GUIDELINES FOR THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

by

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GUIDELINES FOR THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

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ABSTRACT

Professional nurses vary in their alignment and awareness of their professional identity, which affect their professional power, public image, and the public's confidence in the profession, prompting the question: *Do we understand what constitutes and shapes the identity of professional nurses in South Africa?* The purpose of this exploratory sequential mixed methods study was to explore factors that influence and shape the identity and describe how it manifests in the profession to formulate guidelines that support professional nurses and associated stakeholders in the development of a sound professional nursing identity in South Africa. The study was guided by the Identity Theory and the Social Identity Theory. Literature, qualitative and quantitative data were integrated and used to develop and validate the guidelines.

In phase I, interviews were conducted with purposively selected key informants, and four focus group interviews were conducted with professional nurses who were selected using convenience sampling. The data from these findings were used to generate a questionnaire in phase II. In phase III, the findings of both qualitative and quantitative data were integrated to develop and validate guidelines for the development of a professional nursing identity. To establish rigour, the researcher applied strategies to ensure trustworthiness and performed validity and reliability tests.

The qualitative data were analysed by utilising Tesch's method of data analysis. The themes that emerged as influential were related to nursing characteristics, the image of nursing, institutional and organisational culture, nursing education and corporate governance. The quantitative data (n=254) were analysed using descriptive and inferential statistics (SPSS version 26). The developed guidelines were validated by field and guideline experts. These guidelines address measures to improve the public image of professional nurses, the status of the profession and the professional persona. The guidelines propose recommendations for professional nurses and stakeholders such as nursing and nurse educators, career counsellors, occupational psychologists, nurse managers, human resource managers, hospital management, SANC and the government to develop a professional nursing identity.

Key words

Caring; identity; nursing identity; nursing image; personal characteristics; personal values; professional nursing identity; social identity.

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Dedication

This study is dedicated to South African professional nurses.
May the message of this study discover the heart of each professional nurse and echo in the nursing profession.

A Renaissance of the Professional Nurse Identity

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LIST OF ABBREVIATIONS

AGREE	Appraisal of Guidelines for Research Evaluation
SANC	South African Nursing Council
SPSS	Statistical Package for the Social Sciences
Unisa	University of South Africa

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The nursing profession as a science and art requires members with a professional orientation that conforms to its professional norms (rules of behaviour) and values (desired behaviour) within an ethical-legal and nursing framework. Florence Nightingale laid the foundation for developing the modern concept, the '*professional nursing identity*'. Professional identity is a core foundation of the nursing profession, exemplified by Nightingale as she provided care to soldiers during the Crimean Ware (Brewington & Godfrey 2020:201). Nightingale became a legend known as the 'Lady with the Lamp' and a figure of public admiration through her actions to improve conditions for soldiers in Scutari during the Crimean War. The soldiers worshipped her, and she eventually acquired a saintly image in their eyes. Poems, songs and plays were written about her and dedicated to her, and she was proclaimed a heroine. Since the Nightingale era, the development of nursing as a profession and its interaction with other health professions has revealed a pattern of escalating recurrent complexity over time.

There are certain predominant traits the public attributes to nurses, referred to as the professional nursing identity in this study. These traits may, for example, include the expectation of a caring approach, the expression of sympathy, the art and intuition to adapt to patients' needs and an ability to assess states of health or illness. It became necessary to determine the quality and nature of the professional nursing identity phenomenon. Traditionally, Nightingale postulated nursing as a calling to a *higher service to humanity* (Rakoczy 2018:2).

1.2 BACKGROUND TO THE RESEARCH PROBLEM

Historically, altruism, forming the moral foundation of care, was the primary characteristic of the nursing philosophy, whilst human dignity forms a core nursing value (Fagermoen 1997:434; Nahra 2020:641). Together with altruism, nursing symbolises a particular status and projects an image and identity originating from the Nightingale era (Desta, Gebrie & Dachew 2015:1, 2). In the nineteenth century, religious and social reformers such as Nightingale adopted a religiously based initiative to assist females to find purposeful paid employment. Nurse reformers assisted respectable women by projecting symbols such as religious images, uniforms, language, and metaphors. Powerful identity symbols are the nun's Cornette transformed into the nurse's cap and the habit of calling nurses "sisters" (Desta et al 2015:1, 2, 5). These symbols strengthened the

evolving professional nursing identity during the Enlightenment, the Industrial Revolution and Imperialism.

In the mid-nineteenth century, nursing was seen to have a solid and clear professional nursing identity and people knew what nursing entailed (Desta et al 2015:5; Harmer 2010:295). Nursing was self-sacrificing, devotional and altruistic work.

The profession's image is currently more complex and varied, yet multiple images prevail. Nursing is subsequently seen as going through an identity crisis, in the sense that 'nursing had lost its way' (Harmer 2010:295; Silva, De Freitas, Takashi & Albuquerque 2019:596). This means that important aspects of nurses' behaviour in the public's eye do not always live up to their professional image and nursing identity (Abdelrahman 2018:10).

Over a significant period, the recent experience has evolved in the modern clinical nursing field. The role of professional nurses has gradually metamorphosed from that of supervisor and carer at the bedside to manager performing non-nursing and administrative tasks in the ward. This resulted in role alienation, the distance between the professional nurse and patient due to delegation of duties earlier performed by the nursing professional, dilution of authority due to delegation of duties, the capitulation of their authority through almost surrendering of and giving up of certain nursing tasks, and depicting a shallowness in character and attitude toward the profession affecting the execution of their leadership and professional role, resulting in the weakening of authority and professional identity, of nurses (Harmer 2010:295; Ibarra 1999:764; Silva et al 2019:596). Perhaps, while nursing was busily extending, expanding or delegating more traditional nursing duties, it lost its way (Harmer 2010:298; Salem 2019:1). Other factors contributing to role distancing include escalation of administrative tasks, apperception of and an over-emphasis of the doctor's authority, reducing the caring aspect of their role, and delegation of roles to less educated nursing personnel such as enrolled nurses and enrolled nursing auxiliary staff. From here on, they are referred to as a lower qualified nurse. These lower qualified nurses lack in-depth knowledge, causing a gradual decline in nursing standards which damages the professional nursing identity and the image of the profession in the eyes of the public. The public image of nursing has remained poor since nurses are viewed as mere assistants to doctors with none of their judgments or ideas to execute (Salem 2019:1). The public image remains plagued by common stereotypes such as the unskilled handmaiden, naughty nurse, battle-axe, harlot, or angel. A gap between the skilled, autonomous nursing profession and feminine stereotypes remains common (Zerwekh & Garneau 2020:197, 198).

Professional nursing identity relates to the diverse professional roles a professional person should display. Developing a professional nursing identity is a continuous process commencing with

admission to the nurse education and training programme and evolves throughout the individual's professional career. Poor governance of nursing education, quality of curricula and lack of educator preparedness became essential strategies for improving the functioning of health systems. Equally problematic areas highlighted were selecting nursing students in South Africa (Rispel & Bruce 2015:117, 119). Both concerns left the profession with a perception of a negative public image and a susceptible nursing identity. Professional nursing identity also reflects the nurse's concept of nursing and functioning as a nurse. This identity includes the individual's experience and feeling of the self as a nurse (self-concept) and others' image of a nursing persona (social image) (Brewington & Godfrey 2020: 201; Yazdannik, Yekta & Soltani 2012:178).

Professional identity can also be positively or negatively shaped by peers, parents and role models such as educators and expert nurses. When the examples are negative, outdated or ill-informed, professional identity can become distorted, stunted or maladapted. As new nurses develop a professional persona through their experiences and relationships with others, their professional identity may change (Tajfel 2010:436). A robust professional identity provides a clear sense of purpose, strengthens commitment and provides direction for the future. Without clarity, confusion, doubt, dissatisfaction, and identity diffusion can occur (Schott, Van Kleef & Noordegraaf 2015:383).

Early twenty-first-century media products have given some cause for hope. Some news media sources have run powerful, accurate reports on nurses. However, the most influential media with substantial portrayals of modern healthcare still reflects the idea that nurses are, at best, skilled assistants to heroic, expert physicians. This is true in some dramatised entertainment shows that include deceptively influential portrayals. Extreme recent examples are *Grey's Anatomy* (2005 – present), which lacks nurse characters. Therefore, the public image of nursing is diverse and incongruous (Ten Hoeve, Jansen & Roodbol 2013:295). In South Africa, currently, nursing is depicted as a profession in distress with newspaper reports and reports on other social media of incidents in nursing, revealing a profound erosion of professional values of caring, compassion and respect for people at their most vulnerable (*City Press* 2018:1; Engelbrecht, Heyns & Coetzee 2017:8492). According to the *Daily Maverick* (2020), poor management and leadership directly impacted workers' morale and referred to as the 'hospital of horrors' as an example. Most worrying is that researchers have observed and acknowledged a notable decline in nursing professionalism in South Africa (Rispel & Bruce 2015:117).

1.3 RESEARCH PROBLEM

The nursing profession requires members with a professional nursing identity that conforms to its norms and values within an ethical-legal and clinical framework. Professional nurses are

responsible for establishing and maintaining a sound professional nursing identity that will guide them as competent professional nurses. Professional socialisation of students during formal teaching and their exposure to role models in the clinical environment subsequently influence the development of a professional nursing identity. In addition, nursing symbols such as uniforms hold personal significance for those who wear them and are powerful in representing the profession's professional nursing identity and image. It has been identified that pride, combined with a strong self-image and professional nursing identity, leads to enhanced confidence and better performance in clinical practice and the dynamic healthcare environment (Desta et al 2015:1, 2; Zerwekh & Garneau 2020:197, 200, 211). A lack of professionalism, unethical conduct, and nurse-patient relationships characterised by poor communication, and incidents of violence and abuse, have been reported (*City Press* 2018:1; Engelbrecht et al 2017:8492). This deterioration in nursing professionalism has contributed to higher societal awareness of this phenomenon. The standards of nursing have dropped, and as such, the image and status of the profession have been tarnished. The government acknowledged and declared that the profession’s professionalism and identity are under pressure (Department of Health 2013:24). In recent decades, the profession has been under pressure, which caused its identity to appear vulnerable. Professional nurses still face unique challenges related to their image that affect their professional power, self-esteem and public image. The public opinions are extremely powerful, and at present, it seems that professional nurses are uncertain and unclear about their professional identity, the confidence of the public in the profession and their image in society. This study seeks to enhance the professional nursing identity by formulating guidelines that can assist in re-establishing and building the nursing profession as sacred in the eye of the nurse and public opinion. The background of Florence Nightingale’s contribution to the existence and development of the nursing profession implies the ambition to improve, re-establish, shape, and build an existing profession.

From this background analysis, the question arose: *Do we understand what constitutes and shapes the professional nursing identity of professional nurses in South Africa and how this identity can be developed?*

1.4 PURPOSE OF THE STUDY

The purpose of the study was to formulate guidelines for the development of a professional nursing identity of professional nurses in South Africa.

