Nursing Students and Their Professional Identity in Nursing Formation: How Can We Foster it?

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Learning Objectives

1. Discuss the definition of Professional Identity in Nursing.
2. Describe challenges and barriers to professional identity formation.
3. Identify nurse educator practices that will foster Professional Identity in Nursing.
ISPIN Mission and Vision

Mission: To illuminate and foster Professional Identity in Nursing around the world.

Vision: Every nurse in the world will fully embody their professional identity to maximize the well-being of the people they serve.
Definition

Professional Identity in Nursing is defined as “a sense of oneself, and in relationship 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.”

(Merton, 1957; Cruess et al., 2014; Godfrey & Young, 2020)
Domains of Professional Identity in Nursing

Knowledge

Leadership

Values & Ethics

Professional Comportment

Professional Identity in Nursing
## Domain Definitions

<table>
<thead>
<tr>
<th>Domain</th>
<th>Definition</th>
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<tr>
<td>Values &amp; Ethics</td>
<td>A set of core values and principles that guide conduct.</td>
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<td>Knowledge</td>
<td>Analysis and application of information derived from experiences, critical reflection and scientific evidence.</td>
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<td>Leadership</td>
<td>Inspiring self and others to transform a shared vision into reality.</td>
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<td>Professional Comportment</td>
<td>A nurse's professional behavior demonstrated through presence, words and actions.</td>
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Challenges and Barriers to Professional Identity

2 fundamental convergent things must occur:

1. The individual must develop psychologically

2. There must be collective acculturation into the profession

(Jarvis-Selinger, Pratt, & Regehr, 2012)
Why don’t student nurses develop psychologically?

Psychosocial factors – i.e. negative life experiences, mental illness, substance abuse, (Stobbe, 2018; NIH National Institute of Drug Abuse, 2018)


Competing Commitments – work, family, financial stressors, etc. (Oliveria-Alverez, et al., 2019)

Societal trend towards egoism – focus on personal vs. interpersonal skills and values (Bedzow, 2019)

Motivation for entering the profession – intrinsic vs. extrinsic (McLaughlin, et al., 2010; Yun, et al., 2020)
Impact on professional identity

Failure to develop psychologically as an individual has been found to lead to:

- Superficial commitment to the profession and poor-quality nursing care (Miro-Bonet, et al., 2013).
- Moral distress and values dissonance (Lyneham & Levett-Jones, 2016).
- Increased stress and burnout (Hunsaker, et al., 2015)
Impact continued...

- Decreased self-confidence and decision-making (Gregory & Austin, 2019)

- Substance Use Disorders (SUD) and mental illness, particularly anxiety and/or depression (Pulido-Criollo, et al., 2018).

- Disproportionate self-focus (Bedzo, 2019) or disproportionate other-focus (NCSBN, 2015) producing unprofessional comportment.
Collective acculturation and professional identity

In order to become acculturated into the profession of nursing, one must develop a professional identity consistent with the profession’s values and core traits.
What prevents collective acculturation?

The BIG 3 influencers:

1. Academia
2. Nursing profession
3. Regulation/oversight
Factors contributing to lack of professional identity development in students:
  ▪ Lack of consideration of entering student motivations (Yun, et al., 2020)
  ▪ Failure to identify at-risk students for early/appropriate intervention (Cleary, et al., 2012)
  ▪ Lack of faculty shared understanding of professional identity
  ▪ Little to no cohesive pedagogical content on professional identity
  ▪ Focus on role development rather than professional identity (Gregory & Austin, 2019)
Academia

- Diffuse ethical/moral clarity in students as it pertains to professional identity (Smith, et al., 2012)
- Faculty focus and role modeling (Baldwin, Mills, Burks, & Budden, 2013)
- Inadequate preparation of nurse preceptors (Luhanga, Yonge, & Myrick, 2008)
- Failure to properly handle students who do not demonstrate achievement of the core areas of professional identity (Bachman, Groenvik, Hauge, & Julnes, 2019)
Nursing profession

Impediments to professional identity development:

- Different levels and credentialing i.e NEA-BC
- Increasing specialization as primary identity
- Changing practice boundaries
- Diffuse decision-making for the profession
Nursing Profession

