

Influence of Professional Self-Concept and Professional Autonomy on Nursing Performance of Clinic Nurses

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Abstract

The purpose of this study was to analyze the influence of professional self-concept and professional autonomy on clinical performance of clinical nurses. Participants were clinical nurses working at the university hospital in Seoul. Data were collected using questionnaires that contained items on individual characteristic, professional self-concept, professional autonomy, nursing performance. Data were analyzed using descriptive statistics, t-test, analysis of variance, Pearson correlation coefficients, and hierarchical multiple regression. The study results indicate that, flexibility, medium autonomy, and position are factors that affect nursing performance. In conclusion, the improvement of nurses' professional self-concept and autonomy will improve their nursing performance of clinical nurses. Therefore, strategies that strengthen professional self-concept and autonomy should be developed in order to improve nursing performance of clinical nurses.

Keywords: Professional Self-Concept, Professional Autonomy, Nursing Performance

1. Introduction

As we progressing rapidly with an ongoing liberalization, and globalization in all areas, it is necessary to have a change in health care settings, including hospital organization.

Furthermore, an opening, competition, aging, change of social values, and separation of medical and management, high quality, such as high added value service medical industry environmental change and business ethic environment of change are being faced [1]. While improving the quality of services, and an increases in efficiency, it is important to increase the efficiency of hospital services due to the difficulty that must be met by both sides to streamline the management. The efficiency of the hospital services is directly related to the efficiency of care that has been recognized for a long time. Recently, each institution of our country has put in a lot of effort to provide diversity and differentiated medical services according to the needs of the patients, the health services and put forward various management strategies [2]. In the modern, complex and variously changing health care system, it is the responsibility of a nurse and different professions to fulfill increased health care demands and provide a quality service to meet the expectations of health consumer.

Nurses account for the largest proportion of hospital staff. They directly interact with patients and caregivers while providing medical services. Therefore, they directly affect the productivity and image enhancement of the organization, as well as the quality of care and caregiver satisfaction of the patient [3].

Professional self-concept reflects the emotions and opinions of workers about their work performance and feeling toward one's self [4]. In particular, nurses with high professional self-concept contribute to the nursing profession by improving the self-concept, self-esteem, and self-confidence of other nurses. By contrast, nurses with low

professional self-concept reduce productivity [5].

To establish a professional self-concept, nurses are providing high quality care to patients through the implementation of efficient work and working in harmony with other professionals in hospital will give patients satisfaction [8, 9].

Professional autonomy in making appropriate decisions for patient care is also an important virtue that requires nursing knowledge and skills, courage, responsibility, and conscience, as well as other factors that have a positive effect on substantial business performance, and personal efficacy and empowerment [5].

The professional autonomy of nurses in the health care environment by providing appropriate nursing interventions for the improvement of the health status of patients [10] can be raised by the productivity of a hospitals. Clinical nurses have an important positions directly related to the productivity of hospital, it is essential to increase the quality of nursing services with continuous changes in the health care environment [11].

Employing experienced nurses is treated as an important strategy to ensure the productivity and quality of hospital care services. Nursing performance is evaluated in terms of how well nurses fulfill their roles [6] and their current contribution to the organization. By evaluating nursing performance, the job performance of nurses can be better understood, and the quality of care provided can be evaluated by assessing whether the patient received appropriate care [7]. Nursing performance outcome is a degree to fulfill the goals of the organization, this can be measured in the area of independent, collaborative, interpersonal, general administration work and nursing activities may vary depending upon the size of the hospital, property, and such as the nursing units and goals [12].

Health care is focused on the quality of health care services, quality improvement of nursing care and professional development of nurses have emerged as important key tasks. However, in nursing research, the correlation between professional self-concept and autonomy of nurses, and nursing performance is weak compared with other aspects nursing performance.

Thus, the correlation of nursing performance and factors of professional self-concept and professional autonomy that affect nursing performance should be analyzed.

2. Method

2.1. Study Design

This was a descriptive study of the effect of professional self-concept and autonomy on nursing performance.

2.2. Sampling and Data Collection

Data were collected from a convenient sample of 149 nurses who were working at a university hospital in Seoul between September 15 and September 30, 2013. We explained the study purpose and methods and administered a structured questionnaire to nurses who agreed to participate in the study.

2.3. Study Tools

We was used a structured questionnaire as a study tool. The questionnaire used 15-items about the general characteristics and work-related characteristics of the participants. It consisted of 27 questions on professional self-concept of the nurse, 11 questions about the professional autonomy, and 23 questions about nursing performance.

