

The professional identity of the nurse: concept analysis and development

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The aim of this paper is to highlight the concept of professional identity of the nurse in order to promote theoretical clarity and examine implications for nursing practice. A modification of the hybrid model for concept development was followed. Accordingly, the theoretical analysis of conceptualizations and corresponding theoretical frameworks were combined with empirical data gathered from the field, from semi-structured interviews with eight registered nurses. The sampling was strategic and continuous. Personal and interpersonal dimensions and socio-historical aspects of the concept were found in the literature review as well as in the interview data. Attributes, antecedents and consequences of professional identity of the nurse in relation to the identified dimensions were stated. The analysis ends with a comprehensive description of the concept. Further, the relations to the concepts of self-esteem, self-image, professionalism and professional self-image, as well as professional function and roles of the nurse, are outlined. Finally, the importance of the developed concept is discussed, and suggestions for further research are presented.

Keywords: concept analysis, hybrid model, professional identity of the nurse

INTRODUCTION

In the Scandinavian discourse regarding the development of nursing practice as well as nursing education, there is a clear tendency to stress the importance of the identity of the nurse (Svedberg 1981, Carlsen *et al.* 1984, Stenbock-Hult 1985, Hermansen 1987). Considering the equivocal meaning of professionalism (Öhlén & Segesten 1994), the concept of professional identity of the nurse might either include and support the caring attitude, or exclude and obstruct it. Accordingly, caring and professionalism have

been found to be opposed to each other, even if potential contradictions have been examined (Gardner 1992). The implications of this would be of special interest considering the identity of the nurse in view of caring as the core and essence of nursing (Watson 1988, Benner & Wrubel 1989). This article deals with the concept of the professional identity of the nurse, and an attempt is made to formulate clear, specific conceptualizations thereof within the knowledge domain of nursing practice (Kim 1987).

The aim of this project was to highlight the concept of professional identity of the nurse in order to promote theoretical clarity, and to suggest possible alterations or refinements of the concept contributing to the knowledge about nursing practice.

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CONCEPT ANALYSIS AND DEVELOPMENT

Schwartz-Barcott & Kim (1986) developed a hybrid model for concept development, founded upon Hardy's (1974) insight into the importance of making concepts clear as a step in theory development. While concept development usually has been considered to be theoretical work based upon analysis of literature, the hybrid model joins theoretical analysis with fieldwork. Nyström (1995), Phillips (1991) and Madden (1990), among others, have illustrated the advantage of this combination of theoretical and empirical analysis for the development of concepts relevant to nursing practice, but also for the generation of nursing knowledge. There is consensus in the literature that the concept development process should be a rigorous, linguistic and systematic procedure. The phases of the process are interconnected rather than distinctive chronological parts. The result will be a tentative step towards theoretical, empirical and practical development (Swartz-Barcott & Kim 1986, Walker & Avant 1988, Rodgers 1989, Chinn & Kramer 1995).

Using Schwartz-Barcott & Kim's (1986) hybrid model meant passing through three interrelated phases — a theoretical phase, a fieldwork phase and a final analytical phase. For the analytical approach, a modification and combination of Walker & Avant's (1988) analytical goals and Rodgers' (1989) development of their model was applied. These analytical goals, which were used for analysis of the literature as well as the interviews, were: (a) identification and labelling of the phenomena of interest, (b) identification and selection of literature and informants, (c) identification of current meanings, uses, dimensions, attributes, antecedents and consequences of the concept, (d) identification of related concepts, definitions and emerging theoretical frameworks, and (e) development of the concept including a comprehensive description. The analysis of the interviews is illustrated with statements from the informants. Consequently, a typology of cases (Swartz-Barcott & Kim 1986, Walker & Avant 1988) has been excluded from the analysis (Rodgers 1989).

For the theoretical phase, a thorough review of literature in the areas of nursing, psychology, sociology and education was accomplished focusing on the phenomena of interest. However, nursing literature turned out to contribute most to the analysis.

