http://dx.doi.org/10.35630/2199-885X/2021/11/4.6

STORING MORAL IDENTITY AS A CORE OF THE PROFESSIONAL IDENTITY FOR FUTURE NURSES

Received 27 August 2021;
Received in revised form 12 September 2021;
Accepted 13 September 2021

Mihaela-Cătălina Neculau[1]✉, Antonio Sandu[1,2]

[1] *University of Oradea, Iași, Romania,*
[2] *Stefan cel Mare University of Suceava, Suceava, Romania*

✉ *catalinaneculau@yahoo.com*

ABSTRACT — Evolving in time, the nursing profession construction started based on moral values, which were underlined by Florence Nightingale (1989) and it was associated with compassion and care, but with the technical development and increasing the complexity of care provided, nursing went from a job to a profession, which asks more and more technical competency and more and more pragmatism (Serra, 2008), losing in time the humanity part of the care, overwhelmed by the detachment discourse which became dominant in the times of an evidence based medicine (Charon, 2016; DasGupta, 2014). Going back to humanity became one of the main concerns of the researchers in the last decade and that put the focus on developing the interactional capacity of the students in nursing (Benner et al., 2009; Charon, 2016; Fagermoen; 1997; Gold, 2020; Sharpless et. al., 2015), one of the most important skill to develop being attentive listening (Charon, 2016) in the relation to the patient and the colleagues, attitudes promoted with the Narrative Medicine Program (NMP) conceived by Charon (2016), who is a doctor and professor at Medicine Faculty in Columbia University in United States.
Conclusion: The data resulted from this study suggests the need to direct the curriculum on the professional identity of the future nurses' development, which is in the same line with other studies, but also the need to help the students in the management of the experiences from their clinical practice considered significant to them, which could sustain the development of a professional identity guided by care and focused on the relationship with the patient.

KEYWORDS — professional identity, moral identity, narrative medicine, narrative moral identity, narrative nursing.

INTRODUCTION

This article is addressing the nurse identity formation from a social constructionist perspective. The context of the medicine development has an influence on what can be a good doctor or a good nurse. When promoting technical skills, a good nurse is a nurse who is very well technically trained and able to make pragmatic decisions and when promoting the care discourse a good nurse is a nurse able to apply medical procedures with empathy and being oriented to care for the patient. There are two ways when talking about care: to *care for* and to *care about* without confusing care with caregiving (Noddings, 2017). Looking from care discourse perspective a good nurse would be a nurse who *cares about* the one who *cares for*. Noddings (2017) tries to conciliate both discourses, considering there is a false problem, the nursing profession living somewhere in-between detachment and involvement and he suggests the virtue discourse which can be more appropriate for a medical profession which involves both care and knowledge.

Other studies also underly the need to develop both the technical and the human skills at their best in order to be a good nurse (Bliss et al., 2017; Popovici, 2013) only that sometimes these two discourses seem to confuse the students, especially when we are talking about the students in nursing in their first years of studies who does not have the ability to manage them both.

Using the stories that students in nursing are telling from their clinical practice the aim of the study is to identify what contributes to the development of the nurse professional identity and how the stories they tell can contribute to their sense of being nurses.

THEORETICAL FRAME

A social constructionist approach on nursing professional identity development

It is already known that the social constructionist view is about the way that people understand reality, which is seen as constructed through negotiation in daily life interactions of the people (Berger & Luckman, 1966; Sandu & Unguru, 2017). When it comes to identity, the social constructionist view is explaining it also as a construct of reality built in interaction with the others, a dynamic reality which is developing through social interaction (Gergen, 1994; Raskin, 2002) and which can determine social action. The medical context seems to have a lot of influence on people, because it touches always core values, being linked to high moral standards (Nightingale, 1989) since the beginning of the nursing profession what brings us to the discourse of care in medicine.