1.5 RESEARCH OBJECTIVES

The objectives of the research were to:

- explore the factors influencing the professional nursing identity in South Africa
- explore the perceptions of professional nurses of what establishes (shapes) a professional nursing identity
- describe the professional nursing identity as it manifests in the profession
- formulate and validate, through expert review, guidelines for the development of a professional nursing identity

1.6 SIGNIFICANCE

As highlighted above, an essential need is to improve a professional nursing identity that directly affects the quality of care, forming the social image, public and media opinion, and the nursing profession's reputation. The profession has been under pressure in recent decades, which has resulted in a questionable identity. A positive professional nursing identity is essential to allow a professional nurse to function at a high level, render quality service as a competent healthcare practitioner and be recognised by the community. Therefore, the significance of the study is focused on the analysis and nature of the professional nursing identity in South Africa and how guidelines can develop and enhance the professional nursing identity. A positive professional nursing identity could further be derived from professional role models, who play an important role in the professional socialisation of professional nurses. The envisioned guidelines may serve as a framework for government, regulating body for the nursing profession, educators, career centres, nurse managers, and professional nurses to facilitate, develop and enhance the professional nursing identity and re-establish the nursing profession as sacred in the eye of the professional nurse as much as in public opinion.

1.7 DEFINITION OF KEY CONCEPTS

The conceptual definitions used in this study are discussed below:

1.7.1 Identity

Identity refers to who a person is, or the qualities of a person or group that make them different from others (*Cambridge English Dictionary* 2020, sv "identity"), or a set of characteristics or a description that distinguishes a person or thing from others *(Oxford Lexico English Dictionary* 2020, sv "identity").

1.7.2 Profession

A profession is an occupation that involves prolonged and special training, a high level of education and a formal qualification (*Oxford Learner's Dictionary* 2020a, sv "profession"). In this study, a profession refers to nurses who have obtained their nursing qualification from a tertiary educational institution, equipped with specialised skills, knowledge and nursing ethical principles derived from a professional Code of Ethics for Nursing Practitioners in South Africa (SANC 2022). In this study, the nursing profession consists of professional nurses who have a specific body of knowledge and specialised skills and who practise within the ethical and legal framework of the profession.

1.7.3 Professional nurse

A professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice. A professional nurse is a person who is registered at the South African Nursing Council (SANC) and may use the title "Registered Professional Nurse" (South African Nursing Act, 2005 (Act No. 33 of 2005)). A professional nurse is someone affiliated with a professional job that needs special training, skill, and a high level of education (*Oxford Learner's Dictionary* 2020b, sv "professional"). For this study, the research will focus on registered professional nurses who obtained their qualifications, known as 'registered nurses', in terms of the South African Nursing Act, 2005 (Act No. 33 of 2005), and who practise their profession in various healthcare and nursing education institutions. The Nursing Act, 2005 (Act No. 33 of 2005), legitimises the existence of SANC, the registering body of professional nurses in South Africa. The researcher will utilise the term 'professional nurse' in this study.

1.7.4 Professional nursing identity

A professional nursing identity can be defined as "the set of attributes, beliefs, values, motives, morals, ideals and experiences by which nurses define themselves in their professional lives" (Moola 2017:1). Professional identity is described as a person's perception of themselves within a profession or the collective identity of the profession (Browne, Wall, Batt & Bennett 2018:90; Tsakissiris 2015:2). Professional identity is a form of social identity, defined as the individual's perception of fitting into, affiliating to a professional group, comparing themselves with other professional groups and making distinctions. Professional identity is related to a person's professional roles in that profession (Song 2016:37). Professional identity is the nurse's concept of nursing and functioning as a nurse (Fagermoen 1997:434; Goodolf & Godfrey 2020:1).

In this study, professional nursing identity is viewed as the 'ideal type' characteristics and traits of a professional nurse, reflecting an image of ethical behaviour and the status of the nursing profession in the occupational structure of South African society. A trait is a distinguishing characteristic, feature or quality. In psychological terms, personality traits define an individual's behavioural characteristics.

1.7.5 Guideline

A guideline is defined as principles and criteria to set standards or determine a course of action (Farlex 2021d, sv "guideline"). Guidelines are formal systematic developed sets of statements of a group's expectations and standards for professional conduct generally accepted by members of the profession (American Psychological Association 2015:825; Cherry & Jacob 2016:99). In this study, the guideline functions as criteria and standards for professional conduct to develop a professional identity.

1.7.6 Facilitate

According to the *Merriam-Webster Dictionary* (2021a), "facilitate" is to increase the likelihood, strength, or effectiveness of (as behaviour or a response), and to make (something) easier; to help cause (something), and lastly, to help (something) run more smoothly and effectively. The guidelines resulting from this study would support and enable professional nurses to increase the effectiveness of developing a professional nursing identity in South Africa.

1.7.7 Expressive therapeutic touch

Expressive therapeutic touch enhances the healing process and is an important way to communicate a caring or loving relationship between two people (Stonehouse 2017:15).

1.8 FOUNDATION OF THE STUDY

The foundation of the study will be discussed in terms of the philosophical paradigm, worldview and theoretical framework.

'A paradigm is a way of looking at the world. It comprises certain philosophical assumptions that guide and direct thinking and action' (Richardson-Tench, Nicholson & Taylor 2018:268). Rehman and Alharthi (2016:51) refer to a paradigm as 'A general organising framework for theory and research that includes basic assumptions, key issues, and methods for seeking answers.' The philosophical commitment for this research; (a) philosophical paradigm; (b) meta-theoretical and

philosophical paradigm; (c) nature of reality and what exists (ontology); (d) the relationship between the researcher and what is known (epistemology); (e) what the researcher value (axiology); (f) the strategy and justification in constructing a specific type of knowledge (methodology) as linked to individual techniques (methods).

1.8.1 Philosophical paradigm

A philosophical paradigm or worldview consists of main paradigms, namely constructivism (naturalistic), post-positivistic, pragmatic and participatory paradigms (Creswell & Plano Clark 2018:41).

When considering researching the nursing identity, paradigm definitions and explanation of designs revealed how the research could be affected and guided by a particular paradigm and design method. The chosen paradigm and design method play an essential role in understanding multifaceted, complex human beings and related nursing phenomena. The chosen paradigm has a specific perspective for ontology, epistemology, axiology, methodology, and rhetoric. A sequential exploratory mixed methods design emphasises the qualitative component of the design. The researcher chose this approach since the nature of this study involves a practical, real-world research problem. The pragmatic approach is pluralistic consequence-orientated problem-centred and real-world practice-orientated. Therefore, a pragmatic worldview focuses on obtaining the best possible answer to a problem (Creswell & Plano Clark 2018:41). A pragmatic perspective draws on employing ‘what works’, using diverse approaches, giving primacy to the importance of the research question, and valuing both objective and subjective knowledge (Creswell & Creswell 2017:1). The pragmatic worldview of this study is based upon a background manifested by a democratic societal regime established by a fast-paced, changing political scenario. Additionally, the study focuses on a democratic profession in the backdrop of the current political orientation of South African society, of which the nursing profession is a microcosm of current South African society, made up of diverse cultures and value systems. This study, therefore, was approached from a predominantly pragmatic viewpoint to evaluate theories or beliefs in terms of the success of the practical application of nursing’s diversity and plurality.

1.8.2 Meta-theoretical and philosophical paradigm

The researcher believes that *humans are unique, complex and holistic beings* created by God to fulfil a particular purpose in life, such as caring for the sick. To accomplish this, the professional nurse needs to care for and facilitate the sick’s reparative potential to sustain health and life based on holistic knowledge and belief systems. Human caring is the central focus of professional nursing practice, which involves a commitment to patients’ health and understanding of the

relationships between wellness, illness, and disease. At birth, professional nurses are not yet exposed to the cultural and societal framework they have been born. As this process develops and secondary education is completed, they are relatively deficient in the fields of the knowledge needed to support nursing practice irrespective of their educational and cultural background. Therefore, upon entering the nursing profession, professional nurses have little or no background and knowledge of scientifically based nursing within the context and environment of the hospital. Knowledge and skills are developed through educational processes, culminating in a professional nursing identity that they carry throughout their professional career.

1.8.3 Ontology

Ontology refers to the nature of reality (what is real) when researchers conduct their inquiries (Creswell & Creswell 2017:1) and include ways of constructing reality, 'how things really are' and 'how things really work'. In this study, both theoretical explanation of the phenomenon and multiple assessments of various individual inputs into the nature of the phenomenon reveal how the fundamental nature of professional nursing identity manifests in practice. The professional nursing identity itself is in question and therefore explored.

1.8.4 Epistemology

Epistemology examines the relationship between knowledge and the researcher during discovery. It, therefore, refers to "how we come to know what we know". It values and draws many ideas from an objective post-positivist and a subjective (naturalistic) approach (Creswell & Creswell 2017:1). In this study, the researcher collected data from key informants and professional nurses regarding the professional nursing identity to address the research questions.

1.8.5 Axiology

Axiology refers to the role of values and morals in conducting research and the value structure of the researcher (Gray & Grove 2020:75). In research, axiology focuses on the role of a researcher's values and judgments throughout all stages of the research process. It is being cognisant of values, attitudes, and biases and acknowledging how these might play out in research praxis (including both bias and unbiased perspectives) in terms of; (a) What questions are asked or not asked in research on the professional nursing identity; (b) What type of data is or is not collected; and (c) The type of methods, measurement, analysis, and interpretation that shape the understanding of the research process (Gray & Grove 2020:32, 75, 76). The ethical foundation of nursing goes back to the Nightingale Oath, written in 1893 and updated over the intervening years as society and healthcare changed, although basic ethical standards have not

changed. In this study, the researcher explores the values-laden nature and ethics (morality) of professional identity, interpreting the results with respect, honesty, integrity and unbiased, and adopting both subjective (experience and description of the phenomenon) and objective (numerical value) points of view, report the values and biases and the pragmatic implementation of the findings with the aim to facilitating professional identity.

1.8.6 Rhetoric

Rhetoric refers to the art of speaking or writing effectively, especially to persuade or influence people (*Merriam-Webster Dictionary* 2021c, sv "rhetoric"). In this study, the researcher builds an argument from the evidence generated from the qualitative and quantitative data and the scientific method used to persuade readers of the merit of the research report. The overall assumption in the research is the reporting of reality through the eyes of the research participants (qualitative population) and respondents (quantitative population). Their rich descriptions persuade by giving the reader enough detail to make sense of the phenomena. The exploratory sequential mixed methods research design expresses the assumptions of a pragmatic paradigm, which holds that behaviour can be explained through objective facts and human experience of multiple realities that are socially defined.

1.8.7 Theoretical framework

It was suggested by Holloway and Wheeler (2016:11) to use a theory as a framework or general orientation to understand the phenomenon in qualitative research. Identity and Social Identity Theory were adapted to understand the phenomenon of professional nursing identity. Identity (personal) and Social Identity Theories are relevant to the professional identity topic and connect the researcher to existing knowledge. Professional identity in nursing involves the individual and group dynamic of the professional within the environment in which the person works and the group's position in society from a psychological, sociological, and nursing perspective. To understand this specific research problem, guidance from this inter-disciplinary theory's perspective is appropriate. These theoretical perspectives, personal identity and social identity, consider the importance of identity and address how people construct meaning about themselves as either similar to (social identity) or distinct from others (personal identity).