2.3.1. Professional Self- Concept

In this study, it refers to the score, as measured Kim (2002)[14] which modified

complementary tools and Song & No (1996)[13] was translated by Arthur (1990) [4]. He has developed a professional self-concept measurement tool. Questionnaire was composed of a total of 27 questions including professional practice with 16 questions, satisfaction with 7 questions, communication with 4 questions and a higher score means a high degree of professional self-concept. Developed at the time, reliability of the tool was Cronbach's $\alpha = .85$. Kim's study (2002) was Cronbach's $\alpha = .82$, this study was Cronbach's $\alpha = .88$.

2.3.2. Professional Autonomy

In this study, Schutzenhofer(1987) [16] was complemented a professional autonomy scale (Schutzenhofer Professional Autonomy Scale: SPAS). What Schutzenhofer(1983) [15] developed, refers to a value measured using professional autonomy scale which is modified and supplemented by Yang(2004) [17] and translated by Han(1994). This scale consists of 30 questions by a four point scale. Then it gives 1-3 of the weight according to the degree of autonomy in each question. 10 questions represented a low autonomy given 1 of the weight, 10 questions represented a medium autonomy given 2 of the weight, 10 questions represented a high autonomy given 3 of the weight. Distribution of scale is from the lowest score 60 points to the highest score 240 points. Distribution of autonomy degree means that from 69 points to 120 points represents a low autonomy, from 121 points to 180 points represents a medium autonomy, more than 180 points represents a high autonomy. At the time of developed, reliability of scale was Cronbach 's $\alpha=.92$, the study of Kim(1998) [18] was Cronbach 's $\alpha=.83$, the study of Sung (2011) [19] was Cronbach 's $\alpha=.90$, and this study was Cronbach 's $\alpha=.84$.

2.3.3. Nursing Performance

In this study, nursing performance tool used was Park (1988) [20] with 5score Likert scale composed of 23 questions. A higher score means a high degree of nursing performance. Park's study (1988) was Cronbach's $\alpha = .96$, this study was Cronbach's $\alpha = .97$.

2.4. Ethical Consideration

The institutional review board of the university hospital allowed us to collect hospital data (SPIRB-13-054).

2.5. Data Analysis

Data were analyzed by using SPSS PC 17.0 version and specific details are as follows.

- 1) The general characteristics of the subjects were calculated as a number and percentage.
- 2) Professional self-concept, professional autonomy and job performance are calculated as the mean and standard deviation.
- 3) Differences in professional self-concept, professional autonomy and job performance in accordance with the general characteristics of the subjects t- differences between groups were analyzed using the t-test and analysis of variance, difference of groups were analyzed by Duncan's post verification.
- 4) The correlation of professional self-concept, professional autonomy and job performance were analyzed using Pearson correlation coefficients.
- 5) Factors of professional self-concept, professional autonomy and job performance were analyzed by using multiple regression analysis.

3. Results

3.1. The General Characteristics of the Subjects

Table 1. General Characteristics

Variables	Division	Frequency	Percentage (%)
Gender	Man	8	5.4
	Woman	141	94.6
Age	Under 25 years	42	28.2
	26-30 years	53	35.6
	31-35 years	29	19.5
	36-40 years	16	10.7
	More than 41 years	9	6.0
	Marital status	Married	45
	Single	104	69.8
Religion	Catholicism	12	8.1
	Christianity	42	28.2
	Buddhism	15	10.1
	No religion	76	51.0
	Others	4	2.7
Education career	College	66	44.3
	University	60	40.3
	Broadcasting & communications university/self-education/RN-BSN	19	12.8
	Graduate school higher	4	2.7
	Total work experience	Under 36 months	50
	37-72months	25	16.8
	73-96months	23	15.4
	97months or more	51	34.2
Current department work experience	Under 36 months	70	47.0
	37-72 months	31	20.8
	73-96 months	22	14.8
	97 months or more	26	17.4
Working department	Medical	35	23.5

	Surgical	55	36.9
	ICU	39	26.2
	Others	20	13.4
Position	General nurse	128	85.9
	Head nurse	21	14.1
Reassigned experience	Presence	97	65.1
	Absence	52	34.9
Number of Reassign	Once	36	72
	More than twice	14	28
Comments on the Department Reassigned	Approval	130	88.4
	Opposition	17	11.6
Nursing Engaged in Planning Period	As long as possible	40	26.8
	During the period required	93	62.4
	As soon as possible to quit	16	10.7
Professional Training Presence or Absence	Presence	89	59.7
	Absence	60	40.3
Nursing Satisfaction	Satisfaction	15	10.1
	Moderate	80	53.7
	Dissatisfaction	47	31.5
	Very dissatisfied	7	4.7

