express a strong intent to remain in the profession.

These findings may be partially explained by the age and length of time in the nursing profession of the nurses in the sample. Older nurses, who have worked longer in the profession may identify more strongly with the profession than younger nurses who have not been a member of the profession as long. The mean age of nurses in the sample was 50.41 years, with a mean of 25.19 years of work experience. Neither younger nor newer nurses were well-represented in this sample.

**Career Satisfaction**

One of the major challenges facing the nursing profession is to identify contributors to career satisfaction. Identifying such factors would enable organizations to implement effective plans for the retention of nurses. Career satisfaction refers to feelings of contentment that a nurse experiences from a nursing career (Mariani, 2007). Much of the literature has discussed job satisfaction of nurses, but scant research was found that measured overall satisfaction with nursing as a career. In the current study, nurses were specifically asked to respond to questions related to nursing careers, and reported high rates of satisfaction. The range of scores for career satisfaction was 47 to 112, with an average score of 94.36. These findings are similar to the findings presented by Mariani,
with the range of career satisfaction reported for that sample of 46 to 112 with a mean score of 89.05. These findings should be encouraging to the profession.

Shaver and Lacey (2003) found a small but significant relationship between years until retirement and satisfaction with nursing as a career. The relationship between years until retirement and career satisfaction was not studied in the current sample of nurses.

Rambur et al., (2005) examined job satisfaction and career satisfaction in two cohorts of nurses; those who held an Associate’s degree (AD) in nursing, and those who held a Baccalaureate in nursing (BSN). They found that nurses holding a BSN reported higher satisfaction in areas such as opportunities for growth and autonomy in the workplace. Baccalaureate prepared nurses also reported more longevity in the nursing workforce, supporting retention in nursing. The current study found no significant differences between educational level and career satisfaction, occupational commitment, or intent to stay in nursing.

In the current study, the mean age of the nurses in the sample was somewhat high at 50.41. This is consistent with the reports from HRSA (2004) suggesting that the nursing workforce is aging, with an average age of 45.2 years. As with Mariani’s (2007) study, the current study did not capture the younger population of nurses, who may or may not be satisfied with nursing as a career. Also, more satisfied nurses may be more likely to contribute to nursing science by responding to a survey.

A possible explanation for the high career satisfaction reported by the sample of registered nurses in the current study may be related to generational differences among nurses. The majority of nurses participating in this survey were Baby Boomers who may have gone into nursing for different reasons than younger generations of nurses. Baby
Boomers may feel more satisfaction with their careers and feel increased commitment to remain in the profession.

Several factors may contribute to younger nurses not responding to surveys. In both Mariani’s (2007) study and the current study, surveys were paper surveys distributed through the U.S. mail. Younger nurses may be more likely to respond to electronic surveys, as younger generations have grown up in a more electronic age. Younger generations may have an increased response to more visually appealing surveys or to shorter surveys that are delivered via email. Older, more experienced nurses may also value the process of research more than younger, newer nurses. It is possible that younger and newer nurses may not fully appreciate the importance of participating in nursing research.

**Occupational Commitment**

Nogueras (2006) found that nurses with higher occupational commitment were less likely to express intent to leave the profession. Individuals with higher occupational commitment strongly identified with and had positive feelings about their occupation (Blau, 2003). Occupational commitment is a phenomenon that may be related to intent to stay in the profession, and was a variable measured in the current study. Occupational commitment was measured by scores on the OCS. The total range of scores was 59 to 138 with a mean score of 96.20. The sample is this study reported moderately strong levels of occupational commitment.

The scale was divided into three subcategories: affective, normative, and continuance occupational commitment. The mean score for the affective commitment subscale was 31.15 with a range of 16 to 36, which indicates that nurses responding to
this survey had moderately high emotional attachment to the profession of nursing. The mean score for the normative commitment subscale was 19.71 with a range from 6 to 36. These findings indicate that the nurses felt a moderately low feeling of obligation toward the procession. These findings suggest that nurses felt committed to the profession, but not out of a sense of obligation. This finding implies that one does not need to feel obligated in order to feel committed to remain in a profession. Continuance commitment refers to the perceived costs of leaving a profession. This subscale is further divided into two subcategories: accumulated costs and limited alternatives. The mean score for the continuance commitment subscale was 45.34 with a range from 24 to 68, indicating moderate commitment for the reasons of perceived costs of leaving. The accumulated costs subscale and the limited alternative subscale also produced mean scores in the moderately low range.

