Professional identity: values embedded in meaningful nursing practice

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The main research question addressed in this two-phase descriptive study was ‘What are the values underlying nurses’ professional identity as expressed through what is meaningful in nurses’ work?’ The first phase was a survey of 767 randomly selected nurses with one, five, and 10 years of experience in nursing, and in the second phase data on work-meaning were obtained from a convenience sample of six nurses by in-depth interviews eliciting nurses’ stories about providing care to patients. Content analysis of survey-data revealed that the nurses held both other-oriented and self-oriented values, i.e. moral and work values. Human dignity and altruism were the most prominent moral values, whereas the most significant work-values were intellectual and personal stimulation. The interview-data, analysed by means of hermeneutic and narrative analysis, revealed a greater diversity in value-expressions compared to the survey-data. Altruism, the moral orientation of care, was the overall philosophy, and human dignity appeared as a core value. The nine additional values appeared to be linked to human dignity either by arising from it and/or being aimed at preserving this basic value.

INTRODUCTION

A core characteristic of nursing as a practice discipline is that its practitioners work in close and continuous relationships with patients who are both vulnerable and partially or totally dependent on the nurse for the maintenance of their basic needs in coping with health deficiencies. The development of the desired and required competence in nursing students is paramount, as the knowledge, skills and ethical grounding of the practitioners directly affect the quality of care provided. Fundamental to the socialization process is the internalization of values, norms and ethical standards of the professional culture into the students’ own behaviour and self-conception (Cohen 1981, Hardy & Conway 1988). In other words, socialization aims at the development of a professional identity in the prospective nurse.


Professional attitudes or ‘professionalism’ is seen as a framework used by professionals in identifying their work in a social role context; thus, the emphasis of professionals’ value commitments is specifically on the ‘professional status’ of their work. On the other hand, the conceptualization of professional identity in terms of nurses’ perception of the nurse role focuses their preferred role-content, whereas the perspective emphasizing nurses’
perception of the ‘professional self’ focuses on personal attributes which are considered to influence how the actual role-contents are performed.

In contrast to these views, in this study, professional identity is conceptualized as having a direct linkage to everyday nursing practice. Professional identity refers to the nurse’s conception of what it means to be and act as a nurse; that is, it represents her/his philosophy of nursing. As such it serves as a basic frame of reference in the nurse’s deliberation and enactment in nursing practice influencing what are seen as relevant problems, goals and approaches. More precisely, professional identity is defined as the values and beliefs held by the nurse that guide her/his thinking, actions and interaction with the patient.

THEORETICAL FRAMEWORK

This study’s theoretical framework for professional identity in nursing is based in symbolic interactionism, moral philosophy and work-sociology (Figure 1). Symbolic interactionism holds that self-formation is a reciprocal process taking place in social interaction between an individual and her/his social and cultural context (Berger & Luckman 1966, Mead 1925, 1934). In this view, professional identity emerges through a process of self-formation in which social interaction and self-reflection are basic processes. The internalization of values is an integral part of this process because, according to Mead, becoming a social being necessarily involves development as a moral being (Mead 1964, Miller 1973). In adult socialization, values and value commitments have been identified as structurally essential components which are used as the major frameworks that undergird actions in the social context (Stryker & Serpe 1982, Gecas 1991). The action orientation of the nurse is in the patient; that is, the nurse, being responsible for the patient’s well-being, is required to be other-oriented in thoughts and actions. In this sense the nurse is a moral agent.

From the perspective of moral philosophy, other-oriented values are considered to be of moral nature, such as respect for human dignity, autonomy and justice (Beauchamp & Childress 1989). Thus, the nurse who is acting in regard to the patient’s well-being is actualizing moral values. In addition, working as a nurse is of importance to her-/himself and provides for realization of self-
oriented values. In work-sociology, these are discussed as work-values of intrinsic (e.g. challenge, variety) or extrinsic nature (e.g. collaboration, pay) (Locke 1976, Brief et al. 1990).

