

Professional Identity Formation: A Concept Analysis

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Professional Identity Formation: A Concept Analysis

Cover Page Footnote

Author Note: Kathryn Halverson: Primary Author, writing of manuscript, conducted the research used to support the content and examples. Deborah Tregunno: Secondary Author, writing, guidance, and feedback on drafts. Note regarding author affiliation: retired from Queen's University in January 2022. Ivana Vidjen: Third Author, research assistant, contribution to original draft. We have no known conflict of interest to disclose. Correspondence concerning this article should be addressed to Kathryn L. Halverson, Brock University. Email: khalverson@brocku.ca. Acknowledgments: The authors would like to thank Dr. Pilar Camargo-Plazas, Dr. Rosemary Wilson, and Dr. Dana Edge (Queen's University) for their contributions, insight, and mentorship as thesis committee members. The authors would also like to extend gratitude to the nurses who shared narrative accounts of their experiences of becoming and being nurses. |

Remarques concernant le(s) auteur(s) - Kathryn Halverson : Auteure principale, rédaction du manuscrit, recherche servant à soutenir le contenu et les exemples. Deborah Tregunno : Deuxième auteure, rédaction, soutien et rétroaction en lien avec les ébauches. Note concernant l'affiliation de l'auteure : Retraitée de la Queen's University en janvier 2022. Ivana Vidjen : Troisième auteure, assistante de recherche, contribution à la première ébauche. Nous n'avons aucun conflit d'intérêts connu à divulguer. Toutes communications en lien avec cet article devraient être envoyées à Kathryn L. Halverson, Brock University Courriel : khalverson@brocku.ca. Remerciements : Les auteures remercient la Dre Pilar Camargo-Plazas, la Dre Rosemary Wilson et la Dre Dana Edge (Queen's University) pour leurs contributions, leurs idées et leur mentorat en tant que membres du comité du mémoire. Les auteures aimeraient également exprimer leur gratitude aux infirmières qui ont partagé des récits narratifs de leurs expériences de devenir et d'être des infirmières.

Background

The International Council of Nurses (ICN, 2021) has indicated urgent action is needed to retain and strengthen the global nursing workforce in response to the current and projected nursing shortage. The ICN (2021) projected an estimated 13 million nurses will be needed to respond to the global crisis. With growing demand for nurses globally, research into how nurses form their sense of identity is crucial to developing the nursing profession and to understanding factors that contribute to retaining new nurses. In 1981, Cohen began exploring professional identity in nursing to better understand both the problems that affected nursing students choosing not to complete their education and nursing's struggle to become a full-fledged profession. Four decades after the work of Cohen, the need to better understand professional identity remains a significant reality for nursing and has been identified as having implications for nurse retention and job satisfaction (Duchscher, 2012; Hensel, 2014; Johnson et al., 2012). Understanding patterns of professional identity is essential for evaluating curricula and identifying opportunities for continued development of values in nursing education and throughout the transition from student to professional nurse (Hensel, 2014).