The overall findings related to occupational commitment suggest that nurses in this sample are committed to the profession, primarily due to an emotional attachment to the profession and only moderately due to a sense of obligation or a feeling of limited alternatives if they left the profession. Contrary to findings from Nogueras (2006) and Blau (2003), there was no correlation between age and occupational commitment. Blau suggested that as individuals age, their psychological commitment shifts from a job to a financial future. This was not found to be significant in the current study. There may be several explanations for why the findings from this study differed from those of Nogueras and Blau.

The nurses in the current study reported low continuance commitment, which would indicate that they do not feel committed to the profession out of a sense of
obligation. One could speculate that if the nurses were remaining committed to the profession because of financial reasons and lack of available options for another career, they would have reported higher continuance commitment. Blau (2003) studied medical technologists rather than nurses. This could account for some of the differences in the findings.

The findings of the current study related to occupational commitment further support the blended model used as a framework for this study. The nurses reported high affective commitment, indicating a strong emotional attachment to the profession. The model of Bonding into Nursing and Occupational Commitment proposed that through an ongoing process, nurses developed positive feelings about nursing, leading to a commitment to the profession, and a stronger intent to stay.

Intent to Stay

Because of the deepening nursing shortage, and the large number of nurses leaving the profession (AACN, 2007), the remaining practicing nurses will continue to feel increased pressures from the work of nursing. It has become increasingly important to examine the reasons for nurses leaving the profession, and to explore methods to address those reasons. Intent to stay in the profession was measured through the use of a single item on the Demographic Questionnaire which asked nurses to rate their agreement with the following statement: “I intend to stay in nursing throughout my working years”. The findings indicated that the nurses in this sample had a strong intent to stay in nursing throughout their working years. Krozek (2001) indicated that up to 35% to 60% of new nurses were leaving the profession with the first year of practice. HRSA (2004) reported that between 1996 and 2000 the proportion of RNs not employed in nursing increased
slightly among the total RN population (from 17.3% to 18.3%). While there is evidence that nurses are leaving the profession, this study did not capture those individuals who may be considering leaving for other careers. Overall, the majority of nurses in this sample indicated a plan to remain in nursing throughout their working years. This may be explained by the age and length of time in the profession of the sample. Younger nurses with limited years in the profession were not proportionally represented in this study. The nurses in the current study may have expressed intent to stay in the profession due to their age.

With the current state of the economy, a question was added to the Demographic Questionnaire that asked respondents to rate the degree to which the current economic crisis has influenced the intent to stay in nursing. The findings indicated that this factor has a low impact on the respondents' intention to stay in the profession. This may again be influenced by the average age of the respondents. The older nurses, in the latter part of their careers, may be staying in the profession regardless of the economic crisis. A younger sample may have produced different results.

Relationships Among the Study Variables

Research Question #2 asked: “What are the relationships among nurses’ professional identity, career satisfaction, occupational commitment, and intent to stay in the nursing profession?” In order to explore possible relationships among these study variables, Pearson’s correlations were computed. The findings indicated that nurses’ professional identity was moderately and positively correlated with intent to stay, career satisfaction, and occupational commitment. Nurses who have strong feelings of professional identity experience greater intent to stay in the profession. Nurses’ professional identity is not a variable that has been previously studied in relationship to career satisfaction, occupational commitment, or intent to stay. These findings suggested that as nurses felt a
stronger identification with the profession of nursing, they felt a stronger commitment to
the profession, greater career satisfaction, and a stronger intent to stay in the profession.
These findings have implications for nursing which will be discussed in a later section of
this chapter.

Career satisfaction was positively correlated with occupational commitment and
intent to stay. The strength of these relationships, however, is low \((r = .30)\), with 9% of
the variance in intent to stay explained by career satisfaction. In the study conducted by
Mariani (2007), 2.3% of the variance in intent to stay was explained by career
satisfaction. Both Mariani’s study and the current study suggest that there are other
factors that influence intent to stay in the profession.