3.2. General Characteristics based on Professional Self-Concept, Professional Autonomy, and Nursing Performance

There were statistically significant differences in professional self-concept of nurses according to their ages, position, clinical career, and job satisfaction. Professional autonomy of nurses was also significantly different according to professional education. The nursing performance was significantly different by age, marriage state, clinical career, and position.

Table 2. Differences in Professional Self-Concept in Accordance with the General Characteristics

Variables	Division	Professional Self-Concept	T/F	<i>p</i>
Gender	Man	75.7±9.93	1.31	0.191
	Woman	71.7±7.84		
Age	Under25 years ^a	68.6±6.93	7.27	<i>p</i> <.001
	26-30 years ^b	71.0±7.32	(a<d,e)	
	31-35 years ^c	73.0±6.77	(b<d)	
	36-40 years ^d	79.4±10.17		
	More than 41 years ^e	77.1±5.49		
Marital status	Married ^a	75.7±8.54	4.00	<i>p</i> <.001
	Single ^b	70.2±7.10	(a<b)	
Religion	Catholicism	72.0±8.73	2.52	0.044
	Christianity	74.3±8.14		
	Buddhism	70.5±6.53		
	No religion	70.4±7.65		
	Others	78.5±8.51		
Education career	College	70.3±7.49	1.88	0.135
	University	72.5±8.35		
	Broadcasting & communications university /self-education/RN-BSN	74.9±8.02		
	Graduate school higher	73.0±5.83		
Total work experience	Under 36 months ^a	69.4±7.60	8.45	<i>p</i> <.001
	37-72months ^b	70.6±8.07	(a,b,c<d)	
	73-96months ^c	69.0±5.38		
	97months or more ^d	76.2±7.58		
Current department work experience	Under 36 months ^a	70.4±7.45	5.96	0.001

	37-72 months ^b	72.4±9.57	(a,c<d)	
	73-96 months ^c	69.4±5.36		
	97 months or more ^d	77.5±6.79		
Working department	Medical	71.5±7.14	0.027	0.994
	Surgical	71.9±9.12		
	ICU	72.0±7.2		
	Others	72.2±7.63		
Position	General nurse ^a	70.8±7.31	-4.26	p<.001
	Head nurse ^b	78.5±8.09	(a<b)	
Reassigned experience	Presence	71.5±7.64	-0.72	0.476
	Absence	72.5±8.55		
Number of Reassign	Once	71.0±9.02	1.67	0.103
	More than twice	78.0±5.96		
Comments on the Department Reassigned	Approval	71.52±7.64	1.27	0.206
	Opposition	72.52±8.55		
Nursing Engaged in Planning Period	As long as possible	74.9±8.05	6.19	0.003
	During the period required	71.4±7.56		
	As soon as possible to quit	67.0±7.44		
Professional Training Presence or Absence	Presence ^a	72.6±8.48	1.38	0.170
	Absence ^b	70.7±6.95		
Nursing Satisfaction	Satisfaction ^a	63.9±6.80	17.6	p<.001
	Moderate ^b	69.7±6.11	(a>c,d)	
	Dissatisfaction ^c	76.0±7.24		
	Very dissatisfied ^d	81.0±10.9		

Table 3. Differences in Professional Autonomy in Accordance with the General Characteristics

Variables	Division	Professional autonomy	T/F	<i>p</i>
Gender	Man	168.0±35.0	0.62	0.553
	Woman	160.2±18.2		
Age	Under25 years ^a	160.1±14.7	0.28	0.889
	26-30 years ^b	162.7±22.8		
	31-35 years ^c	158.2±18.8		
	36-40 years ^d	159.6±20.3		
	More than 41 years ^e	160.3±19.5		
Marital status	Married ^a	160.9±17.2	0.12	0.902
	Single ^b	160.5±20.3		
Religion	Catholicism	161.0±24.8	1.52	0.198
	Christianity	162.5±21.7		
	Buddhism	164.5±14.2		
	No religion	157.8±17.6		
	Others	178.7±20.5		
Education career	College	162.2±20.3	0.76	0.516
	University	161.0±16.9		
	Broadcasting & communications university /self-education/RN-BSN	154.4±24.1		
	Graduate school higher	158.7±16.5		
Total work experience	Under 36 months ^a	160.4±19.3	0.08	0.97
	37-72months ^b	162.3±24.6		
	73-96months ^c	160.5±13.3		
	97months or more ^d	160.1±19.4		
Current department work experience	Under 36 months ^a	161.7±18.8	0.29	0.83
	37-72 months ^b	158.7±22.9		
	73-96 months ^c	162.2±13.9		

