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What makes a nurse today? A debate on the nursing professional identity and its need for change

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Abstract

In 2020, due to the Nightingale year and COVID-19 crisis, nursing is in the public eye more than ever. Nurses often are being seen as compassionate helpers. The public image of nursing, however, also consists of stereotypes such as nursing being a 'doing' profession and care being a 'female' characteristic. Next to that, nursing is associated with images from the past, such as 'the lady with the lamp'. Therefore, in the public eye at least, the nursing identity seems a simple and straightforward enough construct, but nothing less is true. Looking at what a professional identity consists of, historic and social developments influence a group identity as a construct. In addition, individual, professional and contemporary societal moralities, including stereotypes, play its role. Nurses themselves reinforce stereotypes in order to fit into what is expected, even when they believe professional behaviour encompasses other features. They may do so individually as well as in a group context. But nursing actually seems to be better off when viewed upon as a diverse, autonomous profession. Moral values such as compassion motivate nurses to enter the profession. Research shows that if such values are addressed in daily practice, nursing could perhaps be saved from nurses leaving the profession because of feeling unfulfilled. Another aspect concerns the huge nursing body of knowledge. If seen as the ground on which nursing behaviour is standing, it would contribute to a different image of nursing than simplified stereotypes, which do not acknowledge the complex nature of the profession. This paper challenges the idea that the nursing identity is unchangeable and the notion that 'a nurse will always be a nurse'. By doing so, the paper contributes to a debate on the supposed 'true' nature of the nursing identity and opens a discussion on the need for it to change.

KEYWORDS
moral values, nursing history, nursing identity, professionalism, social construct, workforce shortage

1 | INTRODUCTION

The nursing profession is a familiar profession for most people all around the world. Maybe someone has a nurse in the family or has had family who's been ill and needed a nurse. If not, people at least have seen nurses in popular TV series or will associate nursing with the most famous nurse ever, Florence Nightingale. This year, the World Health Organization and the International Council of Nurses seized

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the fact that Nightingale was born 200 years ago to start campaigns for the nursing profession, because we need nurses now more than ever (World Health Organisation, 2020). The ageing of populations, including the nursing workforce itself, and various enduring global health challenges make sure nurses today are never out of a job. Moreover, it raises public awareness of the need for a sufficient nursing workforce. Nevertheless, nurses generally do not have a lot of influence on healthcare policies. Neither are they being paid generously, despite the public opinion that values nurses for what they do and represent (Attree, 2005). Since the COVID-19 crisis is coinciding with those campaigns, nurses are in the public eye even more, being referred to as heroes and their stories showing up in news items and social media. We can safely assume most people have ideas about nursing and created images about what the profession entails. When people speak of 'nurses', they generally use this title to refer to one group of professionals. In most countries around the world however, groups of nursing professionals are to be distinguished in those with a bachelor degree and those with a vocational degree of which often several 'diploma' levels exist. Therefore, a group of professionals that might be referred to by the public as nurses are in fact nurse assistants or other care professionals. By 'nursing' and 'nurses' as we understand the profession and professionals in this publication, we refer to the definition of nursing and nurses of the International Council of Nurses (ICN International Council of Nurses, 2002). Some of the more stereotypical images about nursing usually include that nurses mainly perform tasks, such as giving medicine to patients or assisting in personal hygiene. Other expectations and images deal about specific characteristics of nurses, for example having compassion and being kind to patients. Dominant images as such combined form a public image of nursing (Hallam, 2012). To some degree, such a public image is formed over centuries of nursing practice in which specific aspects of nursing stay vividly with us (Hoeve et al., 2014). Nurses perform activities, either 'taking over' daily life activities one normally performs oneself or by executing orders given by doctors who decide on medical diagnoses and treatment. Hence, nurses seem to be 'doers'. Another image is that nursing is a 'female' profession, based on the premises that care and caring are women's features per se (Gilligan, 1995; Takase et al., 2002). Unfortunately, reality still sustains that idea; therefore, it is one of the most persistent views associated with nursing. When the image of the nursing profession is solely based on stereotypes, a simplistic view on nursing dominates. A view Nightingale already tried to change and which does not reflect the complexity of the nursing identity as a whole. Fortunately, a professional identity is never written in stone. Better so, since changing the nursing identity might be as necessary today as it was in Nightingale's days in order for nursing to flourish in upcoming decades.

1.1 | Debate

The aim of this paper is to critique the stereotypical views about nursing and critically reflect on how these views influence the nursing identity as a phenomenon. Instead, we claim that nursing as a profession is changing constantly. Subsequently, the nursing identity should be perceived as fluid and changeable. Now more than ever, awareness is needed on the complexity of the problem of nursing workforce shortages. These shortages are related to the adoption by nurses themselves of a specific nursing identity in which stereotypical views play an important role, as we will argue. This will inhibit the development to a more fitting nursing identity which is needed in nursing today.