Social Identity Theory was developed to explain how individuals create and define their place in society. Social identity can be defined as an individual's knowledge of belonging to certain social groups and some emotional and valuational significance of that group membership. Thus, while one's personal identity refers to self-knowledge associated with unique individual attributes, people's social identity indicates who they are in terms of the groups to which they belong

(Ellemers 2020:1). According to the theory, three psychological processes are central: social categorisation, social comparison, and social identification. Social categorisation refers to the tendency of people to perceive themselves and others in terms of particular social categories, that is, as relatively interchangeable group members instead of as separate and unique individuals. Social comparison is the process by which people determine the relative value or social standing/status of a particular group and its members. Social identification reflects the notion that people generally do not perceive social situations as detached observers. Instead, their sense of who they are and how they relate to others is typically implicated in the way they view other individuals and groups around them. Someone's social identity is then seen as the outcome of those three processes.

1.8.7.1 Personal identity

Identity is the qualities, beliefs, personality, looks, and expressions that make a person (self-identity, as emphasised in psychology) (Brimm 2018:51). Personal identity is the set of meanings, traits and characteristics that define who one is when one is an occupant of a particular role in society, a member of a particular group, or claims particular characteristics that identify the individual as a unique person (Stets & Burke 2014:409; Zeigler-Hill 2018:36). Identity formation influences personal identity by which the individual thinks of him or herself as a discrete and separate entity, which tends to become unique and undergoes stages through which differentiated facets of a person's life tend toward becoming an indivisible whole (Lumen Learning 2017:1).

The core of identity is categorising the self as an occupant of a role and incorporating, into the self, the meanings and expectations associated with the role and its performance (Stets & Burke 2000:225; Wilkinson, Hislop & Coupland 2016:260). Personal identity is concerned with 'who are you?'. Identity Theory (who one is) and Social Identity Theory (what one does) form the basis of a professional nursing identity. Personal identity refers to self-categories that define the individual as unique in their differences from other (in-group) persons (Deaux & Snyder 2018:1, 290, 295; Stets & Burke 2000:225). Personal identities reflect traits or characteristics that may feel separate from one's social and role identities or linked to some or all these identities (Leary & Tangney 2012:503; Vignoles 2017:1). The professional nurse's personal identity is interrelated to the role of the professional nurse in the nursing profession. The central idea is that the sense of identity is determined mainly by the processes of exploration and commitment that a person makes concerning certain personal and social traits (Wilkinson et al 2016:260). However, personality traits may, in fact, influence social identity variables, such as groups norms and identification. Group members may be more likely to associate and identify with a group that fits their personality (Mavor, Platow & Bizumic 2017:250).

1.8.7.2 Social identity

Social Identity Theory, in social psychology, is the interplay between personal and social identities. Social Identity Theory aims to specify and predict the circumstances under which individuals think of themselves as individuals or as group members (Ellemers 2020:1). Tajfel (1978:63) famously defined social identity as "that part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups), together with the value and emotional significance attached to that membership". Tajfel (2010:283) denotes that social identity involves the knowledge that one is a member of a group, feelings about group membership, and knowledge of the group's rank or status compared to other groups (Leary & Tangney 2012:74). Tajfel (1979) proposed that the groups (e.g. social class, family, football team etc.) to which people belong to is an important source of pride and self-esteem (Brierley 2021:108). Groups give one a sense of social identity- belonging to the social world (Tajfel 2010:279; Trepte & Loy 2017:2). Social identity is about commonalities among people within a group and differences between people in different groups; social identity is associated with group behaviours (Leary & Tangney 2012:503). Individuals develop an identity through group membership (Allan, Traynor, Kelly & Smith 2016:52). According to the Social Identity Theory (Tajfel 1982), personal identity must balance the need to be similar to the chosen reference group and be a unique individual (Tajfel 1982:243; Walker, Payne, Jarrett & Ley 2012:28). The choice of reference group may be determined by the way a person wants to see themselves, but equally, the group members can determine how a person sees themselves, how one evaluates one's self-worth and how one behaves (Ellemers 2020:1; Walker et al 2012:28). The attitudes and behaviours of one professional healthcare group members towards another are governed by the strength and relevance of the members' social identity (Tajfel & Turner 2001:289).

Social Identity Theory proposes that individuals categorise themselves as belonging to various groups, such as a professional group. Alongside self-categorisation, social comparison (self-esteem), where individuals evaluate the groups they feel they belong to (in-group) and groups they do not consider themselves a member of (out-groups) ("us" versus "them") (Argote & Levine 2020:477).

Social identity theorists focus on cross-situational malleability/pliability/flexibility, predicting that people take on a different identity (Leary & Tangney 2012:74). These different identities manifest in groups through connection to and similarities with other in-group members, distinguishing between the in-group and out-group traits (Stets & Burke 2000:231; Tajfel 2010:209, 234). Of importance is the role of the inter-group context in changing the salience of different aspects of identity, which leads people to think and feel like group members, which makes groups behaviour

possible (Kassin, Fein, Markus, McBain & Williams 2019:144, 145). Social identity pertains to the activation of identities in a situation called salience. A salience hierarchy addresses which role a person will enact in a situation when more than one role may be appropriate (Stets & Burke 2000:231; Tajfel 2010:32). A cross-cutting identity is a concept usually applied in organisational contexts and equally relevant to professional contexts, which can be formal or informal. Formal cross-cutting identity might include membership in a committee, and informal cross-cutting identity refers to friendship groups or cliques (Willetts & Clarke 2014:166, 167).

What distinguishes social and personal identities is not so much their respective attributes (e.g. a team and an individual can each be described as open and creative) but their respective levels of self: social identities are shared by members and distinguish between groups, whereas personal identities are unique to the individual and distinguish between individuals (often in-group members) (Ashforth, Spencer, Harrison & Corley 2008:327; Stachowicz-Stanusch, Amann & Mangia 2017:53). People often seem torn between the need to assert their identity and conform to the reference group. Distinctive group identities often emerge with dress styles and behaviour in an organisation (Stets & Burke 2000:225; Tynan & Godson 2019:77). Professional and personal identities are inextricably connected (Tsakissiris 2015:16; Van den Broek, Tielemans, Ten Cate, Kruitwagen & Westerveld 2021:1; Vignoles 2017:15) and complement each other (Walker et al 2012:28). Identities are inescapably both personal and social in their content and processes, by which they are formed, maintained, and changed over time (Vignoles 2017:1). In this study, the researcher explores the image of nursing, group identity and institutional and organisational culture to answer the research question.

1.8.7.3 Organisational identity

Organisational identity is a type of social identity. Organisations facilitate the development of people's identity, and therefore organisational identity is considered a significant form of social identity, which in turn serves as motivation to become more involved in organisational matters and work to accomplish organisational goals (Brown 2020:700; Escalona, Arias & Trevῆo 2015:69). While organisational identities indicate where individuals work, professional identities indicate the type of work individuals do and often signify which type of advanced training and skills one possesses (Caza & Creary 2016:4). This focus on 'doing' (a role identity) is important since professional workers possess certain specialised esoteric skills and knowledge that distinguish them from others and what they can 'do' (Caza & Creary 2016:4). 'Being' is a person's sense of themselves; it is their core internal identity. Being' is accomplished by appearance (gestures, clothing, character and attitude). 'Doing' is how an individual manifests his or her sense of self in the professional world' (role identity) (Stets & Burke 2014:409). Role identity is the meanings individuals attribute to themselves while taking on a role attached to a position in society, such as

spouse or worker. Role identities are more concerned with one's performance and whether that performance accomplishes the internalised meanings compared with social and group identities, which focus more on receiving recognition and approval from others (Stets & Burke 2014:414).

The social theory proposes that people within organisations have an intrinsic tendency to classify themselves as part of one or more groups, identify with them, and protect the boundaries of such groups. Social identity enables people to identify with the distinctive characteristics of particular groups (Escalona et al 2015:68), leading to a collective identity. Collective identity refers to the shared definition of, and sense of belonging and identifying with a group that derives from its members' common interests, experiences, and solidarities which is significant for their individual identity (Bergbauer 2018:24; Stets & Burke 2014:409).

In this study, the researcher explores the group identity of the professional nurses based on the findings from the interviews with key informants and focus group interviews with professional nurses.

1.8.7.4 Theoretical framework overview

The researcher applies the multiple identities as described above to form the foundation of the study.

Professional nurses have a personality and a professional identity and work within an organisation or institution with its own particular identity. It implies that the professional nurse belongs to a professional group and an interprofessional community with a particular social identity. The professional nurse is also committed to a nursing identity with a specific role, and sometimes multiple roles, within an organisation, society and nursing profession. Furthermore, the nursing professional represents the profession in society, which is important for the profession's status.

1.9 OVERVIEW OF RESEARCH DESIGN AND METHODS

This section gives an overview of the design and methods. Chapter 2 provides a detailed discussion of the design and methods is provided.

An exploratory sequential mixed methods design was used to understand the phenomenon under investigation (Creswell & Plano Clark 2018:86). This design is a procedure for collecting, analysing, and integrating both qualitative and quantitative data in a single study to understand a research problem (Creswell & Plano Clark 2018:1).

This study was conducted in three phases. Each phase and appropriate steps taken within each phase, are discussed consecutively. The exploratory sequential mixed methods design implies collecting and analysing qualitative data (text) and then quantitative (numeric) data in three consecutive phases within one study, integrating the results and offering practical guidelines for developing professional nursing identity in South Africa.

The first phase consists of three steps. The first step in the qualitative phase was in-depth interviews with key informants to explore factors influencing the professional nursing identity until data saturation was reached. Key informants are leaders in the profession with experience, understanding and insight; therefore, they are in possession of homogeneous professional backgrounds. The second step included focus group interviews to obtain an in-depth understanding of professional nurses' perceptions of what establishes (shapes) a professional nursing identity. Data from key informants and focus group interviews were integrated during step three. A literature control was conducted to contextualise the findings within the existing body of knowledge.

During the second phase of the research, findings from phase I and the literature control were used to inform the development of a structured questionnaire with a continual 5-point Likert scale. Questionnaires were distributed to professional nurses at various South African hospitals to determine their professional nursing identity as it manifests in the profession.

Phase III entailed the formulation of guidelines for developing a professional nursing identity. Through inductive and deductive reasoning, recommendations were made that informed the formulation of targeted guidelines. Before finalising the guidelines, experts were consulted to comment on clarity, comprehensiveness, adaptability, applicability, credibility, validity, criteria and general comments.

1.9.1 Rationale for the choice of design

The primary reason for using exploratory sequential mixed methods design in this study was to view the research problem from multiple perspectives to enhance and enrich the meaning of a singular perspective. It contextualises the information and takes a macro picture of the complex structure of professional nurses functioning in the healthcare environment. Another reason was to merge qualitative and quantitative data to develop an integrated image; compare, validate, or triangulate and integrate results; provide illustrations of context for trends or examine processes, experiences, and outcomes (Creswell & Plano Clark 2018:5). The use of exploratory sequential mixed methods leads to a more comprehensive understanding of a phenomenon and provides more evidence for studying a research problem than a qualitative or quantitative approach alone. Researchers are enabled to use all the tools of data collection available rather than be restricted

to the types of data collection typically associated with quantitative or qualitative research (Creswell & Plano Clark 2018:12).

The researcher chose exploratory sequential mixed methods research design for many reasons:

Firstly, the exploratory sequential mixed methods design involved in-depth interviews with key informants and participants in focus groups. Additionally, the in-depth interviews method, which involves face-to-face interaction with experts in the field, allowed the researcher to delve deeply into the research topic, gaining information from the experts and their in-depth experience, which stayed "hidden" and not explored through the literature control. This data and a literature control formed the base upon which the survey instrument [quantitative questionnaire] was formulated.

