

ASSOCIATION BETWEEN SOCIO-ECONOMIC STATUS AND PROFESSIONAL SELF CONCEPT OF NURSES

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Abstract

This research analyzes the association among socioeconomic status (SES) and the professional self-concept of nurses in Pakistan, with an emphasis on its influences on self-efficacy and standard of care provision. Using an investigative cross sectional design, data were together from 249 registered nurses at tertiary care hospitals, retaining the nursing professional self-concept tool (NPSCI) and Kuppuswamy socioeconomic position scale. Finding shows an important relationship among SES and professional self-concept, with nurses from Upper SES background presented increased self-esteem, confidence in patient care and strong leadership influence. Intermediate income nurses demonstrating the mostly participants, underlining the crucial part of the economic circumstances in determining qualified uniqueness. The research shows differences curtailing from low SES background, which can cause more issues like decrease confidence level and increase chance of burnout, eventually influence patients results. Lecturing these differences via different procedure/ methods by certified expansion program, institutional support and provision of equal policy for each healthcare worker lead to raise the healthy environment for nurses. Further research would be focused on some more variables like clinical experiences and institutional environment to insight further in this topic and help the policy maker for developing policies which objective will be enhancing the nursing profession.

INTRODUCTION

Even though the profession of nursing occupies a significant position in the sphere of healthcare, there is no recognition of how nursing socio-economic conditions influence the feeling of self-efficacy among nurses. This is so even though nurses are endowed with an equally important function in the health care system. A socio-economic class could influence the self-assurance, self-autonomy, and identity of this profession of nursing (Khan et al., 2024). It is of great importance for nurses to develop a more positive attitude toward themselves to achieve the identified

goals of completing education and participating in professional development programs (Renger, Lohmann, Renger, & Martiny, 2024). Consequently, it results in enhanced social, relational, interpersonal, and personal communication profiles among the individuals, as Yang and Zang highlighted. This is because attempts by nurses to improve their professional self-concept will, in essence, benefit their skills. This is why this is the case (Kuscuoglu & Hartas, 2024). Besides this, they are also more likely to have a sense of desirability when it comes to the roles that

they have delivered in that profession. According to Asi Karakas et al. In 2021 year, it is of the utmost importance to 3 understand that Buffalo nurses with professional self-concepts have a positive attitude toward the desire for the implementation of EBP for nurses to accept the nursing practice (Kagan & Melamed-Biran, 2024). As a result of such research, it emerged rather apparent that the style in which one perceives oneself professionally is shaped greatly by the working conditions (Liu, Yuan, Gao, & Luo, 2024). . It has been observed with much joy that this phenomenon has taken place across a wide spectrum of faculties from around the world. Since this is a possibility, the claims of sudden increase that has been observed may have been due to the implementation of this idea (Li et al., 2024)

Moreover Nurses are the backbone of any healthcare setting, Its unexplored what the effect of self-efficacy and social economic condition on nurses professional identity. The socio-economic condition of all nurses is great impact on nurses professional uniqueness, assurance and independence which lead to affect their delivery of care to patient and also their clinical works. This research highlights the impact of socio-economic status on nurses' professional self-concept, offering valuable insights into factors affecting job satisfaction, psychological well-being, and career development. It emphasizes the need for targeted interventions to strengthen nurses' professional identity and ultimately improve patient care quality. The findings can guide policymakers and academic institutions in enhancing the nursing workforce and creating supportive healthcare environments in Pakistan.

Methodology

This study adopts an analytical cross-sectional design and will be conducted at Jinnah Hospital Lahore and Government Said Mitha Teaching Hospital Lahore over a period of three months following the approval of the research proposal. A total of 249 registered nurses will be selected using simple random sampling, based on a population of 700 nurses, calculated through RAOsoft with a 95% confidence level and a 5% margin of error. Participants must have over one

year of professional experience, while nurses with less than one year of experience or those working in administrative roles will be excluded. Data will be collected using a structured, closed-ended questionnaire after obtaining ethical approval and informed consent. The questionnaire consists of two sections: the first includes questions from the Kuppuswamy Socio-Economic Status Scale to assess socio-economic background, while the second section utilizes items from the Nurses' Professional Self-Concept Instrument (NPSCI) to evaluate professional self-concept on a 5-point Likert scale. Higher scores reflect stronger professional self-concept. Data analysis will be carried out using SPSS version 25. Descriptive statistics such as frequency, percentage, mean, and standard deviation will summarize demographic and scale variables. Pearson correlation will be used to examine and predict the relationship between socio-economic status and professional self-concept.