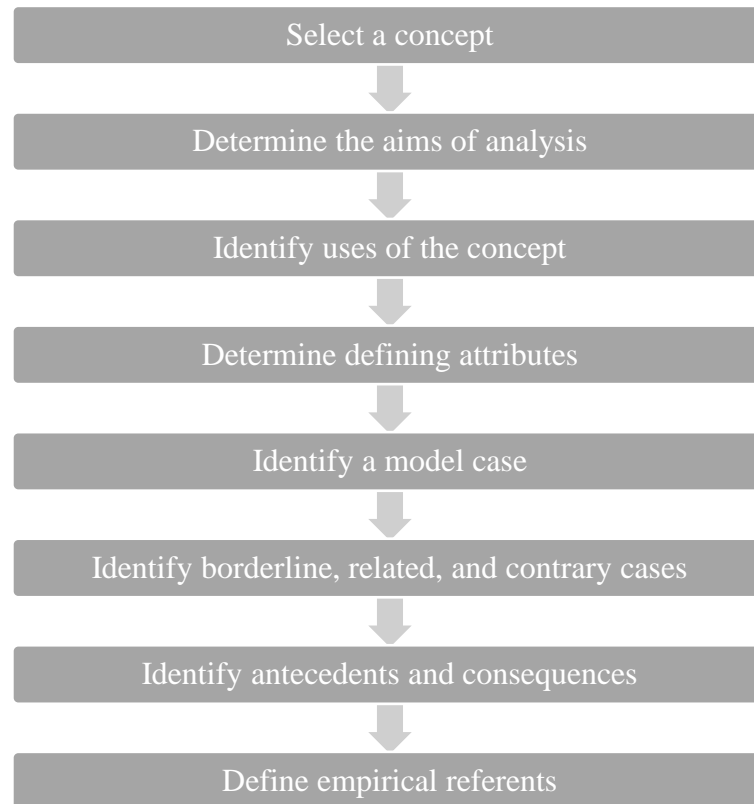
Nurse educators can use the findings of this concept analysis to navigate and help inform the shift from socialization to personal and professional transformation that has been encouraged in nursing education (Benner, 2011; Benner et al., 2010; Brykczynski, 2014; Gilmore, 2014). This concept analysis offers insight into the particular events and experiences students have as they are becoming nurses and forming their professional identity, exhibited in real-life narratives presented in a model case, borderline case, and contrary case that highlight the presence or absence of attributes of professional identity. Nurse educators and employers may benefit from a deeper understanding of professional identity and the contexts within which identity formation is experienced by new nurses.

Aim of Concept Analysis

Becoming and being a nurse is vaguely conceptualized, so it is important for nurses to understand the defining attributes, antecedents, consequences, model cases, and empirical referents of professional identity formation. Nurses undergo a dynamic and constantly evolving professional identity, beginning with the choice of nursing as a career. The experiences of new graduates themselves are used to illustrate the embodiment of professional identity as we come to understand the concept based on the existing literature and uses of the concept. Clarifying the conceptualization of professional identity formation with the support of actual stories new nurses told of their transition to practice informs our understanding of the concept and of the implications for nursing education, for the preparation of future nurses, for nursing practice and opportunities for support, and for research to further develop empirical referents to measure professional identity.

Review Method

A concept analysis examines the structure and function of a concept and the attributes or characteristics that make the concept unique (Walker & Avant, 2005). Concept analysis can also serve to clarify vague concepts prevalent in nursing practice (Walker & Avant, 2005). This method uses case studies to reflect attributes of the concept, allowing critical appraisal of the attributes, and in the case of this analysis, presents an opportunity to appreciate the actual stories and experiences of new graduate nurses as they relate to and exhibit the attributes of professional identity. Walker and Avant (2005) used eight steps in their method (see Figure 1).

Figure 1*Steps in the Concept Analysis Method*

Source: Based on Walker, L., & Avant, K. (2005). *Strategies for theory construction in nursing* (4th ed.). Pearson/Prentice Hall.

To identify uses of the concept, a review of literature was conducted to situate this analysis in the context of our current understanding of professional identity formation in nursing. Research databases used for this analysis included Medical Literature Analysis and Retrieval System Online (MEDLINE), Excerpta Medica database (Embase), and Cumulative Index to Nursing and Allied Health Literature (CINAHL). Initial Medical Subject Headings (MeSH) included were nurses (and related subjects), student nurses, professional identity, and self-concept. Only articles published in English were included. Following the database searches, papers were reviewed by title, abstract, and then by full paper. Studies were excluded at each step of this process if they did not meet inclusion criteria. This review included studies of nursing students in any year of any program, as well as graduated, registered, and licensed nurses in any educational or practice setting. Studies in English exploring the core concept of professional identity in nursing were included in the review. The review considered professional identity in nursing on an international level, including qualitative and quantitative studies, opinion papers, and discussion papers. Research question(s), sample populations, methodologies, findings, and implications of the relevant studies were compared, analyzed, and appraised. The sources reviewed for this analysis addressed the specific theme of professional identity as they were considered most relevant for contributing to the steps of Walker and Avant's (2005) method and to our current understanding of the concept.