Secondly, the above process allowed the development of a survey instrument that attempts to describe and statistically analyse the current scenario in practice in a non-manipulative manner. The research questionnaire was anonymous and collected quantitative data relevant to the professional nursing identity.

1.9.2 Research processes

Table 1.1 depicts a summary of the research processes used for this study.

Table 1.1 Summary of the research processes

	Phase I	Phase II	Guideline development
Research objective	To explore the factors influencing the professional nursing identity in South Africa. To explore the perceptions of professional nurses of what establishes (shapes) a professional identity. To describe the nursing identity as it manifests in the profession.	To explore the factors influencing the nursing identity in South Africa. To explore the perceptions of professional nurses of what establishes (shapes) a nursing identity. To describe the professional nursing identity as it manifests in the profession.	To develop and validate guidelines through expert review for the development of a professional nursing identity.
Approach	Qualitative	Quantitative	Inductive and deductive reasoning
Population	Population A: Key informants: Professional nurse leaders holding relevant positions with a homogenous professional background, experts in the professional organisation or institution with experience, understanding and insight into the profession. Population B: Focus groups: Professional nurses practising in private and public hospitals in South Africa.	Professional nurses practising in South Africa's private and public sectors and are members of SANC.	Data from phases I, II and literature. Experts and professional nurses in the nursing profession.
Sampling method	Population A: Purposive sampling. Population B: Convenience sampling. Ethical considerations were applied.	A structured questionnaire was distributed to professional nurses from hospitals who gave permission to conduct research. Ethical considerations were applied.	Data from phases I and II.
Data collection	Population A: In-depth interviews with key informants. Population B: Focus groups. Literature control	Professional nurses submitted the completed questionnaires to the statistician. Ethical considerations were applied.	Guideline development and expert review.
Data analysis	Tesch's data analysis method and triangulation.	Literature control to link with qualitative findings. Data analysis of the quantitative data.	Inductive (conclusion statements of rich descriptions) and deductive reasoning (guidelines formulation). An expert review was obtained. Guidelines were analysed by applying a validation sheet to assess clarity, comprehensiveness, applicability, adaptability, credibility, validity and criteria.
Rigour	Credibility, confirmability, dependability, transferability and authenticity.	Cronbach's Alpha reliability index, testing of questionnaire items. Face and content validity.	An expert reviewer, an objective peer, to establish credibility and verify rigour of the study. Review the process of sampling, data collection and analysis, and explore recording of audio notes.
Data integration	Samples A and B.	Data from phase I and the literature for item generation.	Data from phases I, II and expert review.

1.10 RESEARCH SETTING

In this section, the settings for the qualitative and quantitative phases will be discussed.

1.10.1 Qualitative phase

The population for phase I consists of two population groups. Population A were professional nurse leaders who hold senior positions in the profession in South Africa. These positions included heads of departments of the nursing schools or departments, leading positions in professional nursing bodies or organisations and nursing managers. The inclusion criteria for this population were male and female members of the profession, registered members of SANC, being in leadership positions with experience and practising in academia.

Population B included registered professional nurses who practise within public and private hospitals in South Africa. Due to the geographical distribution of hospitals in South Africa, the population was narrowed to the accessible population. These professional nurses were willing and able to attend one of the focus group interviews arranged in Gauteng. Data from sample B (focus groups) were collected from four focus group sessions. Two groups were from the private sector, and two from the public sector.

The inclusion criteria for both these populations were male and female members in the profession registered with SANC.

1.10.2 Quantitative phase

The participants for the quantitative phase were professional nurses. Members represented the diverse cultures in the country. The inclusive criteria required being a professional nurse registered with SANC.

The population had equal opportunity to participate in the study. Professional nurses had a choice to complete an electronic version or a hard copy of the questionnaire. They received research information and a questionnaire to submit electronically. Some professional nurses preferred to complete a hard copy of the questionnaire, which the researcher collected. The principles of research ethics were applied in the study.

1.11 ETHICAL CONSIDERATIONS

The researcher upheld ethical considerations and respected the core principles of human dignity, beneficence and justice during the conduct of this study (Darquennes, Salmons & Vandenbussche 2019:669). These principles protected the study participants and institutions by providing adequate information before study participants entered the research. Maintaining of anonymity and confidentiality of study participants was also assured. Furthermore, the researcher applied scientific integrity and virtual ethics. The application of ethical considerations in this study is discussed in Chapter 2, section 2.8.

Before the commencement of this study, the researcher obtained approval from the University of South Africa's Ethical Review Committee to ensure scientific rigour (Annexure A1).

1.12 LIMITATIONS

All studies have limitations to some extent. In this study, possible limitations that were foreseen were the following. In the qualitative phase some prominent nurse leaders could have been excluded due to their inaccessibility. The possible limitation foreseen in the quantitative phase was unresponsiveness from hospital management and a low response rate. In this study, data saturation was reached in the qualitative phase. In the quantitative phase, one hospital manager did not respond to the request to conduct the study in the hospital. However, this did not influence the response rate negatively. The response rate in the quantitative phase was high (79% (n=254) of the 320 questionnaires distributed).

1.13 OUTLINE OF THE THESIS

The thesis is divided into nine (9) chapters.

Chapter 1: Orientation of the study

This chapter introduces the background to the problem and the problem statement. It describes the research purpose, objectives and significance. The concepts used are clarified, the foundation of the study is discussed, and a brief overview of the research design, methodology, ethical principles, and scope of the study is provided.

Chapter 2: Research design and methods

This chapter describes the research design and methodology, including the population, sampling, data collection and analysis. In addition, the trustworthiness, validity and reliability of the study, data integration, guideline formulation and ethical considerations are discussed.

Chapter 3: Data analysis, presentation and discussion of the findings of phase I

Chapter 3 discusses the analysis and interpretation of the data obtained from the key informants (sample A), supported by a literature control.

Chapter 4: Data analysis, presentation and discussion of the findings of phase II

This chapter discusses the analysis and interpretation of data obtained from four focus group (sample B) interviews, supported by literature control. Both sets of samples A and B are integrated to guide phase II data collection further.

Chapter 5: Literature control

This chapter discusses the literature control on the themes and categories of the findings. The literature was also used to develop questionnaire items for quantitative data collection.

Chapter 6: Data analysis, presentation and discussion of the findings of phase II

This section discusses the analysis and interpretation of the data obtained from the professional nurses in fourteen private hospitals through a questionnaire. Descriptive and inferential statistics were used to analyse the data, and the results are presented as composite frequency tables, pie and bar graphs with supportive discussion and literature control.

Chapter 7: Discussion of the integrated data from phases I and II

This section discusses the integrated data from phases I and II, including various challenges from the research.

Chapter 8: Discussion developing and validating guidelines to support professional nurses in developing (enhancing) a professional nursing identity

This chapter discusses the formulation and validation of guidelines to support professional nurses in developing a professional nursing identity. Each guideline is preceded by a summary, rationale for implementing the guideline, followed by recommendations to support professional nurses to implement the guidelines.

Chapter 9: Conclusions, recommendations and limitations

This section provides an overview of the study, including conclusions of the study, limitations and recommendations for implementing the guidelines and the study's contribution.

1.14 SUMMARY

Professions are regarded as requiring highly skilled employees. Professionals go through lengthy training and require an extraordinary and perennial commitment to the practising of the profession. Nursing is one of the oldest professions in existence and is indispensable in society. Since nursing as a profession demands extraordinary commitment and high levels of professionalism, it is necessary to assess the development of a professional nursing identity as it displays itself and to formulate a guideline for governing institutions and professional nurses to screen new entrees to the profession thoroughly and to continuously benchmark the progression and internalisation of the professional nursing identity in the profession.

The following chapter (Chapter 2) discusses the research design and methods the researcher constructed for this study.

CHAPTER 2

RESEARCH DESIGN AND METHODS

2.1 INTRODUCTION

This chapter presents a detailed discussion of the research objectives, design and methods, including the research population, sample determination, data collection, analysis, and strategy to ensure trustworthiness, validity, reliability, and ethical considerations.

2.2 RESEARCH OBJECTIVES

The objectives were developed based on the research problem. The purpose of the research objectives was to describe what the research aims to achieve and provide direction to the study. The first two objectives of this study were to qualitatively explore the factors influencing the professional nursing identity and the perceptions of professional nurses of what establishes (shapes) a professional nursing identity. The third objective was to quantitatively describe the professional nursing identity as it manifests in the profession and formulate and validate guidelines through expert review to develop a professional nursing identity.

2.3 RESEARCH DESIGN

The research methodology was mixed methods, a scientific process using recognised techniques in which the researcher collected and analysed data, integrated the findings, and drew inferences using both qualitative and quantitative approaches in a single study (Creswell & Plano Clark 2017:4, 172) to generate knowledge (Grove, Gray & Burns 2014:3). Figure 2.1 illustrates the outline of the research methods employed. The research design refers to a scientific plan to solve the research problem (Babbie 2016:91). This study was guided by the question: *Do we understand what constitutes and shapes the professional nursing identity of professional nurses in South Africa and how this identity can be developed?* The appropriate research design for this study will be discussed in response to the research question.

2.3.1 Mixed methods research

The exploratory sequential mixed methods research involves integrating qualitative and quantitative research and data in a research study (Gray & Grove 2020:387). When qualitative and quantitative methods are combined, they supplement each other (Van Tubergen 2020:91) and produce the best answer to the problem. The exploratory sequential mixed methods research

assumes that researchers gain a deeper understanding of the research question and create a targeted focus during quantitative research, using insight gained through the qualitative process. In this study, the researcher gathered evidence based on the nature of the questions and the theoretical orientation of the phenomenon studied. Quantitative (mainly deductive) methods were ideal for measuring the pervasiveness of less researched nursing phenomena, such as the professional nursing identity. Qualitative (mainly inductive) methods allowed for previously unknown processes, explanations of why and how phenomena occur, and the range of their effects. The exploratory sequential mixed methods research is more than simply collecting qualitative data from interviews or collecting multiple forms of qualitative evidence (e.g. interviews and focus groups) or types of quantitative evidence (e.g. surveys). It involves the intentional collection of both qualitative and quantitative data to support the quality of the enquiry, using the combination of the strengths of each to answer research questions (Gray & Grove 2020:32, 404-405, 361, 387; Leavy 2017:72).

The rationale for using a mixed methods design was that combining a qualitative and quantitative design would address the research problem from different perspectives and enrich the study outcome. It will contextualise information, merge qualitative and quantitative data to develop an integrated image, compare, validate, or triangulate and integrate results, secure the context for trends, or examine processes, experiences, and outcomes (Gray & Grove 2020:318; Rubin & Babbie 2016:71). Bryman (2016:659) concludes that mixed methods may lead to a more comprehensive understanding of a phenomenon and provide more evidence for studying a research problem than either a qualitative or quantitative approach alone can achieve. The rationale for using exploratory sequential mixed methods research design was as follows:

Firstly, the research process involved interviews with study participants. Initially, in-depth interviews, which involved face-to-face interaction with key informants in the field, allowed the researcher to delve into the research topic, gaining information from these experts and their in-depth experience, which might have stayed “hidden” and unexplored if not for the research process. It also included focus group interviews to obtain an in-depth understanding of the professional nurses’ perceptions of what factors influence and establish (shape) a professional nursing identity and describe how it manifests in the profession. Together with the in-depth literature study, this data formed the base upon which the survey instrument (quantitative questionnaire) was formulated. The insights gained during the face-to-face interviews further added richness to the topics included and how topics were broached during focus group discussions.