The hybrid model seeks empirical justification for the concept being investigated. Consequently, it is not necessary to study a large number of cases for the fieldwork phase (Swartz-Barcott & Kim 1986). The informants in this study were six female and two male registered nurses, whose fields of duty included short-term care wards in somatic clinics in Sweden. Two of them have positions as head nurses, two as clinical specialists, two are staff nurses and two are nurse teachers. These eight informants are known as nurses who have acquired an

assertive professional identity and/or for being interested in the development of professional identity among nurses. Three of them are involved in clinical process orientated nursing supervision as supervisors. Semi-structured interviews regarding the meaning and shaping of professional identity of nurses were conducted. The informants were asked to give examples, which might illustrate the phenomena of interest. Probing questions focused on characteristics and prerequisites of obstacles to, as well as consequences for, the professional identity of the nurse. Preferred and alternative concepts were also sought. Obtained data guided further collection of data. The eight nurses interviewed considered professional identity as a relevant, interesting and well-known concept. Together they gave illustrative descriptions of the concept, which, however, varied concerning expressiveness. No substantial differences between the answers of the female and male nurses were found. The interviews were tape-recorded and transcribed verbatim. Initially, a system of open coding was applied searching for content in the data. This was followed by comparisons in between the codes, the data and the theoretical analysis of the literature. In the final analytical phase the theoretical analysis was matched with the insights gained from the empirical descriptions.

LITERATURE REVIEW AND INTERVIEW FINDINGS

Meanings of the concept of interest emerged which were organized into two interconnected dimensions framed by socio-historical aspects. Accordingly, the following presentation is organized around personal and interpersonal dimensions and socio-historical aspects of the professional identity of the nurse. This is followed by related concepts and emerging theoretical frameworks. The analyses from the literature and the interviews are combined under these headings. Quotations from the interviews are given as illustrations to the analytical statements.

Personal dimension

Professional identity is viewed as an integral part of the nurse's personal identity (Carlsen *et al.* 1984), and the existence of a personal identity is a prerequisite for the development of a professional identity (Hermansen 1987). It is described as having the feeling of being a person who can practise nursing with skill and responsibility. It also implies awareness of personal resources and limitations (Svedberg 1981, Stenbock-Hult 1985). The nurse's professional identity refers to the commonality of the nursing profession and to the special way the nurse utilizes this commonality within the nursing profession. Hence, it is possible to approach the concept either from the goals which all nurses have in common, or from the self-

perception of the nurse as a professional (Carlsen *et al.* 1984). Professional identity is the individual nurse's perception of her/himself in the context of nursing practice (Stenbock-Hult 1985). The development of professional identity is a process of balancing between external and internal attributes of professionalism (Hermansen 1987). The central personal motivating force in this process consists of will, insight and ability (Lindström 1983).

Professional development is viewed as a key for nurses to increase their self-esteem (Mannahan 1989). To be able to create positive self-esteem, the nurse needs to develop her/his self-care ability through recognition of the personal self-care pattern and choices of health-promoting strategies. Hence, self-esteem is enhanced when nurses develop 'a deep valuing and commitment to themselves' (Bunkers 1992 p. 155).

Assertive nurses believe in themselves and their abilities, which is assumed to lead to further personal and professional empowerment (Kilkus 1993). Compassion, competence, confidence, conscience and commitment are referred to as the most significant attributes of caring corresponding to the image of the professional nurse (Roach 1992), while competence, compassion and courage are found to be characteristics of the excellent nurse (Pryds Jensen *et al.* 1993).

To have a professional identity as a nurse was described by the interviewed nurses as an experience and feeling of being a nurse. The concept was understood as a continuum with the opposite poles of strong and weak professional identity. The feeling is the prime mover although the nurse can argue cognitively. Self-knowledge, curiosity, generosity, tolerance of stress, professional knowledge, trust in one's own capacity and feelings were discussed as personal characteristics of a nurse with a developed professional identity. However, the most distinguishing feature was a feeling of being a nurse as opposed to working as a nurse. Further, professional identity was considered to be connected with the personal identity of the nurse, which one of the nurses expressed in the following words:

To have a feeling of professional identity you have to show a lot of yourself. [...] You have to weigh it into your personality and your attitude, not possible to separate between.

Personal maturity and a feeling of belonging to the corps of nurses were the personal prerequisites discussed. This was discussed as realizing one's limits and possibilities, and having internalized norms, values and usage of language, giving the nurse personal confidence, which is illustrated in the following quotation.

And it is about, I think, realizing one's limits and possibilities. To know what you can do and what you can't, and it is very much a question of feeling at one with one's profession, as it's sometimes

formulated. By this I don't mean to distinguish between private life and professional life but to feel whole. [...] You are on the same level as other nurses. [...] Identifying with other colleagues. [...] This will come eventually. You do not have this quality when you graduate.