Uses of the Concept

This section summarizes the current understanding of the concept of professional identity based on available definitions and the conclusions of nursing research in this area. The conceptualization of professional identity in nursing is vague, and there is incongruence between definitions of the concept and the multiple measures used to evaluate professional identity. While research regarding professional identity in the context of nursing practice continues to expand our understanding of the concept, defining and conceptualizing the concept remains challenging. In an effort to advance the conversation and further develop and explore professional identity in nursing, a think tank on professional identity in nursing was formed in 2018 (Goodolf & Godfrey, 2021). The think tank affirmed the following definition of professional identity in nursing: “a sense of oneself, and in relationships with others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse” (Godfrey & Young, 2020). Johnson et al. (2012) defined professional identity as a sense of self that is derived and perceived from the role nurses assume in the work that they do. As nursing students begin to form a professional identity, it is expected that they will embrace the values and ideas integral to nursing (National League for Nursing [NLN], 2012). Goodolf (2018) explored how nursing students grow their professional identity, finding students were continually searching for balance, using support networks, and grappling with unanticipated expectations. Professional identity and transition to practice as it is identified on the professional identity pathway is constructed and deconstructed by alignment of, or dissonance between, expectations and experiences of entering into the world of nursing (Johnson et al., 2012).

Professional identity, defined as a sense of self that is derived and perceived from the role nurses assume in the work that they do, is described by Johnson et al. (2012) as a component of overall identity, augmented by social position, interactions with others, and perception of experiences. A person’s professional identity is a component of their overall identity, with psychosocial theory and theory based on personality type dominating the professional identity literature (Johnson et al., 2012). Professional identity as a concept has been explored in various disciplines including, but not limited to, psychology (Erikson, 1968; Kroger & Marcia, 2011; Marcia, 1966), education (Beijaard et al., 2004; Connelly & Clandinin, 1999), and medicine (Cruess et al., 2014; Jarvis-Selinger et al., 2012). Erikson’s (1968) stages of psychosocial development, including his ideas about identity and the influence of social forces on the formation of personality, originate in the field of psychology. These ideas also ultimately served to inform our earliest understanding of development of professional self-concept in nursing (Leddy & Pepper, 1985).

Historically, our understanding of professional identity in health sciences originated when Flexner (1910) introduced the conceptualization of “profession” and the considerations and implications of professionalism for medical education in the United States and Canada. According to Flexner (1915), a profession involves intellectual operations paired with individual responsibility; demands learned operations that require refreshment of knowledge in the form of labs and seminars; is not merely academic and theoretical but also has practical aims; requires technique capable of communication through a highly specialized educational discipline; is self-organized with activities, duties, and responsibilities that engage participants and develop group consciousness; is responsive to public interest; and is increasingly concerned with achieving social ends. Expanding on the early work of Flexner (1915), others have more recently offered contributions aimed at moving us toward a more clarified understanding of nursing as a profession.

The nurse's view of self as a professional is significantly influenced by the image of nursing and the manner in which nurses are portrayed by the public, the broader profession, and the nurse's own mentors and role models (Leddy & Pepper, 1985). The goal of professional identity development is to feel self-certain in the role as a professional nurse and to accomplish the responsibilities of the role (Leddy & Pepper, 1985). According to Leddy and Pepper (1985), the most significant outcome for the successful achievement of a professional identity is that identity makes it possible for the person to carry out the responsibilities of the role. The nurse who has a personal sense of a professional identity knows what the role entails, can experiment with role implementation, and can begin to articulate a personal belief system about the discipline (Leddy & Pepper, 1985). In summary, a nurse who has established a sense of professional identity is considered able to carry out the responsibilities of the role, feels self-certain in the change-agent role, assists clients to take steps to change health behaviour, and influences other nurses to facilitate change in clients toward better health (Leddy & Pepper, 1985). Professionalism has been called the most important and powerful idea in nursing's belief system (Joel, 2011). The term *profession* is essentially a social concept, the meaning of which must be appreciated in relation to its social context (Joel, 2011). Reflecting on the evolution of our broad social interpretation of a profession offers this analysis a historical context for the clarification of what it means to be a nurse from the perspective of new graduates, and for how our interpretation of experiences of becoming and being nurses in the context of a dynamic health care system can inform our understanding of professional identity formation.