Occupational commitment also had a weak, positive correlation with intent to stay
\((r = .17)\), with only 2.8% of the variance in intent to stay explained by occupational
commitment. These findings are consistent with those of Nogueras (2006), who found
that occupational commitment explained 2.5% of the variance in intent to stay in a
sample of 908 registered nurses.

The research hypothesis for this study was: The linear combination of nurses’
professional identity, career satisfaction, and occupational commitment predicts intent to
stay in the profession better than any one variable alone. In a multiple regression analysis,
nurses’ professional identity was the single best predictor of intent to stay. Career
satisfaction and occupational commitment failed to enter the multiple regression
equation. Therefore, the research hypothesis was rejected. Overall, the participants in this
study reported moderately strong professional identity, and high career satisfaction. Total
occupational commitment was moderate to moderately strong. The participants reported
strong affective occupational commitment in particular, indicating a strong emotional attachment to the profession. These findings suggest that the nurses felt a connection to nursing, were satisfied in their careers, and felt an emotional commitment to the profession. The majority of the participants intended to remain in the profession throughout their working years, with minimal influence from the economic crisis. It seems that they plan to stay in nursing because they want to stay in nursing.

The average age of the study participants was 50.41 years, and this population intended to stay in nursing an average of 13 more years. It can be suggested that there are reasons other than those studied that are contributing to nurses staying in the profession. It could be speculated that nurses are part of a unique profession of caretakers. Nurses may be inherently drawn to, and subsequently committed to, remaining in the profession. There may be altruistic reasons for nurses to stay in the profession given the caring nature of nursing. Job security in uncertain economic times may also be a factor, although that was not reported by this sample. If this study had captured the younger population of nurses, study results might have been different.

Implications for Nursing

The first purpose of this study was to describe nurses’ professional identity, career satisfaction, occupational commitment and intent to stay. Additionally, the study sought to explore the relationships among the study variables. The findings of this study have implications for nursing practice and administration, education, and nursing science.

Nursing Practice and Administration

With the growing shortage of nurses, nursing administration must be informed about the factors that contribute to nurses’ professional identity, career satisfaction,
commitment to the profession, and ultimately their intent to stay in the profession. It becomes important for nursing administration to be aware of those factors that will lead to satisfaction with, and a commitment to the profession. Buchan (2002) asserted that there is little point in addressing recruitment issues if an organization is unable to retain its current workforce. This study has supported that nurses who feel a strong sense of professional identity are more committed to staying in the profession.

Researchers continue to emphasize the importance of professional identity of nurses in the debate surrounding retention of nurses (Cowin et al., 2006). Nurses need to feel a sense of belonging to the profession. Fostering this feeling among practicing nurses will add to retention in the profession. Nurses should be encouraged to participate in professional practice committees and should be given a voice in decisions made about their nursing practice. Shared governance models may possibly increase nurses' sense of belonging. Increased involvement on committees may increase a feeling of connection to other nurses and a feeling of connection to their practice. Advocating for continuing education as a benefit for nursing may also advance professional identity development. The NPIS (Sharbaugh, 2007) was developed based on the blended model used to frame the current study. Items on this instrument included items pertaining to professional involvement, professional development, and continuing education. These items were shown to contribute to overall professional identity for nurses.

Nurses can promote professional identity and career satisfaction in one another as they learn from work experiences and from work with one another. Gregg (2000) found that nurses learn about themselves as nurses through working with others. Several authors (Costello, 2004; Solyom, 2006) discussed the importance of some type of socialization as
the novice transitions into the profession, therefore developing a professional identity. Novices need to have positive role models throughout their careers in order to develop and maintain a professional identity. Practicing nurses need to recognize the importance of working together and the value to be found in fostering the development of novice nurses. This may have positive effects on the career satisfaction of both the novice nurses and the practicing nurses.

Mariani (2007) examined the relationships between mentoring and career satisfaction, and between career satisfaction and intent to stay. Mariani did not find a significant relationship between mentoring and career satisfaction. Mariani did find that career satisfaction was positively related to intent to stay in the profession. The current study supports the findings of Mariani, as career satisfaction was found to be positively related to intent to stay. The current study additionally found that career satisfaction was positively related to professional identity. It becomes important to focus on what factors contribute to nurses’ satisfaction with their careers. This study has added knowledge about some of these factors, including nurses’ professional identity, and occupational commitment.