Secondly, utilising the survey instrument made it possible to describe and statistically analyse the current situation in practice in an objective and non-manipulative manner. The research

questionnaire was anonymous and collected quantitative data through scaled questions, informed by the literature study and qualitative data relevant to the professional nursing identity.

2.3.2 Exploration of the professional nursing identity in South Africa

Exploratory research is research conducted to gain new insights, discover new ideas, and increase knowledge of a phenomenon where little information is available to gain a broader understanding (Babbie 2016:91). Since limited research on the professional nursing identity has previously been conducted on professional nurses in the South African context, this study was undertaken to understand the in-depth nature and context of this phenomenon in this country. For this study, the researcher explored influencing factors, perceptions of professional nurses of what establishes (shapes) a professional nursing identity and how the professional nursing identity manifests in the profession.

2.3.3 Description

Descriptive research refers to research studies where the main objective is to portray the characteristics of persons accurately, situations or groups (Babbie 2016:138; Farlex 2021b, sv "descriptive research"; Gray & Grove 2020:34). It is often used when little research has been done in an area to clarify and define new concepts or phenomena, to increase understanding of a phenomenon or to obtain a fresh perspective on a well-researched topic (Gray & Grove 2020:34). To build an accurate portrayal of the professional nursing identity phenomenon, a detailed and accurate description of the professional nurses' view of the professional nursing identity was developed and presented to create validated guidelines for developing the professional nursing identity.

2.3.4 Contextual

The context implies that the researcher describes the phenomena researched so that the readers can understand the contextual factors in a specific setting (Gray & Grove 2020:97). The research setting for this study included senior professional nurse leaders and professional nurses within government and private hospitals in Gauteng, South Africa.

2.4 STUDY SETTING

During the first phase of the study, the qualitative phase, key informants across South Africa were approached to participate in the study. Those key informants residing in Gauteng were

purposively approached first. Secondly, five to eight professional nurses were conveniently identified to participate in focus groups at private and government hospitals in Gauteng.

The researcher selected professional nurses according to active professional nurse practitioners registered with SANC.

For the second quantitative phase, a structured questionnaire (Annexure M) and information leaflet and consent (Annexure H) were distributed to professional nurses and requested to re-submit the questionnaire electronically to the data capturer. Members were geographically spread throughout Gauteng, South Africa, representing the diversity of cultures in the country. Some participants preferred to complete a hard copy of the questionnaire, which the researcher collected. The researcher applied principles of research ethics in the study.

2.5 RESEARCH METHODOLOGY

Figure 2.1 depicts a summary of the research methods used for this study.

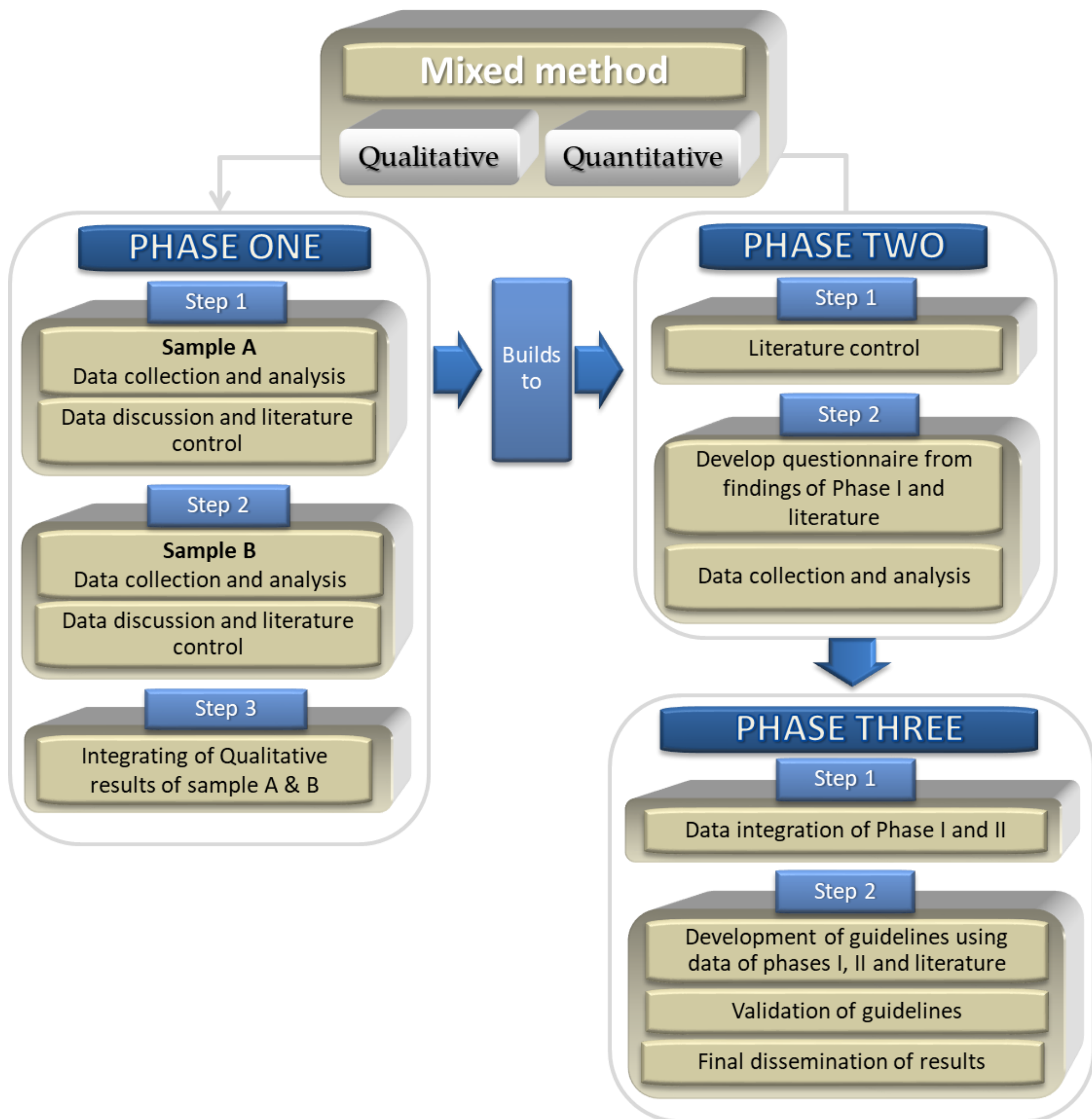


Figure 2.1 Outline of the research process

This study consisted of three phases, a qualitative, a quantitative phase and the final phase (the outcome) was used to formulate guidelines. Each phase and appropriate steps will be discussed consecutively and in detail below.

2.5.1 Phase 1: Qualitative phase

Qualitative research attempts to explain the richness and complexity of human behaviour by studying it from more than one viewpoint (Cohen, Manion & Morrison 2017:265). Furthermore, it gives a detailed and balanced picture of the situation or [phenomenon] (Grove et al 2014:67). The emic (analysing structural and functional elements related to the analysis of behaviour) (Farlex

2021c, sv “emic”) approach supported the extraction of professional nurses’ perspectives of the professional nursing identity (De Chesnay 2015:96) to analyse the professional nurses’ perception about the professional nursing identity. During this phase, in-depth interviews were held with key informants to determine their perceptions of and factors influencing various components of the professional nursing identity. Focus group interviews were conducted with professional nurses to explore their perceptions of and factors influencing their professional nursing identity to obtain in-depth information at a lower level in the organisation. This phase will be divided into the following steps:

Step 1: Key informants

During the first step in the qualitative phase, in-depth interviews with key informants possessing unique and specialised knowledge to provide purposeful and insightful accounts and comments to identify elements representative of their perception at their level in the profession. Key informants have higher education and reflective skills with knowledge and understanding and possess insight into the professional nursing identity and the nursing profession in broad terms (Gray & Grove 2020:352, 814; Grove & Gray 2018:76, 474). In this study, seven key informants were interviewed from this target population.

Step 2: Focus groups

Focus groups are defined as group discussions in which persons from a targeted population discuss and share their perspectives on a specific topic conducted by a facilitator (De Chesnay 2015:154). The focus group interview is a qualitative method to gain an in-depth understanding of views and opinions of the nursing identity (Gray & Grove 2020:79, 429, 759).

2.5.1.1 Population (samples A and B)

A target population is the entire set of individuals who meet the sampling criteria. An accessible population is the portion of the target population to which the researcher has reasonable access (Gray & Grove 2020:411; Rentala 2018:174). The key informants in the sample hold relevant positions in different settings in South Africa and are professional nurses with a nursing diploma or degree.

This study selected key informants to possess augmented knowledge and experience, understanding and insight, and play an important directional role in the profession through achieved merit. They can strategically communicate and participate in professional and allied (partnered) healthcare professional networks alongside the nursing profession, possessing

relatively homogenous professional backgrounds. Healthcare professional means any member of the medical, dental, pharmacy or nursing professions or any other person who may prescribe, recommend, purchase, supply, or administer pharmaceutical product in the course of his or her professional activities. Additionally, the target population included professional nurses working in Gauteng, South Africa, with a nursing diploma or degree, registered with SANC who were accessible, willing, and available to participate. These professional nurses were voluntarily included in the focus groups.

2.5.1.2 Sample and sample size

A sample is a subset of a population with a list of characteristics essential for membership or eligibility in the target population. The sample is selected from the accessible population within the target population (Rentala 2018:174). The concept of sample arises from the inability of the researchers to test all the individuals in a given population (Rentala 2018:176).

Purposive sampling is selected with a specific purpose in mind. The main goal of purposeful sampling is to select an information-rich participant from which the researcher can obtain in-depth information for conducting the study (Rentala 2018:190). To achieve this, the researcher sought expert advice to assist with selecting educated leaders of the profession who are knowledgeable key informants and able to provide in-depth information.

Key informants were participants who had national functions in leadership positions in government and private organisations. Amongst the participants were one Nursing Director of a Healthcare Group in South Africa, a Professor at a South African University, two senior leaders in Nursing Education, a leader for a large South African nursing union and a Nursing Manager at a Healthcare Group in South Africa.

The sample size depended upon geographic location, availability, willingness and saturation. In-depth interviews were held with seven key informants until data saturation was reached. Data saturation was reached when no new information emanated from the interviews, and repeated responses. One of the key informant's data could not be used as a second person entered the interview and contributed to the discussion. Given (2015:63) explained that the richness and substantial descriptions of data could justify a smaller sample size, as in the case of this study. The key informant interviews amplified the depth and comprehensiveness of the topic studied.

Convenience sampling was used to select focus group participants. They were from the middle levels in the organisation and displayed homogeneity. They were active professional nurse practitioners registered with SANC. The interviews with professional nurses (focus groups) and

the data obtained to expand the depth and comprehensiveness of the research topic were used to contribute to the development of a comprehensive survey.