Rita Charon (2016), who is a doctor and a professor in medical school in Columbia University, empha-

sized the need to go back to humanity in medicine and to go beyond the detachment discourse which made the professions in medicine to lose contact with the patient. She started the NMP focused on developing attentive listening for the students in medicine and nursing in order to establish better relationships with the patients (Charon, 2016). The need for more humanity in medicine was noticed by many other researchers (Benner et al., 2008; Chen, 2015; Gold, 2020; Moscheta, 2020; Mueller et al., 2003) who considered that a nurse needs to have skills to manage the emotional aspects involved in practice to reach a high level of professionalism and competency in nursing. Between the two discourses met in medicine, to be involved or to be detached in practicing nursing, the moral dimension of the profession was always recognized, professional identity development being linked to the moral development as a condition for a nursing practiced with care (Chen, 2015; Ranjibar et al., 2016).

How stories get meaning

People are storytellers because everybody relates significant events from their lives to the others through stories (Rappaport, 1995; Robertson & Clegg, 2017). People are telling stories and they are storing themselves (Gergen, 2005), and students in nursing, while telling nursing stories to the others, are storing themselves like nurses and the way they are doing it can contribute to the development of their professional identity. The notion of story is linked to identity construction, identity being the result of stories and narrations, which allows people to understand and to know the reality (Somers, 1994). McAdams (2011) defines *narrative identity* as an *internalized and evolving story of the self that a person constructs to make meaning out of his or her life* (McAdams, 2011, p. 99). If we see the meaning like a construction of a *socially negotiated reality* (Sandu & Unguru, 2017) the story by which people gain meaning is a construct built in social interaction which will also influence peoples' communicative actions, including the stories they will construct in daily interactions. People are influenced by and are also influencing the communities' stories construction (Gergen, 2005) promoting a negotiated reality for community. Gergen (2005) considers that the discourses from a community underly a certain type of being which are promoted and sustained detrimental to others, which influence the self-definition of a person through narrative construction, which can be inter-relational validated if they are recognized as discursive descriptions socially available which can motivate the individual actions.

Churchill (2015) and McDonald (2009) attributes to Nightingale this quote: *Observation tells us the fact, reflection the meaning of the fact*. (McDonald, 2009, p. 723), so the facts that students are observing during their clinical practice can get meaning by reflecting on them. The meaning the students in nursing are getting from their stories may depend on the context they bring the facts to *reality*, if they talk to friends or to colleagues, for example. When telling stories, people will tend to describe them as good people, in our case, good nurses, rather than bad persons or bad nurses. Being good or bad depends on social discourses, including the professional discourses which involves moral aspects, also derived from the cultural background and the social context. Sandu et. al. (2020) define value like a *social construct resulting from the act of communication, as a negotiation of interpretations that individuals attach to elements of reality* (Sandu et al., 2020, p. 106) and that would give, to what it means a *good* nurse, flexibility sustained also by understanding "*caring, as described in care theory, pointing to the reciprocal quality of a relation,* (...) *not merely a set of prescribed acts*" (Noddings, 2017, p. 184).

Choosing a way of being is emphasized by Charmaz (2006), who investigated the identity development in chronically ill people. She describes four levels of identity, depending on the illness and disabilities, and people are challenged to choose either to diminish their identity goals or to make ambitious identity goals, moving from one level to another up or down (Charmaz, 2006). These identity goals are called *preferred identities*, because it helps the person to adjust her/his identity to her/his needs. These preferred identities are distributed in a hierarchy where the first one is "*the supernormal social identity*" (Charmaz, 2006, p. 124) associated with great accomplishments, "*the restored self*" (Charmaz, 2006, p. 124) connected to a self which existed before the illness, "*contingent personal identity*" (Charmaz, 2006, p. 124) a possible identity and "*the salvaged self*" (Charmaz, 2006, p. 124) which refers to the retention of a past identity linked to a valued activity or attribute, when the person becomes physically dependent.

METHODS

Students in nursing from a postsecondary school were invited to participate to a NMP held once a week during their clinical practice, where they were able to share with their colleagues the most significant stories. What was a significant story was defined by the storyteller. The participants were asked to give a written consent about the conditions of the meeting and their right to quite any time. The data were analyzed using Grounded Theory and there were thirteen interviews, lasting from 58 minutes to 120. There were 53 participants from 19 to 51 years, from the first till

the last year of studies and their participation was voluntary.