Nursing Science and Research

Continued development of nursing knowledge is important for the growth of nursing as a profession. This study examined factors associated with nurses’ intent to stay in the profession. These factors included nurses’ professional identity, career satisfaction, and occupational commitment. The results indicate that 11.6% of the variance in intent to stay was explained by professional identity. Findings indicate that there are weak, but positive relationships between career satisfaction and intent to stay, and between
occupational commitment and intent to stay. Future research needs to be conducted to identify other variables that lead to intent to stay in the profession. This is of particular importance with the current and growing shortage of nurses.

A valid and reliable research instrument to measure nurses' professional identity, The Nurses' Professional Identity Scale, (Sharbaugh, 2007) was developed by the researcher. This instrument adds to the science through its use to measure nurses' professional identity. Additional data collected for this study added to the reliability of the instrument. The current study has also contributed further evidence of the reliability of the Mariani Nursing Career Satisfaction Scale (MNCSS) (Mariani, 2007).

Theoretical Model

This study tested a blended model of occupational commitment as applied to nurses and bonding into nursing. This model included all of the variables from this study and was the source of definitions of the constructs used in the framework, including professional identity, career satisfaction, and occupational commitment. The key premise of this model is that the process of bonding into nursing leads to commitment to nursing and professional identity. This commitment may be measured as three components: affective, normative, and continuance commitment. Commitment to nursing then results in intent to stay in the profession. Additionally, the model assumes that all of the constructs are inter-related.

Bonding into Nursing was described by Gregg (2000) as a social process which nurses travel through as they experience working as nurses. This process includes antecedents, including learning from work, gaining influences from education, developing a philosophy of nursing, and recognizing the value of nursing. Throughout
this process, nurses begin to feel a commitment to nursing. The blended model sought to strengthen this component of commitment by merging the Three Component Model of Occupational Commitment (Meyer, et al., 1993) with Bonding into Nursing. Meyer et al. further defined commitment by describing three components: affective, normative, and continuance occupational commitment.

In this study, each construct showed positive relationships with every other construct. Professional identity was positively related to occupational commitment, career satisfaction, and intent to stay. Occupational commitment was also positively related to career satisfaction and intent to stay. The key outcome of intent to stay was supported by this model. Professional identity and occupational commitment were related to one another and to intent to stay. The relationships proposed in the blended model of Bonding into Nursing and The Three Component Model of Commitment were supported by and provide explanation for the findings in this study. Figure 4 presents the findings of the blended model. Further empirical testing is needed to continue to expand the applications for this model.

Nursing Education

Nursing education may benefit from the knowledge generated about professional identity, career satisfaction, and occupational commitment, and intent to stay in the nursing profession in several ways. Bonding into nursing supports the relationship between positive educational experiences and the formation of professional identity (Gregg, 2000). Having positive experiences early in one’s nursing career was shown to be positively correlated with professional identity in the current study. The newly
developed instrument, The Nurses’ Professional Identity Scale (Sharbaugh, 2007) provides knowledge about the aspects that contribute to identity formation in nursing.

Figure 4. Correlation Coefficients of Measured Variables in a Blended Model of Bonding into Nursing (Gregg, 2000) and the Three-Component Model of Occupational Commitment (Meyer, Allen, & Smith, 1993)

Note: *p ≤ 0.05; **p ≤ 0.001
These aspects include learning from working with others, recognizing the value of nursing, reflecting on practice, and feeling a connection to other nurses. These aspects can be incorporated into curricula in order to strengthen the identification with, and commitment to, the profession of nursing beginning with the initial educational process.

Findings from this study indicated that nurses who would choose nursing again as a career had stronger occupational commitment and career satisfaction than those who would not. Additionally, those nurses who would recommend nursing as a career had stronger occupational commitment, career satisfaction, and professional identity than those who would not recommend nursing. While these nurses may be difficult for faculty to identify, nursing instructors should attempt to expose students to those nurses who would choose nursing again, and who would recommend nursing as a career. More positive role models and mentors could help nursing students develop stronger professional identities.