First, this paper describes the dualistic image of nursing regarding 'doing' versus 'thinking' characteristics of the profession which calls for further exploration on how the nursing identity today has been shaped by historic and social influences. Secondly, we will therefore address how traces of history such as gender-specific characteristics and hierarchy and ranking issues became part of the nursing identity. Thirdly, we will discuss the views of nurses on their identity today. Fourthly, we will then claim nursing to be a social construct in which contemporary moral values and beliefs play an important role. We will show, contradictory to the stereotype that nurses are doers, how doing and thinking in nursing actually are bonded within the prime motivation for people to enter the profession. Finally, the fifth paragraph discusses how stereotypes, being part of a public image of nursing, can inhibit the development or change of the nursing identity. We will conclude that the profession would benefit from changing the nursing identity and should contradict these stereotyped elements of the nursing identity, while reappraisal of long-lasting moral values is necessary. In this way, the profession will be ready to enter a new era and prevent further attrition.

2 | NURSING, A PROFESSION IN NEED

Since nursing seems quite valued in the public opinion, one would expect nursing to be a desired and attractive profession for many to be engaged in. One would also expect that the profession would not have any retention or workforce issues. Unfortunately, this is not the case. Nursing is not attractive and desirable enough to keep all nurses aboard. In a lot of first world countries, the nursing workforce is challenged because of demographics. We need more nurses, since people are gaining more years and often subsequently have more and multiple health problems, for which a relatively small amount of younger people need to provide care (Rongen et al., 2014). But that is just part of the problem. Other reasons for workforce shortages are to be found in factors that involve images of nursing and the professional identity strongly. For example, the profession is not able to attract a lot of men despite positive slogans and public appreciation. Apparently, men have difficulty identifying themselves as nurses (O'Connor, 2015). Also, even though enough young people apply for nursing educational programs, experienced nurses as well as nurse students and novice nurses leave the profession untimely out of dissatisfaction with their work and being disappointed about the job (Blay & Smith, 2020). There are several reasons for that, such as feeling stressed or even suffering from burn-out because of a

high workload, experiencing not enough support from colleagues and management, lack of job control and for novice nurses the reality shock when they discover that the work they envisioned does not meet their expectations at all (Tuckett et al., 2015). As various as these reasons may seem, looking closely, most of these reasons come down to the fact that in many healthcare organizations nurses do not seem to have enough influence or power to change their own practice (Rongen et al., 2014). Remarkable enough, in those hospitals and nursing practices in which nurses do have more autonomy and work in teams with a skill mix that is fitting for the demands of the patient care needed, quality of care standards are higher and mortality rates lower (Aiken et al., 2017). Moreover, when nurses have autonomy they experience their work as meaningful and subsequently experience job satisfaction (Both-Nwabuwe et al., 2020). This supports the idea that when nurses are able to explore and fulfil their full capacities and competencies, they are less prone of leaving the profession and, maybe even more important, will certainly thrive and flourish in their profession (Sanders, 2020). Nurses need to master a huge body of knowledge during their study, which they need to keep up with during practising. It does not seem too farfetched that being able to use that knowledge definitely should be part of who you are as a nurse. In other words, using nursing knowledge in daily practice as in the idea that thinking is needed for good practice, is as inherent to the nursing identity as doing is. Thus, maybe nursing is not a straightforward, simple 'doing' job as is perceived in the public eye or as nurses themselves sometimes believe. Taking this into perspective, one could claim nursing evokes a dualistic image at least. On the one hand, there is the perception of a practical, doing, down to earth job, best done by women. On the other hand, there is always been a lot of thinking going on when it comes to the concept of nursing care (Andrist et al., 2006). If we, for recruitment purposes for example, would want to promote the nursing profession or if we simply would want to look at the intrinsic value of nursing in itself, we would need to know more of what our true nursing identity really consists of. Can we unravel what makes a nurse today? Are we able to look in the eye what is of influence on the nursing identity and see what is of worth and what is hindering nursing to flourish and bring the nursing profession further? For that we should take a look at the nursing history to begin with.