The interviews were based on a semi structured interview using outsider witness practice from the narrative approach.

RESULTS

As a secondary analyze of the data collected from stories from NMP, adjusted from the model provided by Charon (2016), the study underlined the dominant stories which are contributing to the start of the professional identity construction of the future nurses. Trying to reach the goal of being a good nurse for students in nursing can be challenging for their personal identity and thinking about this process like a movement inside identity levels (Charmaz, 2006) determined by facts observed or experienced in the medical field and in interactions with the patients and their colleagues, we can also understand the choices of the students for certain personal identities in nursing profession like intentional identities (*identity goals*, Charmaz, 2006) which can be valued or not, depending on the feedback from the patient. The identities which prove to be valued can become preferred identities and if not valued can come into focus of the student to be adjusted to the level the students feel comfortable. For example, the need for knowing more about the profession can be an intentional identity and experiencing what it means to know more about nursing in the relationship with the patient can make it a preferred identity and put the student to act in the sense of getting more knowledge. For example, for a student in nursing not knowing was seen as a moment of crisis:

That was the crisis. When you actually realize that you need to learn more, to get more information and to ask more questions in case that something is happening. (I048)

So, being in a moment of crisis can challenge the student identity and push him to find a preferred identity, which can be one of learner moving down in the identity hierarchy, but being a learner can be adaptative for the moment even if this can be seen like a step back from the professional identity of a nurse.

And also, if a student realizes that he/she can't manage some situations technically because of the lack of experience, he/she can go back to a lower level of nurse identity, like being only a student and that can make him/her feel better with the situation while trying to do as much as he/she can or to compensate on the moral actions where he/she feels confident and where can move up to his/her moral identity.

I mean, each one had an important moment, but I don't know, I guess lighting the candle meant...to be lightened and to...I don't know, (...) *To be honored...I don't know, at least a minimum of...aaa, the patient last wishes.* (...) *I don't know, it just came out* (*n.a. the idea of lighten the candle*)*...even this thing with the light it was just a thought...came out spontaneous just to lighten the candle, I didn't even need to think about what should have been done or.... I was the only one who...*(I030)

So, it would be hard to identify certain ways of being good nurses, considering the fact that this concept, seen like a value, is a *social construct resulting from the act of communication* (Sandu & Unguru, 2017), in relationship with the patient (and other colleagues) and even the dimension of care has its' own mobility being defined by the quality of the relationship (Noddings, 2017), underly the importance of developing good skills of communication and interaction so the nurse would be able to adjust on expressing being a *good nurse* in relation to the patient's needs (Fig. 1).

DISCUSSION

Charmaz's model of a hierarchy identity (2006) makes sense for the students in nursing identity either, their significant stories reported from the clinical practice suggesting the idea of building their identity moving from a level to another depending on the challenges they encounter for their sense of being as humans or as nurses, strengthening some preferred identities in some moments which proved their efficiency in the practical interactions with the patient and others in moments where other identities makes sense for the students actions and decisions.

The results of this study are in contradiction with other studies' results which sustain that in the first years of studies the students are more focused on the technical skills because they are oriented to learn more and after gaining the technical skills, they become more interested in the moral aspects of the profession (Benner, 2004). These differences can be explained by the fact that the participation of the future nurses to the NMP was voluntary so, they might have a strong motivation to becoming nurses and probably also high moral standards before joining the nursing studies, so personal values could have been a platform for their professional identity construction (Poorchangizi et al., 2017). Considering the moral development of the students during their formal education in nursing (Dukett et al. 1997; Riesch et al., 2000; Lin et al., 2010; Ranjbar et al., 2016) and the results of this study, we can recognize the important of the moral aspects involved by the nursing profession (Ranjbar et al., 2016). Using the model of identity hierarchy described by Charmaz (2006) the preferred identity coming from the students' stories is moral identity, which we can call narrative moral identity, being the result of the stories students brought from their clinical practice. The