Methodological Issues

Distribution of the surveys was through the U.S. mail. Databases for registered nurses were obtained from State Boards of Nursing from the randomly selected states. While three of these were available free of charge, the others were available for purchase. The cost of the purchased databases exceeded several thousand dollars. This was an unexpected expense. The databases also included names of nurses no longer working in nursing, as there was no way to determine employment status from many of the lists. Some State Boards do not separate active nurses from retired nurses. This can add to unnecessary mailings and associated costs of returned surveys. When conducting a study that requires a national survey of registered nurses, the only contact information available
for free or for purchase are mailing addresses for the nurses. Email addresses are not available. It is the belief of this researcher that in this increasingly electronic world, electronic surveys would be preferred by many. By using electronic means of conducting surveys, younger individuals in particular may be more inclined to participate.

This researcher utilized the Dillman Tailored Design Method (2007), with a few modifications. The research booklets were compiled in a user-friendly format and mailed as suggested by Dillman. The suggestions for designing the research booklets were very beneficial. Dillman suggested several mailings and contacts in order to maximize the response rate. This was not necessary, as the initial mailing yielded a sufficient number of responses. Given the costs associated with purchasing the databases, printing costs, and postage fees, financial incentives were not included in the mailings. It is unknown whether or not this would have increased the response rate.

Overall, the Dillman Tailored Design Method worked well in this particular study.

Conclusions of the Study

Based on the findings from this study, the following is a summary of conclusions drawn:

1. The best predictor of intent to stay in the nursing profession of those studied is nurses' professional identity.

2. Nurses' professional identity is moderately and positively correlated with career satisfaction and occupational commitment, and intent to stay in the nursing profession.

3. Career satisfaction is positively correlated with intent to stay and occupational commitment.
4. There is a weak, but positive correlation between occupational commitment and intent to stay.

5. Nurses who work full time had greater intent to stay in the profession than those who work part time.

6. Nurses who would choose nursing again have stronger occupational commitment and greater career satisfaction than those nurses who would not choose nursing again.

7. Nurses who would recommend nursing to others have stronger professional identity, greater career satisfaction, and stronger occupational commitment than those who would not recommend nursing as a career.

8. Age is not related to professional identity, career satisfaction, occupational commitment, or intent to stay.

9. There is no difference between males and females on professional identity, career satisfaction, occupational commitment, or intent to stay.

Limitation

The only limitation of this study was that younger nurses were not adequately represented in the sample.

Recommendations

The following section provides recommendations for future study, based on the findings of the current study.

1. Survey nurses who have left nursing, to gain their perspectives on why they left nursing.
2. Conduct a study to measure professional identity in students at the beginning and the end of their nursing program.

3. Explore other variables such as financial compensation, relationships with other nurses, and working within shared governance models that may contribute to intent to stay in the nursing profession.

4. Study younger nurses, and their intent to remain in the nursing profession.

5. Continue the use of the Nurses' Professional Identity Scale to compute confirmatory factor analysis of the instrument.

6. Conduct qualitative research to explore intent to stay and/or intent to leave the nursing profession.

Chapter Summary

This study examined factors that predict intent to stay in the nursing profession. The factors included nurses' professional identity, career satisfaction, and occupational commitment. A blended model of Bonding into Nursing (Gregg, 2000) and The Three Component Model of Commitment (Meyer et al., 1993) provided the framework for the study. A random sample of 137 registered nurses was included in the study. The majority of the participants were female working full time in hospitals, with a mean age of 50.41.

Stepwise multiple regression analyses were computed to test the hypothesis. Nurses' professional identity was the single best predictor of intent to stay in nursing. The study results are important for the profession of nursing, as the results indicated positive relationships between professional identity, career satisfaction, occupational commitment and intent to stay in the profession. Nurses who would choose nursing again and those who would recommend nursing to others indicated their intent to remain in the
profession. This is promising for the profession of nursing, as these nurses have higher career satisfaction. Less satisfied nurses may benefit from more satisfied and positive role models.