The sample size of the four focus groups consisted of five to eight professional nurses in each group from four hospitals in Gauteng to reach data saturation. Two hospitals were from the private sector and two from the government sector. Professional nurses who were on duty on the pre-arranged days of the interviews participated in the interviews.

2.5.1.3 Data collection

This section addresses data collection from samples A and B. Data were collected from key informants and professional nurses (focus groups) from September 2016 to January 2017.

The time frame of the qualitative and quantitative data collection processes is displayed in a table 1 in Annexure C. The table includes qualitative data collection dates of the pre-test interview with a key informant and the interviews with seven key informants, followed by the number of participants in the focus group interviews in the private and government hospitals. Additionally, the table indicates the dates of the quantitative data collection, specifically regarding the pre-testing and secondary pre-testing of the questionnaire, the distribution of the questionnaires to the private hospitals, the number of questionnaires completed and the sample size.

2.5.1.3.1 Key informant interviews

The researcher consulted with several knowledgeable persons to choose suitable informants. The choice was made based on their expertise, knowledge, position in the profession, availability and geographical setting. The interview technique used depended mainly on the preferred choice and availability of the key informant. The key informant chose whether they preferred to receive the topic of discussion before the interview.

Before the key informant interviews, a pre-test was performed, providing the opportunity to practice a skill and refine aspects of the final study (Yin 2015:39). A senior nursing manager was selected to assist the researcher in preparing for key informant interviews and determine whether the research question was interpretable. The willing participant was invited according to a suitable scheduled date, time and venue. The pre-test was performed according to the preferred arrangements. The researcher gained confidence in the interviewing process and adjusted the research question slightly to prevent misinterpretation.

The rationale for choosing key informants:

- This method allows for discovery and exploration since there is little known about the research topic of interest (Cossham & Johanson 2019:1, 7), and the underlying motive was to obtain information provided directly from knowledgeable participants for this subject (Rubin & Babbie 2016:334).
- Key informants provide detailed, valuable and rich data (Cossham & Johanson 2019:7; De Chesnay 2015:154). In this study, the information generated was used to develop the questionnaire.
- The method is economical, efficient and saves time (Babbie 2015:293; Cossham & Johanson 2019:7; Rubin & Babbie 2016:334).
- Key informants are in critical positions with high levels of education and have reflective skills that provide further lines of inquiry for the researcher (De Chesnay 2015:153). Key informants chosen for this study were their expert knowledge and can provide purposeful and insightful accounts and comments.
- They were anticipated to provide valuable data and were flexible in exploring new ideas.

The key informant sample (sample A) included high-level nurse leaders in the profession. They were identified from nursing policymakers, organised labour, academia, and professional regulatory bodies and associations.

Inquiries have been made to professional nurses to identify purposefully the relevant key informants who may be good sources of information. The researcher recruited appropriate participants telephonically and by e-mail and provided an information letter. A request for permission to conduct an interview and consent was obtained from the participants (Annexures C and D). The researcher spent an approximate hour-long face-to-face interview with each participant at a date and time, and venue that suited them. Interviews were explained, the structure and purpose of the interview were made clear, confidentiality and confirmed permission to record the interview was obtained and after that commenced with the main interview question.

An interview schedule with the main question and possible probing questions was prepared. The main question was, “How do you perceive the nursing identity and what contributes or affects its development?” (Annexure G). The probing research questions explored professional socialisation, role models, ideal characteristics and traits, nursing image, and ethical behaviour. Sets of beliefs, attributes and values were kept at hand. The researcher validated and confirmed her interpretation of the data with study participants during the interviews.

2.5.1.3.2 Focus group interviews

Focus group interviews aim to determine perceptions, attitudes, and opinions in a nonthreatening and non-judgemental environment on a focused topic (Babbie 2015:322). In this case, the researcher explored and described the professional nurses' perceptions of and factors influencing the professional nursing identity.

Adhabi and Anozie (2017:89, 99) presented three open-ended types of interviews, ranging from the least structured (informal conversation) to more structured (general interview approach) to the most structured (standardised open-ended interview). The open-ended items allow respondents to express their understanding in their terms. The approach conducted in this study was a general interview approach. The researcher acted as the facilitator of this process. A co-facilitator took field notes to support the data of the interviews. The co-facilitator held a senior position for many years and gave an unbiased verbal commitment to maintaining confidentiality.

The rationale for using focus groups to collect data:

- Data collected through this method are contextual and rich in information and understanding of the specific topic in a limited period (Rentala 2018:231; Vallabhaneni 2019:305). In this study, data generated from the focus groups provided meaning to the context of the professional nursing identity.
- Focus group discussions allow research participants to exchange, discuss, agree, or disagree about perceptions, opinions, attitudes, and personal experiences and express their views (Gray & Grove 2020:335; Vallabhaneni 2019:305). In this process, the researcher assisted participants in interactively expressing their perceptions and the factors influencing the professional nursing identity.
- The methodology is a cost-efficient approach to collect data (Vallabhaneni 2019:305).
- Participants in a focus group generate thoughts and perspectives because of comments and issues of interest made by other participants (Gray & Grove 2020:335-336; Nyumba, Wilson, Derrick & Mukherjee 2017:21, 25). In this study, the participants shared their perceptions and perceptions generated by other participants.
- Focus groups are excellent for generating questionnaire items for a subsequent survey (Babbie 2015:322). The concepts generated from the focus groups were used as sources for possible items in the questionnaire to determine the professional nursing identity.
- Group dynamics bring out aspects of the topic that the researcher would not have anticipated and would not have emerged from individual interviews (Babbie 2015:322). In this study, participants were encouraged to express and share their perceptions and factors influencing the nursing identity to ensure rich dialogue and data.

Possible disadvantages of focus groups:

- The researcher dealt with various participants' reactions, dominance or passivity, potential conflicts or unexpected outcomes (Rubin & Babbie 2016:471). The researcher involved inactive participants in the focus groups where necessary.

This sample (sample B) consisted of professional nurses. Table 2.1 depicts the composition of the focus groups.

Table 2.1 Sample B compositions

Focus group	Number of participants	Nursing institution
1	8	Private Healthcare Group
2	7	Private Healthcare Group
3	5	Government hospital
4	5	Government hospital

The researcher visited the venues to prepare for the interviews and ensure the setting was comfortable, private and quiet to create an atmosphere to yield the best information.

The researcher prepared refreshments before the discussions to create an atmosphere conducive to allowing participants to interact freely. The researcher welcomed participants selected through convenience sampling in a round table format, gave a brief overview of the topic, thanked the participants for their time and willingness to be part of the study, discussed ground rules, explained the structure and purpose of the interview, obtained written consent (Annexure E) and confirmed permission to record the discussion, explained the role of the assistant facilitator (mainly taking notes); then commenced with the main interview question. An interview schedule B with the main question and possible probing questions were prepared.

The main question was, "How do you perceive the nursing identity and what contributes or affects its development?" (Annexure G).

The facilitator encouraged participation and channelled the natural flow of the discussion (Rosenthal 2016:512). Initially, the participants struggled to respond due to their limited knowledge of the research topic. After the first participant shared ideas, it created a relaxing atmosphere, and the discussion began to flow. The facilitator took care of "quiet" participants to share their perceptions, rephrased comments and remained non-judgmental. Probing questions related to professional socialisation, role model, ideal characteristics and traits, nursing image,

ethical behaviour, nursing culture, marketing and media, and public perceptions were kept at hand and used appropriately (Annexure G). Despite many views, focus group discussions range from one to three hours. Sixty to 90 minutes is ideal to avoid difficulty concentrating and keep participants from their responsibilities (Aurini, Heath & Howells 2016:120). The four focus group sessions lasted approximately 1-hour, 15 to 20 minutes.

In addition to the focus group interviews, field notes were taken by the co-facilitator based on what was observed, heard, experienced, thoughts and non-verbal communication to support the data of the interviews. The researcher and co-facilitators field notes were compared with the recorded data, and the information and nuances were discussed. The field notes were used for better understanding during the analysis of the data obtained during the interviews. The researcher focused on the content of the discussions and the interview process. The co-facilitator observed the nuances such as facial expressions or hesitation.

The verbatim transcription process, word-processing, commenced capturing data (Rosenthal 2016:512-513). The researcher compared the written record with the verbatim recording to ensure accuracy. Finally, the researcher listened to the voice recording, examined the nuances in vocalisation and identified the themes, categories and subcategories. In addition, confidentiality and anonymity of transcriptions were ensured by replacing the names of the participants with pseudonyms. The verbatim transcriptions are in possession of the researcher and supervisor and protected by a password in a lockable facility.

2.5.1.4 Data analysis (samples A and B)

The analysis process was the same for samples A and B but analysed separately and sequentially soon after the interview using the Tesch process to gain insight into the data and prepare for the following interview. Qualitative data analysis aims to arrange data to provide structure and give meaning and understanding to the data. A systematic descriptive/ interpretative analysis process followed, including continuous reflection and peer communication about the data (Gray & Grove 2020:318; Tesch 1990:114). Tesch's method of data analysis was applied in this study to analyse the data collected through one-to-one interviews with key informants and focus groups. The analysis process involved the following eight steps (Tesch 1990:142-149). Table 2.2 depicts the Tesch analysis process and its application in the study.

Table 2.2 Tesch analysis process and application

Tesch method	Application
1. Get a sense of the whole by listening to the tapes, carefully reading through the transcriptions. and jotting down some ideas as they come to mind.	The researcher repeatedly listened to the audiotapes to internalise the content. Thereafter, the content was transcribed verbatim and carefully read through the transcriptions. Verbal quotations were arranged with the major themes.
2. Pick one interview tape (most interesting and shortest) and go through it, ask yourself what it is about, and think of its underlying meaning. Then write thoughts in the margins.	The underlying meaning was achieved by logically selecting and perusing one interview tape thoroughly and repeatedly and writing down the emerging thoughts in the margin.
3. When the researcher has completed the task, the researcher will list topics and cluster together similar topics. Arrange these topics in columns under major topics, unit topics and those remaining topics.	The researcher had seven individual in-depth face-to-face interviews and four focus group interviews with professional nurses. The individual key informant interviews and professional nurse interviews were analysed separately and sequentially. From these interviews, similar themes and topics were clustered together. These topics were arranged into themes, unique themes and remaining topics.
4. The researcher will take the list and go back to the data, abbreviate the topics as codes and write the codes next to the appropriate segments of the texts. Try the preliminary organising scheme to see whether new categories and codes emerge.	Topics were abbreviatedand written next to the relative segment of the text. The researcher checked if new categories or themes emerged.
5. Find the most descriptive wording for the topics and turn them into categories. Reduce the total list of categories by grouping topics that relate to each other. Draw lines between the categories to show interrelationship.	The topics were changed into descriptive categories and reduced by clustering similar topics together.
6. Make a final decision on the abbreviation for each category and alphabetise these codes.	Final decisions on the abbreviation for each category were made and placed in alphabetical order.
7. Assemble the data belonging to each category in one place and perform a preliminary analysis.	Documentation of data.
8. If necessary, recode the existing data.	To determine if the recoding of data was necessary, the following processes were followed: After replaying tapes, capturing the transcripts, and developing themes, categories and subcategories, a discussion with the supervisor verified the themes, categories and subcategories. The recorded tapes, transcripts of the key informants and professional nurses and a summary of themes, categories and subcategories were submitted to an independent coder to analyse the data. The independent coder has extensive experience in qualitative research. A discussion was held to reach a consensus about the themes, categories and subcategories that emerged from the transcripts (Annexure F). The final themes, categories and subcategories were agreed upon between the researcher, the supervisor and the independent coder. Member checking was done during the interviews.