Interpersonal dimension

The professional identity will be developed through interaction with other nurses and through internalization of the knowledge, skills, norms, values and culture of the nursing profession (Carlsen *et al.* 1984) which are acquired by the process of socialization (Högström & Tolonen 1990). Socialization is referred to as the continuing interactive life-long process characterizing human development as well as professional growth. Socialization of the nurse takes place when the student in nursing is practising in the clinics and in the school of nursing. This process will continue after completion of basic and advanced education in professional life. Viewing professional identity as a result of socialization during nursing education is another understanding of the concept. This implies that the new graduates are expected to be competent nurses on graduation (Leddy & Pepper 1993). Professional group supervision is found to be a useful means of strengthening the professional identity of nurses (Carlsen *et al.* 1984, Segesten 1993). Viewed from a feminist perspective, gossip is a narrative, sharing, non-manipulative and non-competing way of acquiring professional identity as a nurse (Laing 1993).

A positive self-image, as a reflection of the professional identity, is understood as a prerequisite for the nurse to be able to have a strong and therapeutic relationship with the patient. Nurses develop a more positive self-image through career advancement and advanced education (Porter & Porter 1991). Nurses' underlying dimensions of their professional selves have been conceptualized as professionalism, scientific approach, empathy and discernment (Gullberg 1996). The longer the students in nursing remained in school, the closer was their image of the professional nurse to that of their instructors (Weller *et al.* 1988).

The role responsibilities are considered as an outcome of a well-developed professional identity, which makes it possible for the nurse to care for the whole person and to meet human needs. Nurses' role conceptions also include that of change agent, client advocate and contributor to the profession (Leddy & Pepper 1993). Another way of viewing the roles of nurses is to regard them as bureaucratic, professional and service roles (Kinney 1985).

Although the nurses gave descriptions of the professional identity of the nurse including the two dimensions, they referred to it as an interpersonal phenomenon. According to the nurses interviewed, it consists of both a subjective part and an objective part. The subjective part,

the person's feeling and experience of her/himself, was considered as the base for the objective part, other people's image of the person as a nurse. Presence, readiness to act, congruence between feelings and behaviour towards others were the interpersonal characteristics mentioned. The following excerpt from the interviews is an example of the dimensions of the concept being interconnected:

Well, I see in front of me a person who has a great presence of being. Someone who lets you know what she knows and what she doesn't. And someone who is also curious about the opinions of her colleagues, asking them what they think about this. How would they deal with that? So, there is openness. They are tolerant under stress. They will not be easily shaken by situations, incidents. They always see possibilities in problematic situations. And they are generous. They don't have a great need of showing themselves to be clever, [...] They are also very skilful in their work. They have given their surroundings signals of their trustworthiness, so that people around them consider them as resourceful.

To focus on what is best for patients and consider them persons in distress as well as dependent was the prerequisite mentioned for developing a professional identity as a nurse. The nurses considered reflective discussions with colleagues and in professional group supervision as important for the development of their professional identity. One of the teachers interviewed told about her experiences from teaching continuation courses:

The nurses have acquired a greater confidence in themselves, and thereby a more clear identity. Having acquired this identity, they give their surroundings signals of their confidence, and thereby profile themselves more as nurses.

Decreased need for territoriality and increased desire for collaboration was an interpersonal outcome with clearer implications for the environment of the nurse. To create a sense of humility towards the resources and limitations of oneself and others was an additional consequence:

To have a professional identity. To me it also means that you dare to stick to your guns. Even when the winds are blowing against you. That you don't easily modify your view of nursing, the patient or yourself, but instead create permanence as well as a foundation. [...] Having achieved this ... then I think one can move mountains.

Socio-historical aspects

Originally, nursing was viewed as a part of the female sphere of the family and womanhood, a profession undervalued through the gender segregation (Reverby 1987, Klach 1990). Therefore, viewed from a historical perspective, the evolution of nurse's professional identity may be understood in the light of social development of the female identity. This causes difficulties for nurses of

today in gaining recognition for the importance of caring in a society where caring is undervalued.