Our current understanding of professional identity in nursing comprises definitions and conceptualization, including the internalization of values and ideas integral to nursing, a sense of self derived from the nursing role, augmentation of position in society, interactions with others, and interpretation of experiences, which result in an individual thinking, acting, and feeling like a nurse (Godfrey & Young, 2020; Johnson et al., 2012; NLN, 2012). Researchers have conducted numerous studies in an effort to evaluate the psychometric properties of instruments designed to measure professional identity (Cowin, 2001; Cowin et al., 2013; Dagenais & Meleis, 1982; Mancini et al., 2015; Weis & Schank, 2009; Worthington et al., 2013). Although the use of measurement instruments with the nursing population can be advantageous for screening or surveying nursing students for things such as perceived fit with professional values or for evaluating learning outcomes in specific nursing courses designed to teach about values or attributes of a professional nurse, their application also has several limitations. First, the scales used to measure and examine professional identity in nursing may not share a common meaning and may not accurately capture the concept of professional identity as it is defined in the literature, further indicating vague conceptualization of professional identity. Second, no specific measure has been commonly used in nursing professional identity research, thus creating a lack of measurement standardization and, consequently, difficulty interpreting results in a meaningful way (Cowin et al., 2013). Career choice, professional socialization, and professional development have been examined in samples of nursing students (Cook et al., 2003; Cowin, 2001; Cowin & Johnson, 2015; Cowin et al., 2013; Dagenais & Meleis, 1982), practising nurses (Duchscher, 2008; Kelly & Courts, 2007; MacIntosh, 2003; Ohlen & Segesten, 1998; Price et al., 2011), Indigenous nurses (Martin & Kipling, 2006), and psychiatric nurses (Boschma et al., 2005; Hercelinskyj et al., 2014; Kristoffersen & Friberg, 2015). A limitation of the literature reviewed is that studies primarily used samples of nursing students versus practicing nurses and often explored the related concepts of career choice, professional development, and socialization.

Ethical Considerations

Institutional ethics approval was obtained for the research study conducted by Halverson (2020) which generated the narratives presented as examples used to illustrate the model, borderline, and contrary cases.

Defining Attributes of Professional Identity

According to Walker and Avant (2005), the defining attributes of a concept are the heart of the concept analysis; they allow for a broader insight into the concept and the ability to distinguish the concept from another similar or related phenomenon. Defining attributes of professional identity in nursing have been derived from the authors' review of the literature for current uses of the concept in accordance with the Walker and Avant (2005) method of analysis (see Figure 2).

Figure 2

Defining Attributes of Professional Identity in Nursing

- Internalization of values and ideas integral to nursing
- A sense of self that is derived and perceived from the role nurses take on in the work that they do
- Perception of professional identity as a component of overall identity, augmented by social context and interpretation of experiences
- Engagement in activities, duties, and responsibilities responsive to public interest and increasingly concerned with achieving social ends
- Self-perception that is influenced by the image of nursing in the public, the profession, and as modelled by the nurse's own mentors
- Knowledge of what the role entails, and being able to experiment with role implementation and articulate a personal belief system about the discipline (thinking and acting like a nurse)
- Feelings of self-certainty in the role as a professional nurse and to accomplish the responsibilities of the role (feeling like a nurse)

Research Findings as Support for Building the Model

To explore the experience of professional identity formation, it is important to understand the meaning of the experience of becoming and being a nurse. New nurses experience a complex and individual period of becoming that lends itself to appreciation and understanding of how the attributes of professional identity are embodied in nursing practice. Becoming a nurse is influenced by contextual factors, such as the organizational environment and the health care context (Johnson et al., 2012; MacIntosh, 2003). A narrative inquiry was conducted to achieve a deeper understanding of the meaning of the experience of becoming and being a nurse, with consideration of the contexts within which nurses experience the formation and embodiment of professional identity (Halverson, 2020). Research findings presented in the following model case, borderline case, and contrary case reflect actual narratives shared by new graduate nurses. They have been

chosen for their potential to showcase all, some, or none of the above attributes in a manner consistent with the Walker and Avant (2005) method of concept analysis.