(Tesch 1990:142-149)

The Tesch method described above assisted the researcher to reach a consensus about the theses, the main themes, categories and subcategories that emerged from the transcripts. The researcher simultaneously processed participant recruitment, data collection, and data analysis to decide on the sample size when data saturation was reached. Data saturation was reached when no new categories and subcategories emerged from the interviews, and the same patterns occurred. Transcripts were coded, and paragraphs were numbered. The transcripts were read attentively to gain insight and depth into the interview data.

The main themes emerging from the transcripts' data related to the purpose of the study were listed. A list of all themes was compiled, and similar themes were clustered together and grouped accordingly, for example, the nursing image. The transcripts and main themes were transferred to an excel spreadsheet for further analysis. Thoughts and meaning related to the main themes emerged as categories and were grouped and written down next to the appropriate theme, e.g. nursing symbols. Allocating ideas to main categories allowed the emergence of subcategories, e.g. Nightingale lamp. This process was repeated with information collected from all the key informants and subsequent focus group interviews with professional nurses.

The list was reviewed once more using the transcripts, which were abbreviated as codes. During the process, the researcher focused on the content of the data and searched for possible new themes, categories or subcategories, commonalities, uniqueness, confusions, contradictions, misapprehension and possible missing information.

Additionally, the researcher sought to identify unique themes that did not occur frequently but was relevant to the study, e.g. philosophical factors such as human wonder that influence and shape the professional nursing identity. Finally, the topics that were not relevant to the study were minimal. Those topics require further research, for example, the influence of global anomie on the nursing identity.

The researcher verified observations made with the co-facilitator and compared the observations with the data collected (triangulation). The researcher reflected thoughts and ideas about the meaning of what was observed.

Verbatim quotes used in the text are presented in English. Afrikaans verbal quotations are translated into English with an electronic translator and checked by a first language speaker. Data cleaning was done by a linguist to ensure accurate translation and then analysed. The Afrikaans quotes with the English translations are listed in Annexure K.

2.5.1.5 Data discussion and literature control

In this chapter, the researcher refers to literature control to compare existing literature with the data resulting from the interviews from samples A and B. Themes, categories and subcategories guided the literature control. The literature control differs to a literature review in that a literature control is guided by the qualitative data obtained in the study. Reference is made to a literature review when existing subject-specific material is collected to represent background and research developments related to a specific research question, interpreted and analysed by the researcher in a synthesised way. A literature control was therefore used during the qualitative phase to triangulate and integrate the data of the interviews. The findings derived from the data analysis were compared with existing literature. The researcher demonstrated that she explored relevant sources on the research topic through conducting a literature control. The researcher gathered and read subject-specific material, analysed existing work and determined the extent to which the researcher's proposed study is unique and located within existing literature (Coughlan & Cronin 2016:2, 4). Data findings will be discussed in Chapter 3 (sample A) and Chapter 4 (sample B).

Step 3: Integrating qualitative results from samples A and B and literature control

During step three of the study, the data obtained from key informants and professional nurses (focus groups) were integrated, and themes emerging from the process were documented, analysed and compared with already collected data. The researcher applied complex mental processes, critical thinking and analysis, and integrative results and literature to interpret meanings and prepare an accurate and precise final description. The literature control aims to identify similarities, differences, and unique elements in the findings (Coughlan & Cronin 2016:2, 110). Themes and subthemes were elaborated on using literature control. Where corresponding or conflicting findings were found in the literature, it was cited in relation to the research findings.

2.5.1.6 Trustworthiness

Lincoln and Gubas' (1989) well-known criteria were utilised to ensure the rigour of the qualitative data in this study, including trustworthiness criteria such as credibility, transferability, dependability, confirmability and authenticity to ensure exactitude in the qualitative data (Korstjen & Moser 2017:120). Table 2.3 summarises the criteria and strategies applied in the study.

Table 2.3 Trustworthiness criteria application

Criteria and definition	Strategy	Application
Credibility Accurately conveying the study participants' experiences (Leavy 2017:160; Plano Clark & Ivankova 2015:163, 167)	Prolonged and varied field experience and engagement	Spend enough time with participants to establish trust, learn about them and check for misinformation. Professional nurse for 40 years, nursing manager for 28 years and hospital manager for two years. Five years involved with studies, document analysis, and literature control.
		Literature control.
	Triangulation techniques	Different data sources were utilised; key informants and professional nurses (focus groups) participated.
		Different methods of data gathering; interviews, field notes, and literature control.
		Tesch method of data analysis.
	Peer examination/debriefing	Discussed the research process and finding with experienced promoters and researchers.
	Member checking	Validation and interpretation of transcribed data confirmed with co-facilitator.
	Researcher reliability	Consistency within the employed analytical procedures.
	Researcher credibility	Integrity in the application of the method undertaken and precision in which findings accurately reflect data.
Transferability Transferring of inferences from a specific sending context to a specific receiving context (Tashakkori, Johnson & Teddlie 2020); Conclusion applied to similar settings (Guba & Lincoln 1989:242)	Selected sample	Purposive sampling of key informants and convenience sampling with professional nurses in practice that were representative of the particular groups were performed.
	Comparison of sample	Multiple samples from the population of South Africa.
	Dense description	Provided a description of the phenomena to present the multiple levels of meanings.
		Provide a detailed and complete description of the research process and the results of the study executed.
Dependability	Dependability audit	A panel of experts evaluated the proposed guidelines.
	Dense description of research method	The research process is carefully documented to provide evidence of how conclusions were reached.
Confirmability	Confirmability audit [audit trail]	The unprocessed data (voice recordings), development of categories, agreement and promoters' discussions were kept as evidence for audit purposes.
Authenticity Seeking to understand the perspectives of others in context reflexivity and seeking multiple points of view (Guba & Lincoln 1989:245)	Detailed report	Multiple possible variations of data collection and analysis to ensure trustworthiness and authenticity.
		An analysis of the participants' perspectives was provided.

2.5.2 Phase II: Quantitative phase

This section discusses the literature control and the quantitative process regarding the procedures followed to collect data from professional nurses.

Step 1: Literature control

In addition to the literature control performed during the qualitative phase of the research, an additional literature control was performed to explain the link to the quantitative phase. In this study, literature control was used to develop the questionnaire.

Step 2: Quantitative process

Quantitative research is described as being systematic, objective and formal, with strict control of possible influences; measures to describe variables, test relationships and can be generalised. (Gray, Grove & Sutherland 2017:3, 25, 27). The quantitative process involved a numerical version of what was performed empirically during the qualitative phase of the research. The quantitative phase was descriptive and non-experimental. The non-experimental design describes the phenomena and explores and explains the relationships between the variables (Grove et al 2014:502). The objective of this phase was to explore and describe the factors influencing the professional nursing identity amongst professional nurses. This process simultaneously enriched and amplified the body of knowledge developed in this research.

Supplementary to the quantitative characteristics discussed in section 2.3.1, additional characteristics of a quantitative approach were considered.

- It focuses on a relatively small number of concepts (Brink, Van der Walt & Van Rensburg 2018:11) and preconceived ideas about how the concepts are interrelated. In this study, composite concepts originating from the themes of the qualitative phase were described in terms of the professional nursing identity.
- Quantitative researchers study the phenomena from a distance and do not actively participate in the activities under investigation, as in qualitative research. This method uses a structured procedure and a formal instrument to collect data. In this study, a structured process was followed to distribute the data collection instrument, and the researcher maintained a distance from the collected data. The electronic and hard copy data were submitted to the data capturer, who captured and retrieved the data into a Statistical Package for the Social Sciences version 25.0 for data analysis.

2.5.2.1 Population

The researcher had reasonable access to a portion of the population (Gray & Grove 2020:441). The target population for the quantitative phase of the study consisted of professional nurses registered with SANC. These professional nurses were voluntarily included in the research. The inclusion criteria for the population in this study were male and female members of the profession, registered members of SANC, being in leadership positions with experience and practising in academia.

SANC (2020a) published the number of professional nurses in South Africa being 156 392 as on 31 December 2021. According to SANC statistics, most professional nurses are situated in Gauteng.

The population for the quantitative phase of the study consisted of diverse professional nurses in Gauteng. The professional nurses work in the private and government sector and are registered with SANC.

2.5.2.2 Sample and sampling method

For the quantitative phase, a convenience sample of professional nurses was selected dependent upon availability. The sample included professional nurses who are members of SANC, which was a criterion for participation in this study. The study participants in the qualitative phase did not participate in the quantitative phase of the research. Professional nurses who completed the questionnaire were referred to as respondents, where the results were discussed (Chapter 6).

- ***Sampling method***

Fourteen private hospitals gave written permission to collect data (Annexure D). They provided a contact person with whom the researcher communicated about the recruitment procedure, the number of professional nurses needed to complete the questionnaire, and the distribution and collection of the questionnaires. An all-inclusive sampling technique was used in that all professional nurses working in the hospitals who met the selection criteria were given an equal opportunity to be a part of the sample and complete a questionnaire.

For this study, a statistician (Annexure P) assisted with determining the sample size required for a rigorous quantitative study to meet the requirement of statistical tests.

2.5.2.3 Data collection

Data collection is a precise and systematic process to address the research purpose (Grove & Gray 2018:470). This section discussed the data collection plan, instrument, validity and reliability.

Data were obtained from open-ended questions that were related to the five themes. The researcher and contact person distributed the questionnaires with the information leaflet at a pre-arranged date and time, including clear instructions (Annexure H). The researcher explained to the respondents the choice to complete either an electronic or hard copy of the questionnaire and answered raised questions. Respondents who preferred an electronic questionnaire received an electronic link to the questionnaire. The contact person explained the process to the professional nurses who were not on duty. The researcher implemented strategies such as additional visits to institutions, e-mails and text messages of encouragement to increase the response rate.

The completed questionnaires were submitted to the data capturer to ensure the return of the completed questionnaires. The researcher and data capturer undertook a careful recording of the rates of returns. The researcher collected the completed hard copies of the questionnaire at the management of institutions. A box and envelopes were provided for the completed questionnaires to ensure confidentiality. The data capturer captured the data from the hard copies.

2.5.2.4 Data collection instrument and design

The focus of phase II was to obtain information from professional nurses. A questionnaire is a printed self-report form designed to elicit information that can be obtained from a subject's written responses (Gray & Grove 2020:524). This technique generates numerical data from many respondents within a short period, with low cost, unrestricted geographical coverage (Bryman 2016:235). The questions considered for this study were used to collect data from professional nurses who met the study criteria. The data were collected using a questionnaire completed by all willing and available respondents from Gauteng private and government professional nurses.

Disadvantages such as low response rate and misinterpretation of questions can be experienced (Bryman 2016:235-236). The researcher did not experience challenges of misinterpretation of questions.

2.5.2.4.1 Design of structured survey questionnaire (primary pre-testing)

The research objectives guided the questionnaire development. The themes that emerged from qualitative phase I, from the data of the interviews with key informants and professional nurses

(focus groups), literature control amplified by additional literature search and the Identity Theory and Social Identity Theory.