Results

The demographic profile of the participants shows that the sample is predominantly composed of individuals aged 33–37 years, making up 51.4% (128) of the total sample, suggesting a majority of mid-career professionals. Those aged 38 and above follow with 28.5% (71), indicating a significant presence of more experienced individuals. In contrast, younger age groups were underrepresented, with 11.6% (29) between 28–32 years and only 8.8% (22) in the 23–27 age bracket. Gender distribution reveals a major imbalance, with 85.9% (214) female and only 14.1% (35) male respondents, highlighting the dominance of women in the nursing field. Ethnic representation was also skewed, with 89.2% (222) identifying as Punjabi and just 10.8% (27) as Pashtun. Regarding years of experience, the majority of respondents had 6–10 years in the profession (40.6%, 101), followed by 1–5 years (37.8%, 94). A smaller portion had 11–15 years (12.4%, 31), and only 9.2% (23) had over 15 years of experience. These trends suggest a workforce that is mostly female, Punjabi, and moderately experienced.fig 3.1

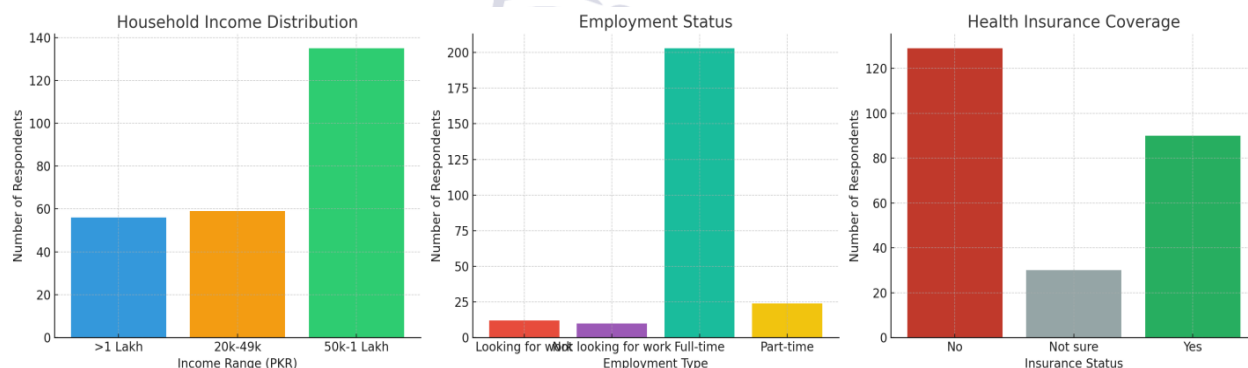
Variable	Category	Frequency	Percentage (%)
Age	23–27 years	22	8.8
	28–32 years	29	11.6

Variable	Category	Frequency	Percentage (%)
Gender	33–37 years	128	51.4
	>38 years	71	28.5
	Female	214	85.9
	Male	35	14.1
Ethnicity	Punjabi	222	89.2
	Pashtun	27	10.8
Years of Experience	1–5 years	94	37.8
	6–10 years	101	40.6
	11–15 years	31	12.4
	>15 years	23	9.2

Socioeconomic Status

The survey data from 249 nursing respondents offers insights into their socio-economic and lifestyle profiles. Most respondents fall in the middle-income group (54.2%), with monthly household earnings ranging between 50,000 to 1 lakh PKR. Low-income earners (20,000–49,000 PKR) made up 23.7%, while higher-income individuals earning above 1 lakh formed 22.5%. A significant majority (81.5%) are employed full-time, while 9.6% work part-time. Regarding education, the largest proportion held a Diploma in Nursing (44.2%) or a Post-RN qualification (42.6%), with fewer holding BSN (12%)

and MSN (1.2%) degrees. Housing-wise, over half (54.6%) own their homes, 20.1% reside in hostels, 15.3% rent apartments, and 9.6% live in hospital accommodations. Most respondents (53%) use public transport, while 24.1% rely on personal vehicles. A good proportion (57.8%) rate their dress style as 'good', with 24.1% rating it 'excellent'. Health insurance coverage is lacking for 51.8% of respondents, though 36.1% are insured. This profile highlights a largely mid-income, diploma-holding, full-time working nursing population with moderate awareness and access to healthcare benefits. Fig:3.2,3.3,3.4