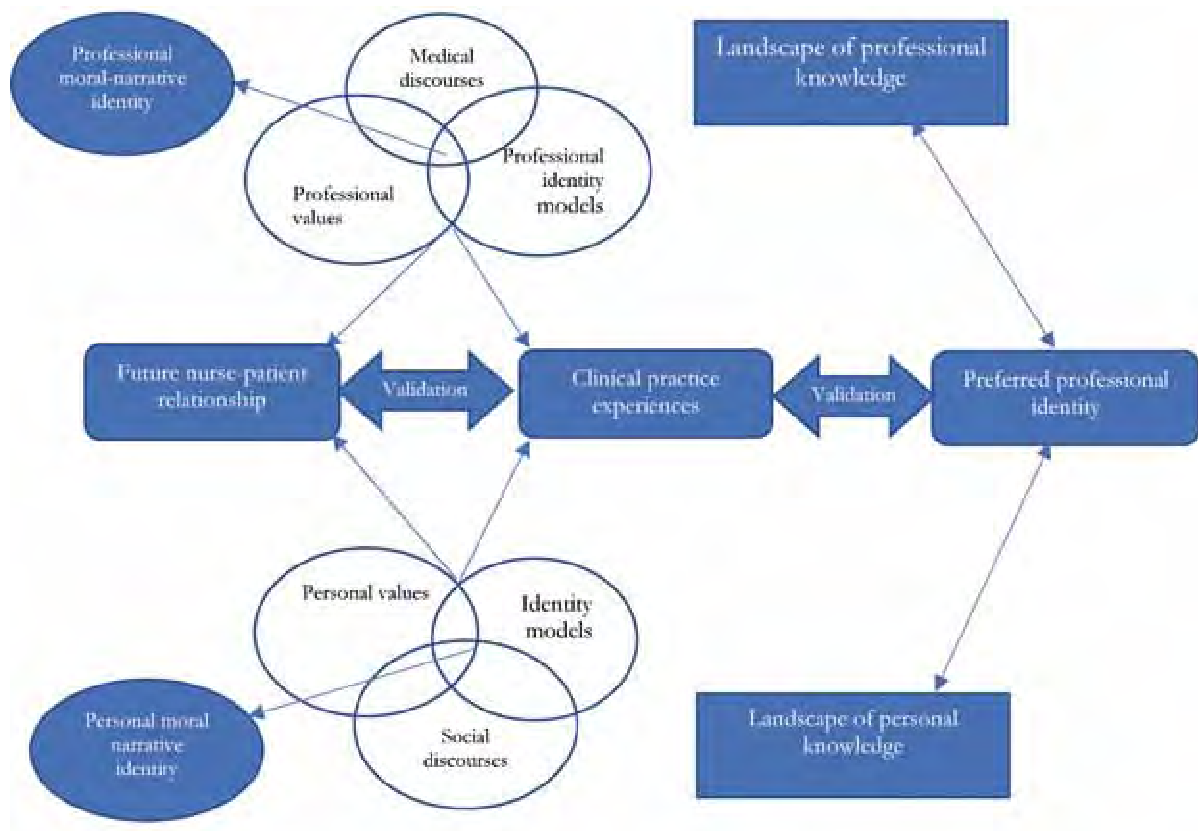

Fig. 1. *Nursing professional identity development model*

narrative moral identity seems to be the identity level preferred by the students participating to PMN, evolving on a continuum passing from the personal moral identity to the professional moral identity helping the students to get sense of their actions from a moral perspective and constructing goal identities for the technical aspects which seemed to put them one step back from the nurse identity. This process of developing the professional identity is influenced mainly by the patient–future nurse relationship which validates the future nurse identity as moral and skilled nurse, and making sense of the experiences from clinical practice which asks the student to move from different levels in the identity hierarchy depending on his needs for meaning, promoted by his clinical experiences. The educational context (which involves the personal and professional models of identity, the knowledge and the social and professional discourses) can offer the students a platform for nursing identity development where some preferred identities can be forged by growing clinical experience as a nurse and can, probably give more stability to the identity hierarchy, based on the moral identity, but these aspects can be explored in future studies. It is also to explore in future studies how people with different moral standards develop their professional identity and if the moral identity remains the core of their professional identity as nurses and how it changes along the studies and their professional experience.