The conceptualization of professional identity framed within Mead’s (1934) symbolic interactionism advanced in this paper embraces the notion that values, both moral and work values, are the foundation upon which the specific nature of identity generates. It thus suggests that there are institutionalized sets of values inherent in nursing which become the basis for developing individual value commitments regarding nurses’ work and morality. Hence, values are inherent in developing and sustaining professional identity and are expressed in nurses’ actions in relation to others.

Meanings

There is, however, also a personal dimension of value expressions, namely, that within the nurse her-/himself values are articulated as ‘meanings’ in an experiential and existential sense. Research indicates that meanings of work to nurses themselves are sustained and/or created through the aesthetics of nursing practice (Bishop & Scudder 1990). From the perspective of nursing as art, the nurses’ performance can be seen as a form of value expression (Holmes 1992, Kim 1993). In this sense, giving nursing care is a form of self-presentation through which nurses actualize their values and communicate their personal meanings. Hence, meaningful nursing practice can be seen as arising from (a) the expression of self in actualizing moral values through actions and interactions with patients in reaching the desired goals for each one; and (b) the realization of more self-oriented work values through work performance, collaboration with other professionals, and in personal outcomes.

THE STUDY

The research question addressed in this study was: ‘What are the values underlying nurses’ professional identity as expressed in what is experienced as meaningful in nurses’ work?’ To explore the meaning of nurses’ work two data-sets from Norwegian nurses were analysed: (a) data obtained through in-depth focused interviews with six nurses in 1994; and (b) a data-set from a survey of 767 nurses conducted in 1990.

Part 1. The survey — a preliminary study

The survey-data was obtained from a comprehensive study of Norwegian nurses using mailed questionnaires with data-collection points in 1980, 1985 and 1990. The data-set used in the present study was from the 1990 sample’s responses on selected background variables and one open-ended question: ‘What is most meaningful in your work as a nurse?’ This sample was randomly selected from the total population of nurses graduating in 1980, 1985 and 1990. A total of 731 nurses responded to the open-ended question, thus the final sample included three cohorts of nurses with one (n = 245), five (n = 251) and 10 years’ (n = 235) experience in nursing.

A preliminary analysis of the nurses’ responses to the open-ended question and the theoretical framework provided the basis for the development of value-categories for content analysis. The unit of analysis, ‘meaning units’, was defined as ‘any expression of a value’. The responses varied from single expressions in telegraphic style to long sentences and some essays, and were written in different tenses. Hence, a meaning unit could vary from a single word like ‘independence’ to a segment of a sentence, ‘to help others’, or a whole sentence, ‘I develop and grow as a human being’. Because this phase of analysis was explorative in nature, it was considered important to develop categories that would cover the wide range of nuances in nurses’ responses. Accordingly, also the semantics of statements were focused when deciding on labels for the categories.

Other-orientation (moral values) and self-orientation (work values) were seen as the major themes both with two categories each (Figure 2). Other-oriented expressions in present and infinitive tenses were seen as process values, while such expressions in past and future tenses were identified as outcome values. The labels of other-orientation refer to the values of human dignity, respect, trust, care/altruism and security. Intrinsic and extrinsic work-values were identified as two categories of self-orientation. The former was reflected in expressions of what the content of work meant to the nurses; the latter reflected expressions addressing contextual factors in nurses’ work. A total of 18 codes were developed and used for the analysis.

<table>
<thead>
<tr>
<th>OTHER ORIENTED VALUES</th>
<th>Outcome</th>
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<tr>
<td>Upholding humaneness</td>
<td>Rights preserved</td>
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<tr>
<td>Upholding other’s rights</td>
<td>Trust fostered</td>
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<tr>
<td>Fostering trust</td>
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<tr>
<td>Attending to needs for help</td>
<td>Help recognized</td>
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<tr>
<td>Attending to needs for protection</td>
<td>Protection assured</td>
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<tr>
<th>SELF-ORIENTED VALUES</th>
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<td>Intrinsic</td>
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<tr>
<td>Independence</td>
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<td>Intellectual stimulation</td>
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<td>Personal stimulation</td>
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<td>Creativity</td>
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<td>Extrinsic</td>
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<td>Nursing as profession</td>
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Figure 2 Scheme of values used for questionnaire analysis.
Value expressions. Altogether 2537 value expressions were identified and coded, a mean of 3.47 value-expressions per nurse. A reliability check was performed by an outsider on randomly sampled segments which resulted in 93.2% agreement. All 18 values were identified in the nurses’ responses, however, some by only a small number of nurses.