3 | SHAPING THE NURSING IDENTITY, TRACES OF HISTORY

Many historical and social developments have had their influence on nursing as a profession, such as the fact that care was given out of charity by religious men and women during ages, for example. Still, most people will agree that nursing as a profession started with Nightingale and her peers. Our current image of nursing is deeply influenced by Nightingale's ideas, but notions of the profession before it became a profession also still influence nursing today (Frechette & Carnevale, 2020). When Nightingale strived for the profession to be looked upon as an occupation for decent women, she had to withstand the fact that looking after the sick in pesthouses and poorhouses, was done by the poorest of poor, including villains and prostitutes. But nursing has been done for centuries by religious men and women as well. The dualistic view that nursing is both a profession that involves dirty low-valued work as well as a 'calling' stems from that background (McDonald, 2010). Other historical facts also influenced nursing as it is perceived today, such as the huge advancements in the medical science and profession which caused the need for doctors to delegate all kinds of activities, observations and interventions to the nursing profession. Therefore, the take-over of medical tasks is an indispensable part of nursing, which still goes on, hence rather 'new' professions such as nurse practitioner and physician assistant (Cody et al., 2020). The mere fact that medical practitioners have always delegated work to nurses, and not the other way around, also tells us something about the relationship between these two, so closely intertwined, professions. It is traditionally a hierarchical relationship, which even now we're living in the 21th century, still exists. Being able to cure and having knowledge about it are highly valued and brings along status. Therefore, delegated medical activities being part of nursing brings prestige to the profession. On the other hand, nursing was and still is deeply rooted in the concept of care, a concept which strongly associates with the female gender and so-called 'female' characteristics. While medical practice was for ages mainly a domain for men, nursing belonged and still belongs to women which reinforces the hierarchical relation between the professions (Ayman & Korabik, 2010). Surprisingly enough, even now medical practice actually is conquered by women, the hierarchy still is there. Moreover, nursing still is a gendered profession in which most men do not feel at home (McLaughlin et al., 2010). Although there are quite some initiatives to increase the number of men in nursing, the fact that nursing associates with a feminine rather than a masculine identity still hinders men to enter the profession in larger quantities (O'Connor, 2015). All these kind of illustrations of influences on the shaping of a profession goes to show that images can become part of a professional identity over time.

4 | NURSES AND THEIR IDENTITY TODAY

Based on their own experiences and expectations, nurses themselves develop their own view on the profession and nursing professionalism. That is to say, in addition to the public image, their professional identity will be shaped by their own experiences. Although contemporary nursing takes place in various situations, such as in hospital, at home or in a nursing home, and in various domains and specializations which might lead to quite different practices, still there seems to be a general idea about nursing among nurses themselves. Nurses often identify themselves with being 'practical' and no nonsense (Crigger & Godfrey, 2014). Nurses themselves have normative ideas about what the nursing profession and professionalism ideally should look like, if not stymied by all kinds of obstacles and factors in that same reality. Many of those became formal images of the nursing profession available in nursing knowledge such

as theories, nursing curricula, nursing profiles and nursing codes of ethics. Formal knowledge, however, may not always be shared by all nurses or aligned with daily practice, but definitely exists. Next to that: practices may differ quite a lot in working culture, formal tasks and ways of working, but all nursing practices do have some theoretical basis in which they are grounded (Dahl & Clancy, 2015). Nevertheless, despite mixed images, views and notions of nursing, the nursing identity seems to have a solid and profound professional identity (Fagermoen, 1997; Hoeve et al., 2014). Surely, many nurses use the phrase 'once a nurse, always a nurse'. This suggests that there is a common understanding about the normative perspective of a perceived nursing identity related to nursing practice. In this effect stereotypical images enter the debate on professional identity (Blum, 2004). Nurses themselves as well as the public image about nursing contribute to such stereotyping (Steele & Davies, 2003). Nurses all over the world look upon themselves as a united and special group of professionals, even though healthcare systems differ substantially. Nursing organizations post slogans such as 'proud to be a nurse' and promote their profession as desirable, despite shifts and working hours being tough. Such statements bear witness of a strong perception of identity with positive connotations. So, how does an identity formation comes about?