Acknowledgement:

This study is a part of a larger study on nursing professional identity development: *Social construction of the future nurses' professional identity: an approach from the narrative sociology perspective*, Cătălina Neculau's doctoral studies under the supervision of Prof. Univ. Dr. Hab. Antonio Sandu, Doctoral School of Sociology, University of Oradea, who has an important contribution to this article.

REFERENCES

1. **Benner, P.** (2004). Using the Dreyfus Model of Skill Acquisition to Describe and Interpret Skill Acquisition and Clinical Judgment in Nursing Practice and Education. Bulletin of Science, Technology & Society, 24(3), 188–199. https://doi.org/10.1177/0270467604265061
2. **Benner, P., Tanner, C., & Chesla, C.** (2009). Expertise in Nursing Practice. Carring, Clinical Judge-

ment & Ethics (2nd ed.). Springer Publishing Company.

3. Berger, P., & Luckmann, T. (1966). The social construction of reality. Penguin Books.

4. Bliss, S., Baltzly. D., Bull, R., Dalton, L., & Jones J. (2017). A role for virtue in unifying the knowledge' and 'caring' discourses in nursing theory. Nursing Inquiry, 24(4), e12191. http://doi.org/10.1111/nin.12191

5. Charon, R. (2016). Narrative medicine: honnoring the stories of ilness. Oxford University Press.

6. Charmaz, K. (2006). Constructing Grounded Theory. A Practical Guide Through Qualitative Analysis. Sage Publications.

7. Chen, R. (2015). Do as We Say? Or Do As We Do? Examining the Hidden Curriculum in Nursing Education. Canadian Journal of Nursing Research, 47(3), 7–17. https://cjnr.archive.mcgill.ca/article/view/2488/2482?source=/article/view/2488/2482

8. Churchill, J. (2015, April 8). Narrative Care through Reflection. Columbia School of Nursing. https://www.nursing.columbia.edu/news/narrative-nursing-better-care-through-reflection

9. DasGupta, S. (2014). Narrative Medicine, Narrative Humility. Creative Nonfiction (52). https://www.creativenonfiction.org/online-reading/narrative-medicine-narrative-humility

10. Duckett, L., Rowan, M., Ryden, M., Krichbaum, K., Miller, M., Wainwright, H., & Savik, K. (1997). Progress in the moral reasoning of baccalaureate nursing students between program entry and exit [Abstract]. Nursing research, 46(4), 222–229. https://doi.org/10.1097/00006199-199707000-00007

11. Fagermoen, M. S. (1997). Professional identity: Values embedded in meaningful nursing practice. Journal of Advanced Nursing, 25(2), 434–441. https://doi.org/10.1046/j.1365-2648.1997.1997025434.x

12. Gergen, K. J. (1994). Realities an Relationships: Soundings in Social Construction. Harvard University Press.

13. Gergen, K., J. (2005). Narrative, Moral Identity, And Historical Consciousness: A Social Constructionist Account. In J. Straub (Ed), Narrative, Identity And Historical Consciousness (pp. 99–119). Berghan Books.

14. Gold, K. (2020). Words matter: Promoting Relationality in Healthcare Through Narrative Medicine. In S. McNAmee, M. M. Gergen, C. Camargo-Borges & E. F. Rasera (Eds.), The Sage Handbook of Social Constructionist Practice (pp. 434–444). SAGE Publications.

15. Lin, Y. H., Wang, S. L., Yarbrough, S., Alfred, D., & Martin, P. (2010). Changes in Taiwanese nursing student values during the educational experience. Nursing ethics, 17(5), 646–654. https://doi.org/10.1177/0969733010373011

16. McAdams, D. P. (2011). Narrative Identity. In S. J. Schwartz, K. Luyckx & V. Vignoles (Eds.), Handbook of Identity Theory and Research (pp. 99-115). Springer. https://doi.org/10.1007/978-1-4419-7988-9_5.