	97 months or more ^d	158.8±21.1		
Working department	Medical	159.8±20.2	0.96	0.415
	Surgical	162.2±17.9		
	ICU	157.0±20.0		
	Others	165.1±20.6		
Position	General nurse ^a	161.1±20.0	0.63	0.53
	Head nurse ^b	158.2±15.6		
Reassigned experience	Presence	161.5±19.9	0.76	0.447
	Absence	159.0±18.5		
Number of Reassign	Once	157.1±18.3	-1.26	0.214
	More than twice	168.8±26.8		
Comments on the Department Reassigned	Approval	160.1±19.7	-0.52	0.606
	Opposition	162.8±17.5		
Nursing Engaged in Planning Period	As long as possible	161.4±21.7	1.01	0.369
	During the period required	161.4±18.4		
	As soon as possible to quit	153.9±18.5		
Professional Training Presence or Absence	Presence ^a	163.5±20.8	2.17 (a>b)	0.031
	Absence ^b	155.5±16.4		
Nursing Satisfaction	Satisfaction ^a	155.2±18.2	1.9	0.132
	Moderate ^b	158.7±18.5		
	Dissatisfaction ^c	166.0±21.2		
	Very dissatisfied ^d	158.1±13.4		

Table 4. Differences in Job Performance in Accordance with the General Characteristics

Variables	Division	Nursing performance	T/F	<i>p</i>
Gender	Man	89.6±14.08	-0.21	0.84
	Woman	90.6±12.52		
Age	under25 years ^a	85.9±10.35	4.06	0.004
	26-30 years ^b	90.8±12.96	(a<d)	
	31-35 years ^c	89.6±13.04		
	36-40 years ^d	99.6±12.78		
	More than 41 years ^e	96.8±9.90		

Marital status	Married ^a	95.8±12.31	3.55 (a>b)	0.001
	Single ^b	88.2±11.98		
Religion	Catholicism	88.9±16.46	0.96	0.434
	Christianity	90.8±12.05		
	Buddhism	88.9±11.41		
	No religion	90.35±12.27		
	Others	102.0±15.21		
Education career	College	87.35±13.06	2.73	0.046
	University	92.5±12.37		
	Broadcasting & communications university /self-education/RN-BSN	94.8±10.38		
	Graduate school higher	92.5±4.65		
Total work experience	Under 36 months ^a	87.6±11.61	2.97	0.034
	37-72months ^b	91.2±13.51		
	73-96months ^c	87.7±11.03		
	97months or more ^d	94.4±12.91		
Current department work experience	Under 36 months ^a	89.3±11.61	0.814	0.488
	37-72 months ^b	93.3±13.20		
	73-96 months ^c	89.5±12.68		
	97 months or more ^d	91.4±13.80		
Working department	Medical	88.5±12.92	0.61	0.611
	Surgical	91.8±13.16		
	ICU	91.3±11.07		
	Others	89.1±13.31		
Position	General nurse ^a	89.1±12.28	-3.64 (a<b)	p<.001
	Head nurse ^b	99.7±10.57		
Reassigned experience	Presence	89.9±12.40	-0.84	0.405
	Absence	91.7±12.91		

Number of Reassign	Once	89.2±12.65	-1.96	0.057
	More than twice	101.2±13.8		
Comments on the Department Reassigned	Approval	90.6±12.50	0.26	0.796
	Opposition	89.8±11.56		
Nursing Engaged in Planning Period	As long as possible	91.2±13.74	2.42	0.093
	During the period required	91.3±12.27		
	As soon as possible to quit	84.1±9.84		
Professional Training Presence or Absence	Presence ^a	91.6±12.65	1.27	0.207
	Absence ^b	88.9±12.36		
Nursing Satisfaction	Satisfaction ^a	85.5±12.90	2.68	0.049
	Moderate ^b	89.2±12.42		
	Dissatisfaction ^c	93.6±12.03		
	Very dissatisfied ^d	97.00±12.44		

3.3. Professional Self-concept, Professional Autonomy, Nursing Performance Related Properties

3.3.1. Professional Self-concept, Professional Autonomy, Nursing Performance's General Characteristics

Based on 4-point Likert scale, the average score of professional self-concept of nurses was 2.66 points, and 2.66 for nursing autonomy of nurses. The average score of nursing performance was 3.93 point based on 5-point Likert scale.