One of the most striking findings in the survey was the overall agreement across the cohorts on four specific values: (1) the other-oriented values, upholding humanity and attending to needs for help. The former reflected a holistic perspective, an emphasis on the patient’s individuality, and the nurse’s humanity, presence and empathic understanding. The latter reflected actions aimed at caring for, comforting and helping the patient; and (2) the self-oriented values, intellectual stimulation which referred to the cognitive aspects of work, e.g. problem-solving, variation and learning, and personal stimulation which reflected how nursing affects the nurse personally, e.g. work is joyful, and one grows as a human being.

Hence, the results of this preliminary study of nurses’ statements of meaning in their work supported the propositions that (a) values are expressed through what is perceived as meaningful in nurses’ practice, and (b) these values are characteristically both other-oriented and self-oriented in nature.

Part 2. The interview study

To obtain more in-depth information on values underlying professional identity a qualitative study was carried out in which data were collected by means of nurses’ written descriptions and focused in-depth interviews. A convenience sample of six nurses with similar length of experience was selected as the survey sample, two from each cohort. The nurses were recruited by means of an invitational letter posted on acute care wards in three major hospitals in Norway. When they had consented to participate in the study, these nurses, all women, were asked to provide a written description about a patient-care situation which was an exemplar of what is meaningful in nursing.

This description, which the researcher read before the interview, was not subjected to separate analysis but was brought into the interview in different ways. For example, all nurses were asked what it was about this situation that made it meaningful, and it was also used as a comparison with other situations told by the nurses.

Each interview, which lasted about two hours, was tape-recorded. The interview evolved as a dialogue in which the nurse and the researcher together focused and explored the meaning of nurses’ work. An interview-guide was only used as a check towards the end of the interviews to assure that the same areas were covered across interviews.

A major concern was how to get information about what values were in fact actualized in the nurse’s practice, as opposed to a statement of values taught in school or described in the nursing literature. Instead of asking the nurses about what values were guiding their practice, they were encouraged to tell stories about meaningful patient-care situations. Stories or narratives are considered as meaning-making devices; that is, to make sense of experiences, individuals put together singular actions and events into a narrative form (Mishler 1986, Polkinghorne 1988, Bruner 1990). Accordingly, asking for nurses’ stories about their practice was significant because it provided an avenue for disclosure of embedded meanings and values. Furthermore, the nurses’ choice of stories (and their content) reflected what they wanted, more or less consciously, to convey about themselves as nurses. Thus, the nurses’ representations of their practice were also self-presentations, i.e. their identities as nurses were reflected in their stories.

The interviews were transcribed verbatim as the conversation went on, i.e. all heard on the tape was transcribed, false starts, sighs, laughter, etc., for both participants. This original transcription was used for hermeneutic analysis. Later, specific narrative segments in the interviews were identified and re-transcribed to prepare for narrative analysis. These were translated into English to facilitate validation of the analyses by another nursing scholar familiar with this research project.

Data analysis

The interview data were analysed to uncover the meanings of nurses’ work and to extract values embedded in nursing practice as experienced by the nurses. Hence, the data were exposed to several different stages of hermeneutic analyses in order to arrive at comprehensive understanding of meanings of work and the underlying values. This meant that the interview data were read several times both as wholes with different analytical emphases in applying the hermeneutic analysis, and then as specific narrative segments for in-depth theoretical understanding applying the narrative analysis.

In the hermeneutic analysis, each interview was treated as a whole and proceeded in three steps in order to establish the general meanings from three perspectives: self-understanding, common-sense understanding and theoretical understanding (Kvale 1983). These analyses resulted in broad descriptions of each case and are reported elsewhere (Fagermoen 1995). The procedure of narrative analysis was used to uncover nurses’ values and value-actualizing actions embedded in their stories. This article deals with nurses’ values, thus the results from the narrative analysis are presented.