- Lack of research or understanding about professional identity (Godfrey, 2017)
- Cultural differences i.e. urban vs. rural perspectives, international nurses
- Lack of focus on image and leadership development (Godsey, Houghton, & Hayes, 2020).
Formation of Professional Identity and Everyday Ethical Comportment in Pre-Licensure BSN Students: A Grounded Theory Approach

Kristen D. Priddy, PhD, RN, CNS
Educating Nurses: A Call for Radical Transformation

*Shift from an emphasis on socialization and role taking to an emphasis on formation.*

(Benner, Sutphen, Leonard, & Day., 2010, p. 86)
1. From the perspective of nursing educators, what is the process that nursing students go through as they develop new identities as professional nurses?

2. What can nursing educators do to stimulate and support this process?
Method/Sample

- Grounded Theory
- IRB - Exempt
- 1 hour semi-structured interviews
- 4 BSN programs
  - 1 Large Public University
  - 2 Small Faith-Based Universities
  - 1 Historically Black University
- 12 faculty participants, >3 years teaching BSN Students
  - All female
  - 10 white, 2 black
  - Age 30-66; Avg. 49
  - Years teaching 3.5-30; Avg. 12
  - 4 PhDs; 1 PhD student; 7 MSN
Results –
Putting the Pieces Together

- Entering Student Identities
- Progression Toward Thinking, Acting, and Feeling like a Professional Nurse
- Educator Practices

Image Source: DepositPhotos
Putting the Pieces Together

Entering Student Identities
Variations in Student Population

- Homogenous

[Diagram: Entering Homogenous Student Identities]

- Diverse

[Diagram: Entering Diverse Student Identities]
Putting the Pieces Together

1. Junior 1 Student
   - Thinking: Nursing is task-related, simplistic caring, narrow worldview, thinking piece-by-piece, black and white ethics.
   - Feeling: Overwhelmed and fearful, afraid of patient interactions.
   - Acting: Dependent, surprised by rules and consequences.

2. Junior 2 Student
   - Thinking: Nursing requires thinking, expanding worldview, making connections.
   - Feeling: "I am a nursing student," still overwhelmed, more comfortable approaching patients.
   - Acting: Accountable for timeliness and class preparation.

3. Senior 1 Student
   - Thinking: Nursing thinking is driven by context, open to others’ perspectives, putting the pieces together.
   - Feeling: "I can do this," confident, calm and focused.
   - Acting: Accustomed to expectations for appearance, timeliness, and class preparation.

4. Senior 2 Student
   - Thinking: Nursing work is complex, context-driven thinking, open to multiple perspectives and ways of doing things, seeing the big picture, more comfortable with ethical ambiguity, deal with ethical situations collaboratively.
   - Feeling: "I am a nurse," confident in student role, fearful and anxious about impending employment role.
   - Acting: Working with preceptors with minimal faculty contact, accountability that mirrors licensing board expectations.

Transition to Practice
Putting the Pieces Together

- Entering Student Identities
- Thinking
- Feeling
- Acting
- Student
- Student Development

Using Appropriate Pedagogies
Providing Developmentally Appropriate Support
Creating a Safe Learning Environment
Understanding the Student

Nursing Educator
Nursing Educator
Administrative Support

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Pedagogies

- Communicating Expectations
- Experiential Learning: Narrative, Teamwork
- Modeling
- Reflection
- Pedagogical Caring
Future Research Opportunities

- ADN
- RN-BSN
- Accelerated
- On-line
- *Transition to Practice*
  - Content of MSN Ed programs
  - Development of educator skills
  - Needs of differing students
  - Formation in other disciplines
  - International Settings
Exploring nurse practitioner professional identity formation at rural primary care settings

Rhoda Owens PhD, RN
The purpose of this study was to explore the perceptions and experiences of rural nurse practitioners while they transitioned from being registered nurses to family nurse practitioners. In addition, the study examined if and how new family nurse practitioners experienced their professional identity formations in their first year of rural primary care practice.