A Model Case

A model case is a pure example presented to demonstrate all of the concept's defining attributes (Walker & Avant, 2005). A list of the defining attributes has been assembled based on the use of the concept in the available nursing literature (see Figure 2). Jay's story is presented in segments in the following paragraphs, the combination of which supports a complete embodiment of all seven defining attributes of professional identity.

Jay reflected on the influence of a role model and in doing so demonstrated the attribute of self-perception and the attribute of self-certainty in the role:

I remember in placement, my preceptor for community was very diligent about giving me positive feedback when I did well. And I think that really boosted my confidence. For me it's so beneficial. If you set a bar to live up to instead of just being happy with whatever, you encourage them to where they are.

Jay's expression of his faith in relation to caring is articulated in the following comment:

I don't know if it's a sense of security or what per se, but for me it is. I'm confident in what happens next, and I'm confident that I have purpose. So even if I were to die today, I know I've had a purpose and hope that I did a good job. How do I just care for other people and express love through action well in this lifetime?

This comment exemplifies the attribute of engagement in activities, duties, and responsibilities responsive to public interest and increasingly concerned with achieving social ends.

Jay shared a story of a time he prayed with a patient:

I had this palliative patient. I was her nurse for I think like six months or something. If she had questions, she was comfortable asking me. I remember one time I was with her, and I was just doing regular care, like hooking up hydration or something. She just sort of said, "I'm absolutely terrified of dying." And I said like, "Yeah, I can't imagine. I haven't died before." She said, "You know what? I remember you mentioned to me that you were a Christian or something. Would you just pray with me?" I prayed with her, and afterwards she was just so thankful. She ended up passing pretty soon after that. I remember her husband calling me, and they were so thankful for me. But that was just, she was so thankful, like more than any of the hydration or any of the meds I could give her, anything like that. I think it was what had a lasting impact on her. Because in that time of life, she knew she was going to die whether or not it was the next day or a month from there. She just, I think, needed some of that support.

This part of Jay's story showcases the attribute of knowing what the role entails, being able to experiment with role implementation, and articulating a personal belief system about the discipline.

Jay's narrative illustrates an internalization of values and ideas integral to nursing and the attribute of a sense of self that is derived and perceived from the role nurses take on in the work that they do. Jay reflects:

I totally had that sense of this is going back to how I felt called to work with people and I think I was like, “Man, this is it. I feel a lot of joy in that I can love other people.” Even if I’m caring for someone, I’m caring for you because I feel like I was cared for. So, that’s really the direction that that goes. I think... it’s how it acts on who I am, I guess. The act of nursing.

On whether being a nurse has changed how he perceives who he is and his sense of self, Jay responded:

I don’t like to necessarily be defined by my career. But, I think most of us are, “I’m a nurse” or “I’m a police officer. I’m a teacher.” I think it has become part of who I am, and I don’t think that’s a bad thing. It’s not all of who I am. Part of who I am as a Christian and as a person is someone that cares and loves on other people. So, I think in that aspect, it very much is part of my sense of self, it gives me, I don’t want to say necessarily purpose, but it just gives me joy to know that I’m able to do that on a daily basis. Some days are better than others. So, I would say yeah, it’s a sense of self. But it’s not fully a sense of self, I think if that were the case it might be a little dangerous.

Jay’s reflection exemplifies the attribute of professional identity as a component of overall identity, augmented by social context and interpretation of experiences.

This case includes all seven defining attributes of professional identity outlined in this paper: internalized values and ideas, a sense of self that is derived and perceived from the nursing role, professional identity as a component of overall identity, engagement in duty and responsibility responsive to public interest and a concern for achieving social ends, perception of self that is influenced by the image of nursing, knowledge of what the role entails, and feelings of self-certainty in the role.