Table 5. The Mean and Standard Deviation for Professional Self-concept, Autonomy, and Nursing Performance

Variables	Minimum	Maximum	Mean	Grade Point Average	SD
Professional practice	30	64	43.9±5.72	2.74	0.36
Flexibility	13	28	19.21±2.45	2.74	0.35
Skill	8	20	19.21±2.45	2.80	0.41
Leadership	6	16	10.61±1.74	2.67	0.43
Satisfaction	7	25	16.7±3.2	2.38	0.46
Communication	8	13	11.1±1.04	2.77	0.26
Professional self-concept total score	51	102	71.87±8.0	2.66	0.29

High autonomy	54	120	79.26±10.8	2.33	0.33
Medium autonomy	38	78	55.78±6.8	2.79	0.33
Low autonomy	15	40	25.52±3.9	2.55	0.39
Professional autonomy total score	117	236	160.06±19.4	2.66	0.33
Independent nursing task	25	45	34.07±4.9	3.79	0.55
Dependent nursing task	20	45	36.43±5.5	4.05	0.61
Interpersonal nursing task	10	25	20.10±3.04	4.02	0.61
Nursing performance total score	58	115	90.52±12.6	3.93	0.55

3.3.2. Relationships of Professional Self-concept, Professional Nursing Autonomy, and Nursing Performance

Table 6. The Correlation of Professional Self-concept, Professional Autonomy, and Nursing Performance Pearson Coefficient

Variables	Professional Self-Concept	Professional Autonomy
Professional Autonomy	r=.364 (p<0.001)	
Nursing Performance	r=.439 (p<0.001)	r=.384 (p<0.001)

3.4. Factors Affecting the Performance of Nursing

It was analyzed multiple linear regression analysis to investigate the factors affecting the nursing performance of the clinical nurses. The results as follows:

The dependent variable was added to the nursing performance and independent variables were significant variables in bivariate analysis such as age, marital status, religion, position, education career, total working experience, working department, professional education status, nursing engaged in planning period, nursing satisfaction and flexibility, skill, leadership, satisfaction, communication, and high autonomy, medium autonomy, low autonomy were added due to suspicion that it may have significant relation to nursing performance according to researchers. Predictor variable selection method was applied to the phase selection (stepwise).

The regression analysis showed that flexibility, medium autonomy, and position explained 32.2% variance of nursing performance among clinical nurses. In this study, we found a significant flexibility underlying the factors of professional self-concept, medium autonomy, and nursing position. Flexibility and medium autonomy, and higher position were indicators of higher nursing performance. The regression analysis showed that flexibility, medium autonomy, and position explained 32.2% variance of nursing performance among nurses.

Table 7. Factors Affecting Nursing Performance

Variables	B	SE	β	t	p	Adj R ²
Constant	19.032	8.955		2.215	0.035	
Flexibility	1.449	0.395	0.288	3.671	p<0.001	.203
Medium autonomy	0.630	0.137	0.343	4.600	p<0.001	.284
Position	7.847	2.689	0.219	2.918	0.004	.322
	Adj R ²				0.322	
	F				22.691	
	P				p<0.001	

4. Discussion and Conclusion

The nurses showed that work should be done within the framework of flexibility to create a positive working situation and coping skills to deal with each situation, rather than having the same reaction as most patients have toward their conditions. Appropriate care should be given for each situation or circumstances, which change in every situation.

Medium autonomy indicates a need for professional autonomy, but does not receive sufficient legal protection as in high autonomy in relation to communication in nursing.

The higher the position, the greater sense of responsibility and competence are required in nursing performance. Nurses can demonstrate that their position is an important factor in improving nursing performance by providing nursing autonomy and flexibility in dealing with patients in clinical nursing.

When we look at the above study results, it provides a professional practice education in order to enhance the professional autonomy and it requires nursing law establishment and professional autonomy in nurses as given the authority and responsibility within the legal borders are protected and maintained. In addition, it is necessary for a systematic education to achieve more active coping skills to deal with according to the various and complex medical situations

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