The professional self-image of the nurse is also based on the ideas of people in general regarding nurses. The image of the nurse in the media has changed over time from 'battle-axe', 'angel of mercy' and 'girl Friday', in the beginning of this century, to heroine, wife and mother, doctor's handmaiden and sex object (Kalish & Kalish 1987, Bridges 1990). Today, the image of the independent careerist is emerging (Kalish & Kalish 1987). Nursing theories reflect other ideas of the image of the nurse comprising different characteristics. Meleis (1985) has separated nursing theories into three groups: (a) needs theories representing an image of the nurse as active and busy working, focusing on deliberate and well-planned activities, (b) interaction theories reflecting an image of the situational, humanistic, present and process-orientated nurse, and (c) outcome theories emphasizing the image of the futurist, environmentalist and goal setter.

Some of the persons interviewed reflected upon the historical development of the nursing profession focusing on the social status of nursing in the society and professional pride among Swedish nurses. They considered these to be suppressed in the 1970s, while their experience of the trend today is rather towards profiling based on strengthening of the professional identity of the individual nurse. The development of a language of one's own was recognized as an aspect in this process. One nurse teacher, who had been a nurse since the 1960s, made some comparisons:

If I compare what I was taught during my education at that time, with what we did in the '70 s and what we are trying to do today – in some way we are trying to go back again, closing the circle. Because we have in some way disappeared. We have been invisible in health care. We are doing a job. And we are doing a pretty good job, but we have been invisible. That has to do with identity. [...] One has to have a language of one's own, and that is something you develop more and more with individual care planning. But there should be even more of it.

One of the nurses interviewed talked about the existence of two images of nurses today corresponding to norms with different socio-historical origins – nursing care experts and medical assistants. Nurses following an old and traditional task-orientated norm identify themselves as medical assistants, while nurses internalizing the norm of the university college identify themselves as nursing care experts. This nurse explained it in the following way:

The way you see other nurses perceive their professional identity. I think there are two different... categories. Those identifying themselves as experts on nursing care, and educate themselves and concentrate on that part of their work. And those who are more identifying themselves as medical assistants.

Related concepts

From this review of the literature it emerges that the concepts of occupational identity, self-esteem, self-image and role of the nurse are closely related to the concept of professional identity of the nurse. Professionalism is also closely related and could be reached through professional identity, but the latter is rather an antecedent to professionalism (Högström & Tolonen 1990).

The interviewees considered the person's identity as a part of the self-image, and the professional identity as a part of the professional self-image. The professional identity was said to be a prerequisite for the nurse to develop a realistic professional self-image, to profile herself, to feel professional pride and to be genuine, not mendacious. Congruence between other people's image of oneself and one's own self-image was considered a basis for both the personal and professional self-image. The interviewees discussed the professional self-image as related to the person's ideal image of a nurse, which is variable and complex, as well as dependent on professional knowledge and experience:

Like the image I have of myself. If I am under stress and can recognize it within myself, then I also know that other people can see it in me. I have ceased being surprised at other people's perceptions of my image compared to my own image.

According to the nurses interviewed, professional role has more to do with nursing tasks and is considered to be more diverse and skin-deep than professional identity. Which roles nurses adopt have to do with their identity and self-trust:

Which roles I have, those the environment gives me, the most central ones for me, those I can leave... This is connected with limitations and possibilities, which has to do with professional identity. So, there does not need to be any contradiction as it can be incorporated. [...] But I would not begin with the roles.

The occupational paradigm and paradigm of the life of the nurse were also mentioned as interesting concepts related to professional identity. If nurses describe their own paradigm, they are dealing with their identity. The occupational paradigm was considered to be useful to make identity clear:

I, we, have read about paradigms. Paradigm of life and paradigm of professions. I believe in promoting this about the concept of paradigm, and to get nurses to describe the paradigm of their own. Because in doing so, they will land in their own identity.

Emerging theoretical frameworks

There exist a number of studies where the concepts treated here are defined implicitly but where the theoretical underpinnings are not sufficiently specified to guide the understanding of the current concept. However,

symbolic interactionism and Erikson's psycho-social development theory are theoretical frameworks used explicitly in the literature (Lindström 1983, Stenbock-Hult 1985, Mannahan 1989, Högström & Tolonen 1990, Bunkers 1992, Leddy & Pepper 1993, Gullberg 1996).

These frameworks give an understanding of professional identity as closely interconnected with the person's identity in general. Even the implicitly identified theoretical assumptions view this phenomenon from a dynamic development perspective, contributing to an understanding of the importance of professional socialization for the development of a strong identity.