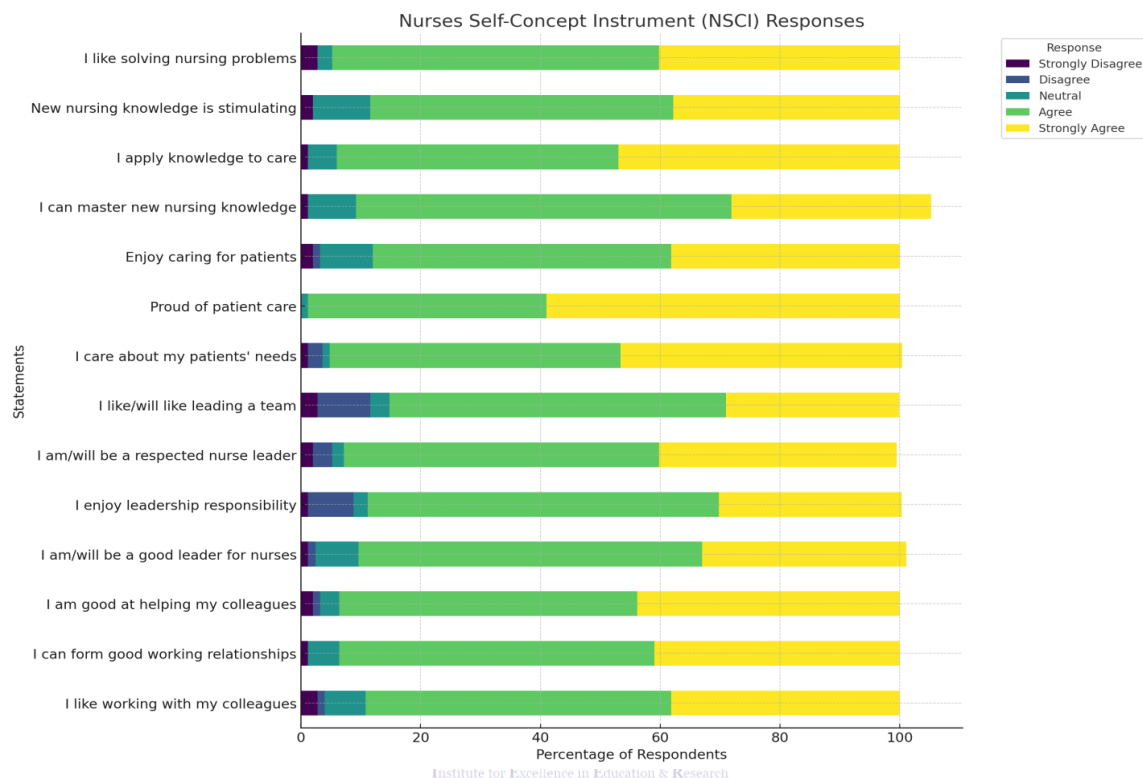
Nurses Self Concept

The results of the Nurses Self-Concept Instrument (NSCI) reveal a highly positive professional self-image among the surveyed nurses. A significant majority expressed strong interpersonal collaboration, with 83.6% enjoying working with colleagues and over 93% confident in forming effective professional relationships and supporting team members. Leadership emerged as a strong area of interest and confidence, with 91.5% believing they are or will be

good nurse leaders, 89.1% showing a willingness to take on leadership roles, and 92.3% believing they are or will be respected in such positions. In terms of caregiving, 95.6% of the respondents showed a strong sense of responsibility toward patient needs, 98.8% expressed pride in their patient care, and 88% reported genuine enjoyment in their caregiving duties. Additionally, knowledge and skill development were notable strengths, as 90% believed they could master new nursing knowledge, 94% felt

capable of applying it in practice, 88% found new nursing knowledge stimulating, and 95% enjoyed solving nursing-related problems. Collectively, the data illustrates a confident, motivated, and

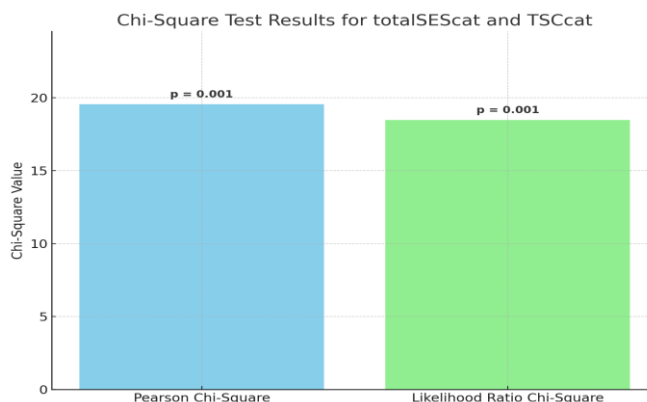
collaborative nursing workforce with a strong commitment to professional growth and patient-centered care. Fig 3.5



ASSOCIATION BETWEEN PSC& NSC

Out of the total responses, 183 were valid for analyzing the two categorical variables: 'totalSEScat' and 'TSCcat', excluding any missing data. The chi-square test was performed to assess the association between these variables. The results showed that 5 cells (55.6%) had expected counts less than 5, with the minimum expected count being 0.04. Despite this

limitation, the Pearson Chi-Square value was 19.559 with a p-value of 0.001, which is well below the standard significance threshold of 0.05, indicating a statistically significant relationship between the two variables. Similarly, the Likelihood Ratio Chi-Square was 18.479, also with a p-value of 0.001, reinforcing the presence of a meaningful and dynamic association between 'totalSEScat' and 'TSCcat'.fig:3.6