The instruments used in the research included a newly developed instrument to measure nurses’ professional identity, the NPIS (Sharbaugh, 2007) as well as an instrument to measure career satisfaction, the MNCSS (Mariani, 2007). Data from the current study have contributed to the evidence of the reliability of both of these instruments.

More research is needed in order to understand nurses’ intent to stay in the profession. As the projected shortage of nurses continues to grow relative to population needs, it is important to understand the factors that lead to identification with, satisfaction with, and commitment to, the profession of nursing.
REFERENCES


Appendix A

DEMOGRAPHIC DATA QUESTIONNAIRE
DEMOGRAPHIC DATA QUESTIONNAIRE

Directions: Please respond to each of the following questions by filling in the blanks or placing an (X) in the box.

1. Gender: □ Male
   □ Female

2. Age _____ Years

3. Highest Nursing Education Completed:
   □ Diploma
   □ Associate Degree in Nursing
   □ Bachelor's Degree in Nursing
   □ Master's Degree in Nursing
   □ Doctoral Degree in Nursing

4. Highest Non-Nursing Degree earned: __________________________

5. Primary area of Nursing employment:
   □ Hospital
   □ Community
   □ Academic Setting
   □ Other __________________________
   (please specify)

6. Did you have another career prior to entering the Nursing profession?
   □ Yes
   □ No

7. Current Nursing position:
   □ Staff Nurse
   □ Nurse Manager
   □ Clinical Administrator
   □ Educator of Nursing Students
   □ Patient Educator
   □ Researcher
   □ Other __________________________
   (please specify)

8. Are you currently enrolled in an advanced degree Nursing program?
   □ Yes
   If so, what type
   □ Bachelor's
   □ Master's
   □ Doctoral
   □ Other __________________________
   □ No
9. What is your current employment status in Nursing?
   □ Full-time
   □ Part-time

10. How many years of work experience do you have as an RN?
    ______ Years

11. How many hours per week do you normally work as an RN?
    ______ Hours per week

12. Starting with the year 2009, please estimate the number of years that you intend to
    continue in your career as a nurse:
    ______ Years

13. If you are nearing retirement age, what year do you anticipate retiring from employment?
    ______ Anticipated retirement year

14. Would you choose nursing as a career again?
    □ Yes
    □ No

15. Would you recommend Nursing as a career?
    □ Yes
    □ No

Place a vertical mark on the line below to indicate your agreement with the
following statements.

16. The recent economic crisis influenced my intent to stay in Nursing
    No influence ________________________________ Strong influence

17. I feel competent in my work as a nurse.
    Not competent ________________________________ Very competent

18. I had positive experiences in Nursing early in my career:
    Not at all positive ________________________________ Very positive

19. I intend to stay in Nursing throughout my working years:
    Strongly disagree ________________________________ Strongly agree
Appendix B

NURSES' PROFESSIONAL IDENTITY SCALE
NURSES' PROFESSIONAL IDENTITY SCALE

Instructions: Please circle the response that most closely represents your response to the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nursing is a part of me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The work in nursing suits me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I am proud to be a nurse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I want to continue my education as a nurse in some way.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I am not confident in my role as a nurse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I feel respected by my nursing colleagues.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I do not feel a connection to other nurses.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I feel a connection to patients that I care for.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I am a competent nurse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I have high standards for my nursing practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I do not find my practice as a nurse to be stimulating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I promote the positive aspects of nursing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I do not belong to a professional nursing organization.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I am involved in professional practice committees at my workplace.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Nursing practice fulfills me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Reflecting on my practice is important to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>17. I do not feel independent as a nurse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. I learn about nursing by working with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. I mentor other nurses.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. Society does not appreciate what nurses do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. My initial nursing education was not a positive experience for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. Nursing is meaningful to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. I can’t imagine being anything other than a nurse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. Nursing provides intellectual stimulation for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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Appendix C

MARIANI NURSING CAREER SATISFACTION SCALE
DIRECTIONS

The purpose of this scale is to measure your feelings about the concept, my nursing career. This is not a test and there is no right or wrong answer. On the following page you will find a concept that is to be rated using a set of adjective scales similar to the example below. Here is an example of how to use this scale:

Happy :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ Unhappy

Place an (X) toward the left of the scale if you feel that the adjective happy more closely represents your feelings and an (X) toward the right of the scale if you feel unhappy more closely represents your feeling. You should place the (X) more closely to the adjective if you feel very strongly about the adjective.