Erikson's (1985) theory of psycho-social development offers guidelines for understanding professional development in parallel with human growth and development. According to this view, genuine professional identity is not reached until the nurse has experienced the inception, infancy and growth of the development of trust, autonomy, initiative and industry. The development of professional identity is a maturity continuum where the nurse's degree of maturity during her/his early stages of life influences her/his development of identity in adolescence and in the later stages of adulthood focusing on intimacy, generativity and integrity. There will always be a possibility of strengthening identity and abilities to reach progress (Lindström 1983, Stenbock-Hult 1985, Mannahan 1989, Högström & Tolonen 1990, Bunkers 1992, Leddy & Pepper 1993). From this perspective, Leddy & Pepper (1993 p. 75) defined professional identity as:

to feel self-certain in her role as a nurse, to feel competent in role experimentation and to clearly articulate her own ideological commitment to the profession.

Lindström (1983 p. 29) has another definition of professional identity of the nurse:

Commanding professional competence and professional ethics including certain central norms of the profession, which will be reflected in the professional mode of functioning. The obtaining of professional identity means development where will, insight and capacity constitute central motive powers.

Stenbock-Hult (1985 p. 9), on the other hand, defined it as:

to feel oneself as a person who can practise a profession with knowledge and responsibility, and who is aware of one's resources but also of one's limits. It also means development of certain knowledge and qualities, and further, identification with the norms and ethics of the own profession.

According to Blumer (1969), from the symbolic interactionistic view, the self is the major unit of analysis. The self is a process which develops through social interaction with others and other people's perception of the self. Viewing patterns of experiences from interactions with significant and generalized others through a process of

interpretation, the nurse creates an image of her/himself as a professional (Bunkers 1992; Gullberg 1996). No explicit definitions were found within this theoretical framework.

FINAL ANALYSIS

The professional identity of the nurse is conceptualized based on personal and interpersonal dimensions from a theoretical perspective focusing on interaction, growth and maturity. The attributes, antecedents and consequences of the concept are outlined in relation to these dimensions in Table 1.

The analysis of the concept of professional identity of the nurse in the interviews conducted with the registered nurses serves mainly as a validation of, and an illustration to, the analysis in the literature. Self-care ability as an antecedent and the ability to perform educative and therapeutic nursing, as well as enhancing the public image of nursing as consequences, were only found in the literature. Further, genuineness of the nurse was only found in the interviews as a consequence of professional identity. However, the nurses interviewed gave more obvious and clear descriptions of professional identity of the nurse, which adds to the analysis of the literature.

Out of the analysis of the literature and the interviews, a comprehensive description of the concept emerges: the professional identity of the nurse is integrated with the personal identity of the nurse. It consists of the person's feeling and experience of her/himself as a nurse, the subjective part, and other people's image of the person as a nurse, the objective part. It appears on a maturity continuum with the opposite poles of strong and weak professional identity. It is developed in socio-historical context through intersubjective processes of growth, maturity and socialization where interpersonal relations

are important, and attained maturity of the nurse influences further growth.

The relations between professional identity and its identified related concepts will be described as a central core of professional identity and professionalism, which provides stability, power as well as a foundation. The professional identity can be reflected in the nurse's professional self-image. A major foundation of the professional identity, but on a deeper level, is the person's self-esteem, which can be reflected in the self-image. The nurse's role is more easily observed and thus more superficial than her/his identity. The professional function is complementary to the role of the nurse. When the nurse has developed a firm professional identity, it will remain intact even if the existing role collapses. The nurse can, out of her/his professional identity, adopt and develop new roles. From this follows that indirect knowledge of a nurse's professional identity may be gained by studying her/his professional self-image. This knowledge would further implicitly contain the roles of the nurse, reflecting her/his personal self-image, although not illustrating them in a concrete way.