17. McDonald, L. (2009). Collected Work of Florence Nightingale. Wilfrid Laurier Univ. Press

18. Moscheta, M. (2020). Political, Collaborative and Creative: Dimensions of Social Constructionist Health Care Practices. In S. McNAmee, M. M. Gergen, C. Camargo-Borges & E. F. Rasera (Eds.), The Sage Handbook of Social Constructionist Practice (pp. 415–421). SAGE Publications.

19. Mueller, F., Valsecchi, R., Smith, C., Gabe, J., & Elston, M. A. (2008). "We are nurses, we are supposed to care for people": professional values among nurses in NHS Direct call centres. New Technology, Work and Employment, 23(1–2), 2–16. https://doi.org/10.1111/j.1468-005x.2008.00199.x

20. Nightingale, F. (1989). Notes on nursing: What is and what it is not. D. Appelton & Company.

21. Noddings, N. (2017). Care Ethics and Education. In N. Aloni & L Weintrob (Eds.), Beyond Bystanders (pp. 183–190). Sense Publishers. http://doi.org/10.1007/978-94-6351-026-4

22. Popovici, S. (2015). Asistenții medicali în câmpul profesiilor din sănătate. Rolul procesului de profesionalizare în conturarea identității profesionale [The nurses in the professionals field in healthcare. The Role of the professionalization process in shaping the professional identity]. Alexandru Ioan Cuza Univeristy Publishing House.

23. Poorchangizi, B., Farokhzadian, J., Abbaszadeh, A., Mirzaee, M., & Borhani, F. (2017). The importance of professional values from clinical nurses' perspective in hospitals of a medical university in Iran.BMC Medical Ethics,18(1), 20. https://doi.org/10.1186/s12910-017-0178-9

24. Ranjbar, H., Joolaee, S., Vedadhir, A., Abbaszadeh, A., & Bernstein, C. (2016). Becoming a nurse as a moral journey: A constructivist grounded theory. Nursing Ethics, 24(5), 583–597. https://doi.org/10.1177/0969733015620940

25. Rappaport, J. (1995). Empowerment Meets Narrative: Listening to Stories and Creating Settings. American Journal of Community Psychology, 23 (5), 795–807. https://doi.org/10.1007/bf02506992

26. Raskin, J. D. (2002). Constructivism in Psychology: Personal construct psychology, radical constructivism, and social constructionism, American Communication Journal, 5(3), 1–26. https://www.researchgate.net/publication/235930929_Constructivism_in_Psychology_Personal_Construct_Psychology_Radical_Constructivism_and_Social_Constructionism

27. Riesch, S. K., von Sadovszky, V., Norton, S., & Pridham, K. F. (2000). Moral reasoning among graduate students in nursing. Nursing outlook, 48(2), 73–80. https://doi.org/10.1016/s0029-6554(00)90006-x

28. **Robertson, C., & Clegg, G.** (2017). Storytelling in Medicine. How narrative can improve practice. Taylor & Francis Group.

29. **Sandu, A., & Unguru, E.** (2017). Several conceptual clarifications on the distinction between constructivism and social constructivism. Postmodern Openings, 8(2), 51–61. http://dx.doi.org/10.18662/po/2017.0802.04

30. **Sandu, A., Huidu, A., & Frunză, A.** (2020). Social Perception of Ethical Values in the Romanian Post-Secular Society. Journal for the Study of Religions and Ideologies, 19(55), 105–120. http://jsri.ro/ojs/index.php/jsri/article/view/1187/838

31. **Serra, M. N.** (2008). Learning to be a nurse. Professional Identity in Nursing Students. Educational Science Journal, 3(5), 65–76. http://sisifo.ie.ulisboa.pt/index.php/sisifo/article/viewFile/93/148

32. **Sharpless, J., Baldwin, N., Cook, R., Kofman, A., Morley-Fletcher, A., Slotkin, R., & Wald, H. S.** (2015). The Becoming: Students' Reflections on the Process of Professional Identity Formation in Medical Education. Academic Medicine, 90(6), 713–717. https://doi.org/10.1097/acm.0000000000000729

33. **Somers, M.** (1994). The narrative constitution of identity: a relational and network approapch. Theory and Society, 23(5), 605–649. https://doi.org/10.1007/BF00992905