Happy :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ Unhappy

If you are neutral or feel that the adjective is irrelevant, place an (X) in the middle space.

Happy :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ :__ Unhappy

Make an independent judgment on each pair and work relatively quickly so that you are recording your first impression. Do not skip and adjective scales and do not place more than one (X) on an adjective scale.
MY NURSING CAREER

Taking into consideration your overall career in nursing, use the following scale to rate how you feel about your nursing career. Place an (X) at the place on the scale that most accurately reflects your feelings about your nursing career.


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Mariani Nursing Career Satisfaction Scale (MNCSS) (used with permission)
Appendix D

OCCUPATIONAL COMMITMENT SURVEY
OCCUPATIONAL COMMITMENT SURVEY

Instructions: Please circle the number that most closely represents your response to the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Nursing is important to my self-image.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I am happy to have entered the nursing profession.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I am proud to be in the profession of nursing.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I like being a nurse.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I strongly identify with the nursing profession.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I am enthusiastic about nursing.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I believe that people who have been educated in nursing have a responsibility to stay in the profession.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I feel an obligation to remain in the nursing profession.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I feel a responsibility to continue in nursing.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Even if it were to my advantage, I do not feel that it would be right to leave nursing right now.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>I would feel guilty if I left nursing.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I am in nursing partly because of a sense of loyalty to it.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I have too much time invested in nursing to change occupations.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>It would be very costly for me, income-wise, to switch my profession.</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree 1</td>
<td>Disagree 2</td>
<td>Slightly Disagree 3</td>
<td>Slightly Agree 4</td>
<td>Agree 5</td>
<td>Strongly Agree 6</td>
</tr>
<tr>
<td>---</td>
<td>---------------------</td>
<td>------------</td>
<td>---------------------</td>
<td>------------------</td>
<td>--------</td>
<td>------------------</td>
</tr>
<tr>
<td>15.</td>
<td>I have too much invested (e.g., education, personal effort) in nursing to change occupations at this time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16.</td>
<td>For me to enter another profession would require giving up a substantial investment in training.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17.</td>
<td>There would be a great emotional price involved, (e.g., disrupted interpersonal relationships) in changing occupations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18.</td>
<td>Changing from nursing to another profession would not be easy emotionally for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19.</td>
<td>It would be hard emotionally for me to change from nursing because of the difficulties it would impose on my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20.</td>
<td>Leaving nursing would cause some emotional trauma for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21.</td>
<td>Given my background and experience, there are other attractive alternatives available to me in other professions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22.</td>
<td>I would have many options if I decided to change professions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23.</td>
<td>I am pleased that I have many alternatives available for changing professions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24.</td>
<td>If I left nursing, I feel that I would have desirable options to pursue.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix E

PERMISSION TO USE THE MARIANI NURSING CAREER SATISFACTION SCALE
Permission to use the Mariani Nursing Career Satisfaction Scale

August 13, 2007

Sheila:

I'm sorry - I just received this through my other e-mail it did not get forwarded on. Please feel free to use my Nursing Career Satisfaction Scale. You are planning on using it in its original copyrighted form? Please let me know how you make out with your results. I am interested to hear. If you have any other questions please feel free to contact me. Good luck

Thanks

Bette Mariani, DNSc, RN
Appendix F

PERMISSION TO USE THE OCCUPATIONAL COMMITMENT SURVEY
July 10, 2007

Hi Sheila

Thanks for your inquiry; you have my permission to use this scale. I am attaching the scale with directions for use. Re: nurses, I am only aware of the Nougeras study published, but I am attaching a recent 2006 article with medical technologists. I have also collected data with massage therapists that I am trying to analyze this summer. If you remind me in a couple if weeks I can send descriptive data to you.

Sorry for the delay in responding....

best wishes

Gary Blau
Appendix G

LETTER OF INVITATION TO STUDY PARTICIPANTS
Letter of Invitation to Study Participants

To be eligible to participate in this study, you must be a registered nurse currently working as a nurse, regardless of practice setting.