The nurses provided two types of narrative: stories and generalized narratives. Stories were identified as those
interview segments which contained a continuous story with a definite beginning, a plot and an end (Labov 1982). In these the nurse gave orientation about the scene, the actions and interactions that took place, and also evaluated or concluded the story. In other interview segments, without a central plot, the nurses told what they do and how they act on a regular basis with patients and gave a definite conclusion. In contrast to a story in which the nurses told about a specific patient-care situation, these segments reflected the nurses’ practice in general and accordingly were termed generalized narratives.

**Analytical procedure.** The narrative analysis proceeded by using Gee’s (1986) analytic procedure. In this approach, the poetic structure of narratives are focused. Although Gee (1986) identified five analytical units as the basis for providing structure and meaning in narrative performance, the two basic structures, those of lines and stanza, were used in this research, as the focus of this study was on analysing the content rather than on syntax, which was the focus of the other unused units.

The smallest units, lines, are relatively short, contain one piece of information and are identified by discourse markers, i.e. they typically start with and, then, so. The unit stanza is characterized by a group of lines formed together because these capture a single topic or vignette (Gee 1991). Stanzas are identified by a shift in focus, and other devices used to mark a stanza are rate of speech, falling contours and longer pauses. When a narrative is displayed in the form of lines and stanzas, it has a poetic form, and it looks much like regular poetry. Segments of one story are given in Figure 3 to illustrate this narrative structure.

Several re-listenings were carried out to identify the structure of the narratives, as careful attention to the telling is required to capture the prosaic nature of the speech (such as pitch, rising and falling contours, pauses and discourse markers). When all narratives from a specific nurse had been structured in this manner, each was then analysed in order to identify the embedded values and value-actualizing actions. In analysing a given narrative, the focus shifted between the whole and singular elements; thus, each narrative was subjected to hermeneutic analysis as well. This analysis involved 48 narratives from the six nurses with a range of 5–13 narratives per nurse.

**FINDINGS AND DISCUSSION**

The results from the interview analysis revealed a greater diversity in other-oriented value-expressions, altogether 10 values, compared to those discovered in the survey. Few self-oriented values were identified which can be explained in terms of the special focus on patient-care situations in the interviews as compared to the survey’s focus on nurses’ work in general. In the narratives, the values and their actualization in the nurses’ actions and interactions were more or less transparent. For example, most stories clearly reflected that a certain value was actualized in interacting with the patient without the nurse using an explicit value-term, such as patient autonomy or personhood. Others mentioned the value in telling the story, for example, ‘It is so important to let the patient be in on decisions to foster a feeling of mastery’. In this manner, by looking for implicit and explicit meanings, the values and their associated actions were identified.
The value of dignity was identified in actions emphasizing the inherent worth of the patient, such as taking him seriously, restoring appearance through physical care, and advocating for a dignified dying. The value of personhood was reflected in actions aiming at knowing and treating the patients as persons in their individuality, and not as mere medical cases. Being a fellow human was seen as an appropriate label for the Norwegian word used, medmenneske, which implies to be in communion with another person, i.e. the patient and the nurse share the same humanity. The nurse’s active effort to understand the patient’s situation from his perspective and to be with him as a person, and not just as a professional, were seen as reflecting this value.

The value of being a fellow-human may not be actualized if personhood is not held as a value. Also, realizing the value of being a fellow-human may be a precondition for reciprocal trust, as this was identified in interactions characterized by mutual sharing of personal experiences. The value of integrity was reflected in actions emphasizing the patient as a whole being with a past, present and future, while the values of security and hope were actualized to maintain or restore physical and psychological integrity as means to preserve dignity. Certain aspects of the value of privacy, such as to let the patient keep something of himself to himself, is linked to the value of autonomy. While other aspects of privacy, such as covering patients’ private parts, are done to protect or restore dignity. One nurse in one narrative acted on patients’ right to be treated as a human beings only out of duty, with little consideration as to their individuality. These were all murderers. This approach was considered to reflect the value of general humanity.