5 | PROFESSIONAL IDENTITY, A CONSTRUCT OF MORAL VALUES

Identity can be seen as a construct that combines one's own values and belief system with a societal and professional one. In most definitions, a professional identity will always be grounded in values and ethics (Crigger & Godfrey, 2014). For nursing, one could argue, this is even more true, since nursing will always involve making choices that affect the values of patients, even in simple things. For example, it matters in daily personal care for which someone needs help from a nurse in homecare, whether or not a patient is someone who believes appearance is an important part of one's personality or not (Van Der Cingel et al., 2016). Novice and student nurses often start their professional career with one's own motivational values often reported in terms of wanting to help, wanting to be of significance, to do something for others who are ill or otherwise in trouble. In short: most nurses make their career choice out of compassion and strive to put this in practice. They see themselves as a helping, kind and understanding person. Novice nurses and student nurses even perceive such features as the core of their profession to such an extent that if they cannot put this into practice, they consider leaving the profession (Nijboer & Cingel, 2019; ten Hoeve et al., 2017). Also caring and compassion are interwoven that much, that it is claimed that care does not exist without compassion (Cingel, 2014). Most of the time such a motivation strokes with a societal view on nursing. Society expects nurses to be kind and helping and in addition also to have specific expertise, as is described in formal laws as well as in informal views and expectations of the public. Professional values and beliefs are to be found in codes of ethics, professional profiles, theories and curricula but also in informally expressed notions, opinions and ideas. If these personal, societal and professional values and beliefs are overlapping enough, a person who is practising as a professional, such as a nurse, can practice in harmony with oneself (Knippenberg & Hogg, 2018). If not, internal or externally perceived conflicts sooner or later will arise, and severe moral conflicts could even cause, what we would call, an identity crisis in a (professional) person. Looking closer to what values and belief systems, moralities if you want, actually are, we often see that moralities can be grounded in validated arguments and theory as well as being based on having feelings or emotions about an issue. Stated this way, it seems that reason and cognition are opposite to having feelings and emotions. Nussbaum, one of our great contemporary philosophers, however, argues convincingly how emotions are to be seen as intelligent judgements of a situation in which cognition actually does play a role (Nussbaum, 2003). Such an intelligent judgement can either go wrong because of assumptions that do not come true or are definitely right because of a correct estimation of that specific situation. If someone fears an operation because for example a relative has had complications because of an operation, the emotion is fuelled by this thought as a cognitive notion. Even if the thought is based on an inaccurate fact, such as the fact that the operation of the relative is an entirely different operation with much higher risks, the emotion should of course be taken very seriously. But it also shows that it is worthwhile to examine the cognitive arguments that evoke emotions since a series of such emotions based on inaccurate information can become part of someone's values and beliefs system. Thus, this implies that nurses should use their knowledge in order to decide if there is inaccuracy, and if so, to discuss that in a helping way with patients.

Compassion is a feeling that evokes nurses to act and do something about the suffering of other people. It has the intrinsic thought that the suffering of patients is something to 'care about', something which is sorrowful, painful, sad or bad for the other human being. Thus, compassion needs thinking as well and is the virtuous emotion that motivates most nurses to want to do something for others and enter the profession. It can be seen as one of the main moral values within the nursing identity related to good care (Cingel, 2014). Therefore, doing and thinking in nursing are bonded within this prime motivation for those who enter the profession. Subsequently, compassion being an aspect of most nurses' motivation and an inextricable value for nursing, doing and thinking is embedded in the professional nursing identity.

6 | CHANGING IDENTITIES AND STEREOTYPES

The shaping of the professional identity is, next to a set of moral values and beliefs, a continuous and during one's lifetime evolving process (Cingel, 2019). The professional identity related to nursing can be derived from the work environment, work values and the public image (Hoeve et al., 2014). Often, the public has a distorted