My name is Sheila Sharbaugh. I am Nurse Educator and am currently a Doctoral candidate in the Doctor of Philosophy (PhD) program at Widener University School of Nursing in Chester Pennsylvania.

I am currently studying factors that influence nurses’ intent to stay in the nursing profession. I am inviting you to share your views and expertise with me. The growing shortage of nurses is compelling nursing to look at some of the factors that contribute to nurses either staying in or leaving the profession. Study results will help nurses plan their careers and develop nursing curricula for those entering the profession. Your views are needed for a true picture of nurses’ intent to stay in the nursing profession.

I ask you to complete and return the enclosed survey. Your name was randomly selected from your State Board of Nursing list of registered nurses. Your survey has been assigned a number. Please do not put your name or any other identifying information on the survey or the envelope. There will be no way for me to identify you if you join the study. All data analysis will be reported on group data and no individual data will be shared. You voluntarily consent to be in this study by completing the survey and returning it to me.

Other than faculty members of my dissertation committee and members of the Widener University Institutional Review Board (IRB), I am the only one with access to the survey data. I will keep the surveys in a locked filing cabinet during the study and for 1 year after completion of the study. After 1 year, all surveys will be shredded.

There are no direct benefits for you associated with participation in this study; however you will be contributing to nurses’ knowledge about factors that influence a nurse’s intent to stay in the profession. You will not be compensated for participating in the study. While there are no anticipated risks to you there may be a slight possibility that you may become uncomfortable when reflecting on your nursing career. If you feel uncomfortable with any part of the survey, you should discontinue your participation in the study.

You have the right to ask questions at any time during the study. If you wish a summary of the study results, or you have questions related to the study or the survey,
you may contact the researcher, Sheila Sharbaugh by e-mail at [redacted]. If you have questions about your rights as a participant, you may contact the Chairperson of the Widener University IRB at [redacted].

This study has been reviewed and approved for solicitation of participants by the Widener University Institutional Review Board until February 24, 2010.

DIRECTIONS FOR COMPLETING THE SURVEY

The survey will take approximately 20 to 30 minutes to complete. It is important to answer each question and to complete the survey in its entirety. Simply answer the questions in the enclosed booklet using the directions at the beginning of each part, and use the enclosed sticker to seal the self-addressed, postage paid booklet for return through US mail. If you do not wish to be a part of the study, do not return any part of the study.

THANK YOU!
Appendix H

Widener University Institutional Review Board Approval
Memorandum

To: Sheila Sharbaugh, MSN, RN
From: Robert Wellmon, PT, PhD, NCS
Vice-chairperson & Secretary
Widener University Institutional Review Board
Date: February 24, 2009
RE: Protection of Rights of Human Subjects Review

This letter serves to inform you that your research application, “Relationships Among Nurses’ Professional Identity, Career Satisfaction, Occupational Commitment, and Intent to Stay”, has been reviewed and approved by the Widener University Institutional Review Board (IRB) for the protection of the rights of human subjects. You may begin data collection as proposed in your application.

The authorization to solicit participants for this study is in effect for one year from the date of approval contained in this letter (February 24, 2009) and is eligible for renewal or extension. The Widener University IRB must receive continuing review requests no later than 14 days prior to the meeting date before the expiration of approval to be placed on the IRB agenda. This form can be found on the IRB website www.widener.edu/irb. Should you fail to attain approval to continue the study prior to the expiration date, all research activity must cease until an approval to extend the study is obtained.

If, for any reason, the approved research data collection method changes, regardless of how minor, except to eliminate apparent immediate hazards to subjects, you are required to notify the IRB, in writing. Please, remember that the IRB and Widener University accept no responsibility for liabilities associated with this study. Ultimately, responsibility rests with the principle investigator(s).

Upon completion of the study, a final written report of the research is to be submitted to the IRB. This form can be found on the IRB website www.widener.edu/irb. The members of the IRB extend their best wishes for your successful completion of this research project. If you have any questions, please email me at

Robert Wellmon, PT, PhD, NCS

Cc: Dr. Barbara Patterson

Widener University, One University Place, Chester, PA 19013-5792
t: 610-499-4106 f: 610-499-4108 www.widener.edu