Discussion

The results of this study offer strong arguments for a statistically meaningful relationship between SES and nurses' professional self-concept. The calculated Pearson Chi-Square equalled 19.559, $df = 4$, $p < 0.001$; this result clearly shows that there are systematic differences between the groups of nurses in terms of their perceptions of the professional tasks and competencies and SES. This conclusion accords with other studies, which have established links between self-esteem and SES, suggesting that socio-economic factors significantly affect professional commitment to nursing (Musavi, Rahimzadeh, Tabaghdeh, & Saeieh, 2024). Characteristics of the studied sample describe the majority of the research participants as middle-aged women, mainly of Punjabi origin and in the middle of their nursing careers. The majority of participants belong to the middle-income group, further highlighting the depth to which resource perspective influences the professional self. Most of the nurses claimed to have positive leadership self-efficacy and positive patient care self-efficacy, and this is in agreement with the assertion that higher socio-economic status acts as a moderator between the MCP and decreased self-esteem due to pressures. That is the common social belief that time and again, people from high SES backgrounds are privileged to better educational and career opportunities that, in turn, enhance their self-esteem and productivity (Cai & Jiang, 2024). The study also showed that there was a curvilinear relationship between SES and professional self-concept, as affirmed by the results of the Linear by Lineal Association test with $p > .05 = [0.747]$. This implies that while poverty hugely determines professional identity, other moderating variables, such as organizational climate, colleagues' encouragement, and personal strength, are equally important. Such interdependence of these factors calls for further research into ways in which the organizational culture and support structures might facilitate the selfconcept of lower SES background nurses (Tarabih & Arnault, 2024). The challenges faced by nurses of lower socio-economic status are appalling as the world struggles with a shortage of nurses. A strong professional self is evident in improving work satisfaction, staff retention, and quality patient care, applying the findings that underpin the relationship between boosting positive

staff self-image and the consequent positive impact on staff and organizational functions. Special emphasis should be placed on the increased stress and decreased self-confidence among personnel from the disadvantaged groups of nurses so that turnover rates can be maintained at a low level and a stable workforce can be established. This aligns with Biganeh et al. noting that if professional self-concept is eroded, it may lead to burnout and discontent and, therefore, jeopardize the quality of patient treatment (Gore, Gilbert, Hawke, & Barbaro, 2024). In addition, the research also raises important questions concerning the reliability of the gathered data since the majority of the cells showed an expected count of less than 5, thus affecting the assumption of the Chi-Square test. This restriction makes us call for future studies that employ more accurate statistical tests, including Fisher's Exact Test, in light of the findings presented herein for refining the relationship between SES and professional self-concept. In this study, therefore, the strong correlation between socio-economic and professional attitudes among nurses is evident. Stakeholders and authorities, including politicians and medical facilities, should focus on the socio-economic issues faced by nurses, especially candidates from low socio-economic statuses (Taghon, Maire, & Pignault, 2024). Using selected-level interventions and organizational support systems, it may be possible to increase the level of nurses' professional self-identity and consequently increase work satisfaction, retention, and, finally, the quality of patient care. To ensure that the nursing workforce is intelligent and motivated enough to meet the altering demands of health care, it is important to close these gaps. Therefore, it is necessary to focus future research on a more diverse sample of nurses in different regions and settings. Such broadening of the scope allows the authors to understand the multifaceted perspective of professional self-identity in nursing, in addition to their efforts in creating approaches to enhance substance fairness and inclusion within the profession (Allain, Naouri, Deroyon, Costemalle, & Hazo, 2024).

Conclusion

This study reveals a significant link between nurses' socio-economic status (SES) and their professional role identity. Nurses with higher SES tend to

demonstrate stronger leadership, greater confidence in patient care, and better problem-solving skills—factors vital for career growth and satisfaction. However, the relationship appears non-linear, suggesting other influencing factors beyond SES. Given the study's limitations, including violations of Chi-Square assumptions, future research with larger samples should examine additional factors like work environment and education. Still, these findings highlight the impact of individual and organizational traits on nurses' professional development and patient outcomes.

Recommendations:

Hospitals should support nurses from low socio-economic backgrounds through professional development, mentorship, and training programs. Creating a positive, inclusive work culture with equal recognition is vital. Policymakers must ensure fair access to education and mental health support. Future studies should explore how age, gender, and experience affect professional self-concept.

Limitations:

This study has several limitations, including a small sample size that may hinder the generalization of findings. The use of a cross-sectional design limits the ability to observe changes over time. Reliance on self-reported data may introduce bias, while cultural influences could affect responses. Additionally, the study's narrow focus on SES and professional self-concept overlooks other influential factors such as organizational dynamics and interpersonal experiences. Future research should adopt broader methods and include diverse variables for a more comprehensive understanding.

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