A Borderline Case

A borderline case is an example that possesses some but not all of the defining attributes of professional identity formation (Walker & Avant, 2005). Of the list of seven defining attributes in Figure 2, four of the attributes are partially or fully illustrated in the following borderline case of Magda’s story.

Magda commented on the importance of respect:

I find it really important for people to respect me. I want to be a good person for people to respect me. I find that I really want to prove to my colleagues that I’m a good nurse, and I want to be respected as a nurse. I feel like I’m doing a good job with that. I just want people, and patients, and just everyone to show respect. You obviously only get respect if you show it yourself, so that’s one big thing.

Magda’s comments exemplify the defining attributes of a sense of self that is derived and perceived from the role nurses assume in the work that they do, and the attribute of self-perception that is influenced by the image of nursing in the public and the profession.

On growing to love nursing, Magda comments:

I like nursing, and people always say like they don’t think they can do it for the rest of their lives, like a lot of my friends always say, like, this is just like a few years and then I’ll go do something else. But as much as I hated it when I first started, I actually love it right now and I still become anxious obviously before shifts, especially if I’ve been off for a while.

But I can see myself doing it for quite a while. Bedside nursing, I like bedside nursing, I like people, and I like being able to help people.

Magda's comparison of herself to her peers is not consistent with the defining attributes of professional identity; however, her desire to help people is consistent with the attribute of engagement in activities, duties, and responsibilities responsive to public interest and increasingly concerned with achieving social ends. Magda's perception of helping people is very much associated with bedside nursing, suggesting those who chose to do something else are not helping people as much as she is able to in a bedside nursing role.

On how nursing has changed her, Magda reflects:

I think I'm more [of the same person I was before I became a nurse]. I've just grown up more. I think nursing has helped with that. I also feel like I'm just more respectful to people, and more about teamwork and being comfortable. Growing up, I just always thought, if you ask questions, you're weak, but you're not. If you need help, you need help. That's not just with nursing. It's with everything in life. I'm just more comfortable asking my parents for stuff, and like for help, and asking advice. Just telling people straight-up I think, what I need, instead of beating around the bush.

Magda's reflection on her personal growth borders on demonstrating the attribute of feeling self-certain; however, this narrative exhibits a personal versus professional evolution more associated with her as a person versus her as a nurse and is not a direct reflection on her ability to accomplish the responsibilities of the role. She feels more like herself, not necessarily more like a nurse.

This case includes some of the seven defining attributes of professional identity outlined in this paper: a sense of self that is derived and perceived from the role nurses take on in the work that they do; engagement in activities, duties, and responsibilities responsive to public interest; perception of self that is influenced by the image of nursing; and a growing sense of self-certainty that is reflective of personal growth.

A Contrary Case

A contrary case is a clear example of what professional identity is not, as it fails to exemplify the defining attributes (Walker & Avant, 2005). The following case contributes to the clarification of professional identity by portraying an absence of the defining attributes described in the nursing literature (see Figure 2).

Lily reflected back on how she felt as a student:

In second year, my first placement was maternity, so not only did I know nothing about anything, or even how to be a nurse, but I also... I'm not a mom; I'm 19 years old. I don't know anything about breastfeeding. So, I spent six weeks floundering. I can't tell this mom how to breast feed when one, I'm 19 and I look like a child and I don't even know how to nurse let alone be a mom and then do both. That's just impossible.

Lily reflects on a realization about vicarious trauma:

I went to a sexual assault conference. They were talking about vicarious trauma. I was like, never really thought of myself as affected by nursing, or anything like that. I don't really do self-care, as they would say, but then I think about it, and I would never, ever, ever let my husband drive a motorcycle, just because of what I've seen of motorcycle people, and

that counts as vicarious trauma, and then, people who are late, my first thought is, “Well, they’re dead.” And, I think that’s... I never used to think like that, so when I was there that’s kind of what opened my eyes up to it a bit more.

This case does not include the defining attributes of professional identity outlined in this paper; however, it should be noted that professional identity is dynamic and it is possible Lily’s identity will continue to evolve over time, and may be more pronounced in other aspects of her narrative and other examples from her practice.