DISCUSSION

This concept analysis and development illustrates the power of the hybrid model, as the interviews conducted supplied the theoretical analysis with valuable aspects of the understanding of the concept. Although a modification of this model was used, the base with utilization of qualitative analysis for the empirical refinement of the theoretical analysis was followed. The modification constituted a development of the specific analytical goals as well as the omission of a typology of cases, in terms of retaining the dynamics and interrelationships in complex

Table 1 Dimensions

	Personal	Interpersonal
<i>Attributes</i>	Interconnected with personal identity. Appear on a maturity continuum. Assertiveness, compassion, competence, confidence, conscience, commitment and courage. An experience of being a nurse.	Continuing intersubjective process of personal growth and professional maturity. Congruence between feelings and behaviour towards others.
<i>Antecedents</i>	A feeling of self-confidence in one's role as a nurse. Will, insight and capacity. Self-care and self-reflection ability. Understanding of one's limits and possibilities.	Experienced professional socialization. Shared experiences with other nurses in a narrative and reflective way.
<i>Consequences</i>	Genuineness. Increased positive, realistic professional self-image. Increased feeling of professional pride.	Ability to relate to other people's self-trust and self-insight. Independent thinking. Part of the ability to perform educative and therapeutic nursing actions. To carry out role responsibilities.

phenomena. However, the model case, which is suggested in the literature (Swartz-Barcott & Kim 1986, Walker & Avant 1988, Rodgers 1989), has great similarities to the comprehensive description of the concept in this work.

The literature base for the theoretical analysis originated from several countries in the Western world. The empirical data are limited and interviews were accomplished with Swedish nurses. This obviously brings about limitations in generalizing about the empirical findings, but in the concept analysis along with the hybrid model the purpose of the fieldwork phase is to seek empirical justification for the findings in the literature and not empirical generalizability. Further, the outcome of the analysis of the literature mostly coincided with the ideas of the interviewed nurses, which indicate a probable validity of the analysed concept in the Western world. However, it is more or less taken for granted in the literature, that the current concepts are valid world-wide. International cross-cultural studies of the professional identity of the nurse would be of great interest.

Compassion, competence, confidence, conscience, commitment, courage and assertiveness are personal attributes of the professional identity of the nurse which are connected with the caring legacy of nursing. Accordingly, development of the professional identity of nurses could be understood as professional and personal growth in caring, which implies moral maturity. Although these attributes are essential for the characteristics of a nurse, nurses have them in common with other caring professionals. In search of specific characteristics of the professional identity of the nurse, further investigations are needed. Such knowledge should also be developed by research focusing on the experiences of being a nurse. Comparisons between the professional identity of the nurse and that, for example, of the physiotherapist, the occupational therapist and the social worker could be of interest. Suggestions for further research include concept differentiating between development of professional identity and moral maturity of the nurse.

The need to strengthen the professional identity of the nurse has attracted attention over the past few years. Such endeavours focus upon the educational and administrative demands of support in an effort to make professional personal development and growth of nurses possible. This could mainly be realised through the development of personal self-care abilities and increased possibilities for nurses of sharing their experiences with other nurses in a narrative and reflective way. Professional group supervision may hold certain potential.

It is remarkable that the self-care abilities of the nurse were not mentioned by the nurses interviewed. This may be an expression of the need for development of such an ability among Swedish nurses. However, professional group supervision is in great demand and increasingly acknowledged as promoting satisfaction and ability to perform therapeutic and educative nursing.

A few of the interviewees mentioned occupational paradigm as a concept related to professional identity. This is an interesting concept, which is described and used in the literature in connection to professionalism in caring professions. Occupational paradigm may be understood as a complex pattern of the performance of a professional with connections also to the concepts of professionalism, self-esteem, self-image and role of the nurse. Occupational paradigm needs to be further analysed in order to contribute to an understanding of the professional identity of the nurse.

The historical legacy of viewing nursing as a part of the female sphere of the family and womanhood is still important for nurses to take into consideration. The stereotyped image of the nurse in the media is an expression of this tradition. Nurses are part of a social struggle for power where ideas are created through gender segregation into certain male and female spheres. Awareness of this process may create opportunities to act assertively and to explore whether one's own ideas correspond to those of the profession or run counter to this social legacy.

The importance of female identity for understanding the professional identity of the nurse makes it of special interest to consider the situation prevailing for male nurses. The two interviewed male nurses in this study did not consider their own and other male nurses' identity specifically distinct from the identity of female nurses. However, they had experienced uncertainty from other people meeting a male nurse. They understood it as confrontations with other people's stereotyped images of nurses as female sex symbols. Further research to identify divergences between female and male nurses in terms of their experiences of being a nurse would be of value.

Nurses in a task assignment system may have a different identity from nurses in a patient assignment system. The result of such a difference could for example be diverging professional attitudes. Further investigations of the professional identity of the nurse with comparisons between highly task-orientated and patient-orientated nursing care systems would be of interest.

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