stereotypical image of nursing, which influences the nursing identity and their professional status in society. The public tends to see nurses as one-dimensional, while nurses themselves perceive their self-image as leaders, for example, more positively than the public does (Takase et al., 2006). An identity is, despite its perceived static character, something that one develops and which can therefore change over time (Verhaeghe, 2012). This also offers the opportunity to consciously aim for change. In addition to the individual identity of a person, the concept of a so-called group or shared social group identity is highly relevant in our debate. A social group has specific characteristics in common (Andrist et al., 2006). The nursing identity being a group identity, this means that individual nurses may identify themselves with characteristics of the group of nursing professionals. We say that we *are* nurses; therefore, being a nurse has become part of our self-image as an individual. Nursing is not something that we do as a job, we have internalized the job into our personality. Questions relevant to our debate therefore concern those 'group' characteristics. As we have seen, group characteristics such as nurses being female, being doers and having compassion have proven that strong that they have survived for ages. They even became that internalized that they are stereotypes as well as part of the group identity. How does this work? Categorizing individuals in a specific social setting is done by people for a reason. In other words, we create classification systems of 'human kinds'. We order people in, for example, male and female or nurses and patients. We do so because we strive to have systematic and accurate knowledge of these 'human kinds' and therefore classify individuals based on behaviour and actions. We try to generalize and make certain laws about people. These laws are helpful to make predictions about how people will think and act (Hacking, 1995). It is a way to bring some order in an otherwise rather messy world, one could say, and bears no value judgements in itself. Stereotyping, however, includes value judgements and labels individuals by their classification. They become their label so to speak, regardless if these are negative or positively perceived, although stereotypes are mostly perceived with negative connotations (Blum, 2004). One could argue that stereotypical ideas such as nurses being doers could also be neutral without a judgement or positive. Positive stereotypes exist when beliefs about the group are encouraging (Czopp et al., 2015). These positive stereotypes may contribute to the professional identity formation. In line with social identity theory, it can make nurses feel that they belong to the group and it emphasizes characteristics which nurses are proud of (Stets & Burke, 2000). Such labelling may be useful to attract people to enter the profession. However, the trouble with stereotyping as such is that is they are such gross simplifications that every nuance is lost. Overgeneralization does not leave any room for other perceptions or beliefs. Thus, even positive stereotypes can have unfavourable effects on intergroup relations and can reinforce intergroup inequality. For example, what if you perceive yourself as a thinker? As a consequence of the stereotype that nurses are doers, everyone who is not a doer could be discouraged to consider nursing as a career. Therefore, stereotyping is not very useful, even when perceived as a positive label at first sight (Blum, 2004). Furthermore, when individuals feel that they are stereotyped as a member of a certain social group, they often feel pressure, which is called a stereotype threat (Ackerman-Barger et al., 2016). This occurs when someone is at risk of being confirmed according to a stereotype about one's social group (Steele & Davies, 2003). But when individuals identify themselves with the group, which often is the case with nurses, one is less vulnerable (Schmader, 2002). In other words, it is rewarding to identify oneself with certain labels, even if one feels that these labels are not correct or do not apply. A social group, therefore, can confirm labels and individuals may adapt to these labels accordingly. The classification has a reinforcing effect because individuals change their behaviour in order to fit, which is called the looping effect (Hacking, 1995; Hacking & Hacking, 1999). Thus, both the nursing individual and collective identity are no fixed traits, but definitely are influenced by stereotypes and labelling.

7 | CONCLUSION: THE NEED FOR CHANGE

If one thing is true about what an identity is, it is that an identity reflects that people become what they are because of others close to them. If this is true for individuals, it surely is true for a group of people who believe they are connected and who identify themselves with each other. The influence of others on the nursing identity is of importance, either being others from our nursing past, others in being other nurses within the group or others outside the group such as another profession or others as in patients or the public opinion. In other words, nursing has become what it is because of all these influences but also because what nurses themselves believe to be of importance. Unfortunately, as we have argued in this paper, specific characteristics of nursing as remnants from the past as well as in dominant images of nursing today became stereotypes that hinder the flourishing of nursing as a profession. A more interesting and multi-layered view of the profession would arise if nursing would be perceived differently. Differently as in a profession in which thinking and the use of knowledge is necessary for good quality of care. Differently as in a profession in which using a professional's potential would contribute to the prevention of burnout and compassion fatigue. And also differently as in a profession that would be a fulfilling job for men and women alike in which they can 'do good' and be of importance to others. Such a view on the profession would do justice to what nursing actually is and can. If such flourishing would be given a chance, it could prevent nurses and nurse students from leaving the profession and hopefully attract a variety of people for the job. Stereotyped images of nursing such as being a gendered and 'doing' job solely, give us a overgeneralized and simplified idea of nursing that does not take underlying moral values of the profession into account. It also denies the value of the uniqueness of individual nurses. Referring to stereotypes tends to reinforce them as in a looping effect. Changing the nursing identity therefore may seem a difficult task. Fortunately, this same looping effect and the fact that an identity is an evolving process can help

nurses to act upon and live up to other characteristics which have been overshadowed. Strategies for enabling such change therefore would entail elements such as role modelling, value clarification in teams, discussing workplace culture and self-reflection. These and other transformational change processes used in healthcare institutions are focussed on emancipating individuals and groups and are known for their long-term effects (McCormack et al., 2013). Such strategies plead for a strong and vivid emphasis on debating and addressing the basic moral values of nursing. Since, if a shared vision on good care that acknowledges those values is the starting point for ongoing work and debate on one's individual and group professional identity, stereotypes will have less chance to persist. Also, a learning culture enhances the use of knowledge, evidence and best practice examples. Therefore, self-evident truths, including stereotypes, will always be under debate and questioned. Being aware and pointing out stereotypical ideas about nursing would be a first step for such a debate. This does need courage, however. But letting go of stereotypes can be rewarding for nurses today and future nurses. It would acknowledge nurses as individuals and give them the opportunity to develop their own identity adding nuance to the nursing identity as a whole. Nursing has always adapted itself to a changing world. Now would be the time more than ever to do that again and live up to a renewed and modern professional nursing identity!

CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

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