Antecedents and Consequences

Antecedents

Antecedents are the events that must occur before the occurrence of the concept. Antecedents of professional identity formation in nursing are listed in Figure 3 and have been derived based on the parameters outlined by Walker and Avant (2005) from a combination of the nursing literature and a detailed analysis of nurse’s narratives reflecting on the experience of becoming and being a nurse, and their professional identity formation (Halverson, 2020).

Figure 3

Antecedents of Professional Identity

- Individual characteristics are inextricably linked to who individuals are when they enter nursing (e.g., gender, work experience in health care, understanding of team work, knowledge of the profession, cognitive flexibility, confidence, caring, communication, leadership, professionalism, autonomy, social extroversion, expectations, sense of fit, self-esteem, self-image, and values).
- Time is important, specifically in relation to turning points, transformations, dynamic evolution, and reflection on the events related to career choice and personal and professional experiences.
- Factors, facilitators, and catalysts (e.g., life experiences) influence the evolutionary process of professional identity formation during the period of socialization and transition into nursing. Professional identity is constructed and deconstructed over time by alignment of, or dissonance between, expectations and experiences of entering into the world of nursing (Johnson et al., 2012).
- Doing, learning, knowing, and speaking emerged as the way students begin to develop their professional nursing identity and feel like a nurse (Williams & Burke, 2015).
- Nursing students considered clinical placements and clinical mentors essential in shaping their identity (Arreciado Marañón & Isla Pera, 2015). Learning alongside others, and specifically the impact of relationships with nursing role models, suggests teachers and clinical mentors influence professional identity formation (Arreciado Marañón & Isla Pera, 2015; Johnson et al., 2012).

Consequences

Consequences are the events that result from the occurrence of the concept. The consequences of professional identity are listed in Figure 4 and have been derived based on the

parameters outlined by Walker and Avant (2005) from a combination of the nursing literature and a detailed analysis of nurse's narratives reflecting on the experience of becoming and being a nurse, and their professional identity formation (Halverson, 2020).

Figure 4

Consequences of Professional Identity

- Embodiment of the attributes of a professional identity
- Fulfillment and satisfaction derived from the nursing role
- Tension between the preservation and protection of self-identity and personhood and the challenges and threats encountered through the experiences of becoming and being nurses (e.g., values conflicts, moral distress, compassion fatigue, burnout)
- Fear of losing the self in the process of constructing professional identity and learning to maintain a connection to the self
- Frustration with limitations of the nursing role and dissatisfaction in ability to respond to public interest or achieve social ends
- Growing awareness of the challenges associated with balancing professional and personal responsibilities

Empirical Referents

Empirical referents are used to demonstrate the occurrence of the concept and how the concept is used and measured in research and in practice (Walker & Avant, 2005). The scales used to measure and examine professional identity in nursing are varied and have been limited in their application to practising nurses, specifically in a Canadian context. Some of the available instruments for measuring professional identity include (a) the Macleod Clark Professional Identity Scale (Adams et al., 2006; Worthington et al., 2013); (b) the Nurses Professional Values Scale (Weis & Schank, 2009); (c) the scale of Clarity of Professional Identity (Dobrow & Higgins, 2005); (d) the Values Survey (Rognstad et al., 2004); (e) the Professional Development Model Scale (Bennett, 2010); (f) the Qualities of Nursing Scale (Cowin & Johnson, 2015; Johnson & Cowin, 2013); (g) the Nursing Students' Professional Identity Questionnaire: Q-IPEI (Tchouaket et al., 2019). Instrument development may benefit from incorporating the defining attributes presented in Figure 2 and implementation for practising nurses in a Canadian context. Existing instruments have been developed for use across professions, and many have not been evaluated for reliability and validity for measuring the professional identity of practising nurses in a Canadian context.

Limitations

A limitation inherent in the nursing literature is that the majority of research available on the topic of professional identity in nursing has been conducted on nursing students and not on practising nurses. The list of defining attributes presented in this concept analysis (see Figure 2) is not an exhaustive list and could certainly be expanded on or challenged based on available literature in disciplines outside nursing. This concept analysis highlights narrative accounts of new graduate nurses approximately two years into their nursing practice to portray a model case,

borderline case, and contrary case. Future concept analyses of professional identity in nursing may offer examples from nurses at other points in their careers and may include other forms of examples to portray defining attributes of professional identity.