**Patient-focused values**

For these nurses, all values identified were regarded as desired for the patient’s good, as the patient was the point of focus. This finding is in contrast to the ethics of care, in which the relationship between the care-giver and cared-for is emphasized as the focus. Although altruism, the moral orientation of care, was clearly the overall philosophy guiding the interviewed nurses’ practice, human dignity was uncovered as a core value. All other values appeared to be linked to human dignity either by arising from it and/or being aimed at preserving this basic value. There appeared to be an intricate interrelationship among the different values identified as presented in Figure 4. While all the values appear to arise from the acceptance of the inherent worth and uniqueness of persons, actualization of these values is also aimed at preserving this core value directly or indirectly, maybe except for the value of general humanity.

Recent research gives credence to the significance of some of these values across different work-settings and countries. Oberle & Davies (1993 p. 68), in their Canadian study of one nurse’s expert care provided to 10 palliative care patients and their families, also found that ‘valuing which means having respect for the inherent worth of others’ affected all the nurse’s activities. A phenomenological study of 60 ‘good and experienced’ Swedish nurses reported that they wished to meet the patient as a person, as her/his fellow-being and care for the best interest of the patient, i.e. she/he tries to do good.

(Åstrøm 1995 p. 31)

Appleton (1993 p. 895), in an American phenomenological study, including both patients (6) and their nurses (5) in family clinics, found that ‘to know the patient’ was central to honouring the patient as a unique person; and that a caring relationship was characterized by ‘mutually sharing experiences grounded in respect and trust’. Similarly, in a study in which a Grounded Theory approach was used in interviews with Scottish staff nurses (22) working with terminally ill patients, it was reported that the ‘respondents’ accounts of patient care were dominated by the importance of “knowing” them as “individuals” or “whole” persons (May 1992 p. 473). The nurses ‘also pointed to the ways in which it was oriented around reciprocity and exchange’ (May 1991 p. 554).

**Transcultural common identity**

Hence, a transcultural common core of nurses’ professional identity seems to be surfacing, namely, the actualization of the values of dignity, personhood, being a fellow human, and reciprocal trust, which depicts nursing as a human and moral practice concerned with providing personalized care to patients.
CONCLUSIONS

The other-oriented values identified in the survey appeared to be of a more global nature, whilst the values identified in the holistic and narrative analysis expanded on these; but with each step of analysis these were revealed as more and more differentiated and distinct values. For most of the nurses in the survey and all the nurses interviewed, the value of altruism or care for the patients’ health and well-being appeared to be an over-riding value, a moral point of view on which they based their practice. Furthermore, human dignity stood out as a core value, whilst all other values appeared to be linked to this basic value either by arising from it and/or being aimed at preserving it.

In the narratives, all six nurses consistently related incidents in which they applied creativity, specific ways of presenting themselves, and different ways of approaching different patients, such as attentive listening, sensitivity, presence, and reassurance. Fundamental to all nurses were interactions aimed at knowing the patient as a person, exploring his perceptions of the situation, and creating a sense of trust in the nurse to further a feeling of security. Additional core actions were competent physical care and information with all its different nuances. In addition to these mostly interactive strategies, value-actualization took place through competent and comforting physical care, skilled performance of procedures, attentive observations of patients, relatives and equipment used, and through the use of touch.

The study supported the major elements and relationships in the proposed theoretical model for professional identity. The actualizing of other-oriented values is directly embedded in the provision of nursing care and nurses’ relationships with patients/relatives, whereas realization of the self-oriented values is mediated through the actualization of the other-oriented values and through nurses’ engagements in the work-setting.

Accordingly, the meaning of art and work for the nurses themselves arises mainly in the relationship with patients through providing nursing care. These situations provide for nurses’ self-expression through actualization of values held in relation to patients. In addition, the specific content of work as it is practised allows for realization of self-oriented values. Hence, working as nurses maintains and enhances their self-concept both as nurses and as persons. Contextual factors, such as shortage of personnel and time, were perceived to affect the opportunity for providing quality nursing care, which in turn was experienced as a strain, and for some created a feeling of meaninglessness.

Finally, nurses’ professional identity appears to evolve from a general altruistic motivation to a set of values which are specific and differentiated. Furthermore, these values seem to be revisional as nurses gain experience through working and interacting with colleagues, patients and their relatives.

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References