(Owens, 2020)
Method

- Qualitative Design
- Three Midwestern university nursing programs
- Contacted 20 eligible graduates
- 12 agreed to participate
- Participants were licensed family nurse practitioners who provided primary care at rural health care facility located in one of four full-practice states
- Twelve different healthcare facilities – clinics
- Two individual participant semi-structured digitally recorded interviews per Zoom
- 6 months and 12 months after beginning practice
- Interviews transcribed per verbatim (Owens, 2020)
Results

Participant Demographics
- DNP degrees – 7
- MS degrees – 5
- Female – 84%
- Age range (27 – 55 years, M=33.8 years)
- White – 90%; Native American – 10%
- Worked as an RN for 5 – 29 years (M=10.4 years)
- 11 lived in a rural community; 1 lived in an urban community
- 7 lived in the same community as health care facility; 5 commuted from 18 – 120 miles (M=55 miles)

(Owens, 2020)
Results

Four Themes......
1. Learning new knowledge, skills, roles and responsibilities
2. Interaction with patients, providers, and interprofessional team members
3. Incentive to learn and practice in rural health care
4. Professional identity formation

(Owens, 2020)
Emerging Model

“The Process of Professional Identity Formation for Rural Family Nurse Practitioners”
Rural Community and Healthcare Facility Environments

Nurse Practitioner Education Program

Registered Nurse Professional Identity

Previous Clinical Experiences, Knowledge, and Skills

Incentive to Learn

Learning New Knowledge, Skills, Roles, and Responsibilities

Interactions with Patients, Families, Providers, Interprofessional Team Members

Professional Comportment

Work Satisfaction

Ongoing Professional Development

Nurse Practitioner Professional Identity

Passion and Incentive to Provide Healthcare Access and Quality Care to Rural Residents

Adapted from Owens, R.A. (2020), The Process of Professional Identity Formation for Rural Family Nurse Practitioners ©
Implications for Nursing Education Programs and Healthcare Facilities

- Adds to rural nursing theory.
- Professional Identity in Nursing formation must be taught in all levels of nursing education programs. Model could be used as a framework to guide leaders at nurse practitioner education programs as they review curriculum.
- Also, the model could help guide healthcare facility professional development programs for nurse practitioners that provide needed support to foster nurse practitioner professional identity formation.
- Need to promote collaboration between nurse practitioner education programs and clinical healthcare facility sites
- Policy makers must continue efforts to increase the number of states allowing NPs full independent practice.
- Further research is needed.
Published Study

Regulation/oversight

Overlapping, complex regulatory/oversight scheme inhibits professional identity development:

- Nursing organizations i.e. NCSBN, ANA, STTI
  - Licensure exam, standards of nursing
- State legislatures
  - Nurse Practice Act
- State Boards of Nursing
  - Licensure, discipline, regulations – each state unique
  - Peer assistance, continuing education – some states
Regulation/oversight

- Civil and criminal codes – separate legal penalties from NPA
  - Every state NPA has a unique relationship to the civil/criminal codes
  - Civil courts utilize nursing standards
- Certification bodies
  - develop parameters of specialties
- Nursing compact
  - NCSBN facilitates
  - Contractual arrangement between states
  - Nursys
- The workplace
Other factors impeding professional identity

- Media – negative or inappropriate stereotypes (Godsey, et al., 2020)
- Social media (DeCamp, 2012; Westrick, 2016)
- Overlap in practice arenas i.e. APRNs and PAs
- International development
Take-away highlights

- Clarity is needed on who we are at all nursing levels
- Professional identity education must encompass all domains and be holistic
- Pedagogy cohesiveness and integration is important
- Intentional fostering of professional identity with nursing students
- Enhance continuum between hospital-based preceptors and nursing program faculty
- Integrate perspectives of education, practice, and regulation/oversight
- Goal is to produce nurses who enter practice fully equipped to practice effectively and safely.
The vision

Every school of nursing will adopt the Professional Identity Model to be taught as a distinct component of nursing.

Every school of nursing will focus on developing the adopted Professional Identity Model components in nursing students at all levels.

Values & Ethics + Knowledge + Leadership + Professional Comportment
To Join in our Work Contact Lauren Roberts at

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Questions??
Thank you for attending!

- We will send you an email in the next 48 hours that will include a link to the webinar recording and the process for completing the evaluation to obtain your CNE certificate.
- Questions? Email us at: education@sigmanursing.org
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