Implications

Understanding the attributes, antecedents, and consequences related to the concept of professional identity formation has several implications for nursing practice. The professional identity pathway is organized into five subsections: initiating the professional identity pathway; academic content, teachers and mentors; clinical placements and their effects; professional identity and transition to practice; and evolving professional identity within a changing world of health care (Johnson et al., 2012). Professional identity and transition to practice as it is identified on the professional identity pathway is constructed and deconstructed by alignment of, or dissonance between, expectations and experiences of entering into the world of nursing (Johnson et al., 2012). Tensions emerge when entering nursing fails to meet expectations, and this can pose a threat to retention. The nurses' stories presented in the model case, borderline case, and contrary case expand our understanding of their unique experiences in relation to their expectations and highlight the points at which alignment or dissonance may have contributed to construction or deconstruction of their professional identity or an embodiment of the defining attributes.

Nurse educators and employers play an important role in each individual nurse's journey along the professional identity pathway. Academic institutions and practice settings have an opportunity and obligation to support nurse transition by striving to ensure nursing students and new graduates have realistic expectations and experiences, have opportunities for role experimentation and implementation, and consistently develop feelings of certainty and confidence in accomplishing responsibilities of the role. Our understanding of professional identity indicates the journey to becoming a nurse involves learning alongside others and suggests a strong influence of role models, supporting the second subsection of the professional identity pathway, which is centred on academic content, teachers, and mentors (Johnson et al., 2012). Facilitating mentorship and support is crucial in contributing to the relationships, role modelling, and social context understood to be instrumental in the internalization of values and ideas, and a nurse's perception of self and the profession.

Development of valid and reliable empirical referents, including instruments and scales designed to measure professional identity formation, should be a priority for nursing research in order to develop nursing knowledge in the area of professional identity. Research on the characteristics and effectiveness of transition programs designed to bridge the academic-practice gap will also contribute to knowledge of the concept, including attributes, antecedents, and consequences. Research aimed at evaluating and comparing nursing curricula may further clarify the antecedents that most effectively move nursing education toward desired consequences and model cases that would successfully support professional identity formation, transition to practice, retention, quality patient care, and patient safety.

Nurse educators can use this concept analysis to navigate and help inform the shift from socialization to personal and professional transformation that has been encouraged in nursing education (Benner, 2011; Benner et al., 2010; Brykczynski, 2014; Gilmore, 2014). Nurse educators and programs designed to prepare nurses, and thus facilitate formation of professional identity, may benefit from examining how personal and professional transformation are valued in their courses and curricula. Examining catalysts, such as role models, relationships, and engagement

with public interest and social ends, may guide curriculum development and quality-improvement initiatives for nursing programs. Appreciating the relevance of personal values and the social context and the interpretation of experiences that occur alongside each student's personal and professional transformation and developing sense of self may serve to inform program design and delivery from recruitment and career choice through to evaluation of competency and readiness for practice.

Conclusion

Professional identity in nursing has a vague conceptualization in the current literature, one that becomes apparent when comparing available instruments being used to measure the concept. An understanding of professional identity in nursing is important for nursing education to adequately prepare future nurses and for practice settings to understand and support practising nurses. A concept analysis can help to clarify and refine concepts such as professional identity by contributing to a basic understanding of the underlying attributes of the concept. This concept analysis identified seven defining attributes for the concept of professional identity: internalized values and ideas, a sense of self that is derived and perceived from the nursing role, professional identity as a component of overall identity, engagement in duty and responsibility responsive to public interest and a concern for achieving social ends, perception of self that is influenced by the image of nursing, knowledge of what the role entails, and feelings of self-certainty in the role. Clarification of the concept of professional identity in nursing will help to inform how nurses are prepared, educated, and supported in their roles, while also informing a broader understanding of the current and potential contributions of the nursing profession socially and globally.

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