In the questionnaire design, the researcher ensured that the wording was understandable and unambiguous, avoided leading questions, and stated the questions positively. Expert advice was obtained from the supervisor of the study, a statistician and peers to assist in designing the questionnaire for validation purposes. Such input and advice were used to augment the questionnaire and, among others, saw the opportunity of free-text comments after each section in the questionnaire to obtain richer information and insight into selections made. The comments were integrated with the questionnaire's analysis.

2.5.2.4.2 Composition of the questionnaire

Table 2.4 displays a summary of the composition of the questionnaire.

Table 2.4 Composition of the questionnaire

Section	**Item**	
Demographic data	Item 1-10b	Age, gender, marital status, education, registration with SANC, employment status, institution or organisation (workplace), work experience, nursing qualifications, institution or organisation, years of work experience, nursing qualifications, highest academic qualification, indicate membership of the Nursing Colleague Facebook group.
Section A	Items 11-12	**NURSING CHARACTERISTICS** Role models that influenced the decision to choose nursing as a career Reason(s) for choosing nursing as a career
Section B	Items 13-21	Self-image and professional image
Section C	Items 22-23	Integration of the professional nurse into the nursing profession
Section D	Items 24-27	Identify with the nursing profession
Section E	Items 28-30	Professional etiquette of the professional nurse
Section F	Items 31-35	Moral development and maturity of the professional nurse
Section G	Items 36-37	Role after working hours
Section H	Items 38-40	Professional boundaries
Section I	Items 41-45	Professionalism
Section J	Items 46-49	Nursing profession in relation to other professional groups
Section K	Items 50-51	**IMAGE OF NURSING** Public image of nursing
Section L	Items 52-57	Nursing symbols
Section M	Items 58-61	Bedside nursing
Section N	Items 62-64	Marketing and media
Section O	Items 65-72	**INSTITUTIONAL AND ORGANISATIONAL CULTURE** Internal and external motivation
Section P	Items 73-77	**NURSING EDUCATION** Nursing education process
Section Q	Items 78-80	**CORPORATE GOVERNANCE** Advocacy and autonomy

2.5.2.4.3 Content of the structured questionnaire

The questionnaire consisted of six sections, namely, demographic data, nursing characteristics, image of nursing, institutional and organisational culture, nursing education and corporate governance.

The questionnaire's format was a question or statement, enabling the respondent to choose one of the points on the continual 5-point Likert scale questionnaire. One (1) on the left equalled 'strongly disagree' (most negative rating), and five (5) on the right equalled 'strongly agree (most positive rating) with the statement or question, such as in the sample below in Table 2.5. After each section of the questionnaire, free text comments were available to obtain richer information and insight into selections made (Annexure M). The comments are integrated with the questionnaire's analysis. One question provided the options of 'much lower, lower", same, higher and much higher", and another question the option of "a, b, c or d".

Table 2.5 **Q**uestionnaire scale

IMAGE OF NURSING

L. Nursing symbols

1.	The physical appearance of the professional nurse in uniform influence the image of nursing.				
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	1	**2**	**3**	**4**	**5**

Comments

Respondents were allowed to state their opinion in the *Comments* block at the end of each section (Annexure M).

2.5.2.4.4 Pre-testing of the survey questionnaire

A statistician was consulted for the primary and secondary pre-test of the questionnaire before using it to collect data. A primary pre-test process was performed, during which a questionnaire was handed to or sent per e-mail to six recruited experts to ensure clarity and understanding of the questions contained in the questionnaire.

The pre-test was conducted at a central location, convenient for recruiting participants. The characteristics of the selected pre-test participants correspond to those of the target population, e.g. professional nurses active in the profession, have a master's or doctoral degree in nursing

and are experienced in the development of questionnaires. The researcher contacted each of them by telephone to explain the purpose of the pre-test and the place, time and date of the pre-test. An experienced moderator with similar characteristics to the pre-test participants facilitated the session. These participants were not involved in the development of the questionnaire but only in the pre-testing phase. After completing the pre-test, the researcher made the necessary changes to the questionnaire based on the recommendations. Two questions were discarded, and one questions' wording was changed to avoid the risk of ambivalence. One comment highlighted an adjustment to the face validity. The possibility of respondent fatigue was raised considering the questionnaire had 80 questions and recommended keeping an eye on the response rate.

Subsequently, a secondary pre-test was conducted by distributing the questionnaire to 35 professional nurses who were selected through a convenient sampling technique. The researcher contacted each of the 35 professional nurses telephonically to explain the purpose of the pre-test and subsequently sent a questionnaire to their personal e-mail addresses. The completed electronic questionnaires were submitted to the researcher. All 35 professional nurses responded to the pre-testing, although one did not answer the questions and only completed the comment section below each question. The data from this particular questionnaire was excluded from the pre-test analysis. Feedback from the secondary pre-test enabled the researcher to implement the recommended face validity change in one question.

The standard rules for the distribution and answering of the questionnaire were followed: that the research participants' identity remains private, participation in completing the questionnaire is entirely voluntary, and the questionnaire is numbered to facilitate *post hoc* control in case of uncertainty of certain responses. The researcher returned to the questionnaire to shed light on that specific query. Following the pre-testing of the instrument, the questionnaire was distributed to the study sample.

2.5.2.5 Distribution of the data collection instrument

Respondents completed an electronic or hard copy of the questionnaire on-site or requested an electronic version with a LimeSurvey link to be sent to their personal e-mail address for completion when convenient to them. The respondents were requested to complete the questionnaires within two weeks. The contact persons kept the completed hard copies sealed in an envelope or in a box provided at the institution until the researcher collected them. Some respondents requested an additional time of one week to complete the questionnaire. The researcher went back several times to some organisations to collect questionnaires and answer questions. The completed questionnaires were sent to the data capturer. Both electronic and hard copies of data were

retrieved into a Statistical Package for the Social Sciences (SPSS) version 25.0 program for data analysis.

The data collection took place from January 2019 to May 2019. Of the 320 questionnaires distributed, 272 completed questionnaires were received. Of the completed questionnaires, 254 were used after data cleaning, excluded 18 questionnaires. The sample size for this study was 254 (100%).

2.5.2.6 Data analysis

In the quantitative phase, the data analysis process took place as follows:

An electronic version of the hard copy questionnaire was created on LimeSurvey, an e-survey platform with a URL link that the respondents click and complete. The researcher used the LimeSurvey link to capture the hard copy data. The completed electronic questionnaires are automatically sent to the researcher for data capturing. The researcher extracted the collected data and screened it for initial quality control. Under ethical conditions, the captured data were disseminated to the statistician and a clear data analysis plan. The data were transferred from LimeSurvey to SPSS electronic database for analysis. The statistician did data cleaning with the researcher's input to clarify the correct placing and coding of data.

Firstly, frequency distributions were performed on all the demographic variables (such as age, gender and marital status) to assess representativeness and external validity. All individual questions in the questionnaire to determine whether the score distribution of the attributes of the scales represented was sound (Babbie 2016:428). Each item in the questionnaire was subjected to frequency analysis to analyse the central tendencies (mean, median, and mode) (Heavey 2015:31).

The next step was to assess the internal reliability of Cronbach's Alpha. Reliability is concerned with the ability of the instrument to measure consistently and determine how closely related the set of test items are as a group in the questionnaire. According to Hair, Tomas, Hult, Ringle and Berstedt (2017:112), reliability values of 0.60 to 0.70 are acceptable in exploratory research and values between 0.70 and 0.90 are regarded as satisfactory. A Cronbach alpha below 0.50 indicates that the items are inappropriate. Based on the analysis of the items, it was clear that some items were inappropriate as initially envisaged in the design of the questionnaire. These items were omitted, and the final Cronbach Alpha values are indicated in Table 2.6.

Table 2.6 Omitted items

Construct	Items	Items deleted	Final items	Finale Cronbach Alpha value
Nursing characteristics				
B. Self-image	4	2	2	0.65
Professional image	5	1	4	0.86
C. Integration	2	0	2	0.61
D. Identify with the nursing profession	4	2	2	0.77
E. Professional etiquette	3	0	3	0.67
F. Moral development	5	2	3	0.81
G. Role after working hours	2	0	2	0.70
H. Professional boundaries	3	0	3	0.73
I. Professionalism	5	0	5	0.77
J. Nursing profession in relation to other professional groups	3	1	2	0.38
Image of nursing				
K. Public image	2	0	2	0.79
L. Nursing symbols	8	0	8	0.86
M. Bedside nursing	4	2	2	0.33
N. Marketing and media	2	0	2	0.69
Institutional and organisational culture				
O. External drivers	6	1	5	0.71
Internal drivers	2	0	2	0.49
Nursing education				
P. Nursing education	6	3	3	0.77
Corporate governance				
Q. Advocacy and autonomy	3	1	2	0.62
Total number	**69**	**15**	**54**	

The non-parametric Spearman's rho correlation coefficient technique was used to measure the strength of association and direction between (negative or positive) two variables on an ordinal scale. It is denoted by the symbol $r_{s.}$ The correlation test was done to label the strength of the association. The following was assumed; for absolute values of r, 0-0.19 is regarded as very weak, 0.2-0.39 as weak, 0.40-0.59 as moderate, 0.6-0.79 as strong and 0.8-1 as a very strong correlation (Hair, Anderson, Black & Babin 2016:104, 213).

The frequencies and percentages were calculated according to the number of respondents to each question; thus, missing values were not included but indicated in the tables and the descriptions. The population mean is presented by an 'N', and the sample mean is indicated with an 'n' (Rumsey 2016:62). In this study, 'n' has been used to indicate the number of actual responses.

Lastly, all the dimensions (factors or measurement scales) were subjected to internal consistency reliability to contribute to formulating guidelines. The results of all the statistical analyses and their usage are discussed and interpreted in descriptions, graphs, bar graphs and tables in Chapter 6.

2.5.2.7 Validity and reliability

Rigour in the quantitative phase of the study was ensured through validity and reliability. In order to ensure the validity of the instrument, content validity, face validity and construct validity were measured. Statistical validity refers to the extent a data collection instrument accurately measures what it is supposed to measure (Babbie 2016:153). Reliability refers to the degree of consistency with which an instrument measures the attribute it is designed to measure (Gray & Grove 2020:459). Face validity verifies that the instrument appears valid or gives the appearance of measuring the construct it is supposed to measure (Gray & Grove 2020:465). Content validity examines the extent a measurement method includes all significant elements relevant to the construct being measured, and construct validity focuses on determining whether the instrument measures the theoretical construct that it purports to measure. It involves examining the fit between the conceptual and operational definitions of a variable (Gray & Grove 2020:465, 469). Reliability refers to how the instrument consistently measures the attribute (Gray & Grove 2020:462). Table 2.7 depicts the validity and reliability criteria and strategy applied.

Table 2.7 Validity and reliability criteria, strategy and application

Criteria	Strategy	Application
Internal validity	**Face validity** of measurement instrument. The extent to which an instrument looks as if it is measuring the attribute it is supposed to measure (Gray & Grove 2020:390).	Consulted experts with the primary and secondary pre-test and with instrument development to determine if the instrument measured the attributes it was supposed to measure. The experts judged the appearance and outline of the instrument.
	Content validity The systematic assessment of the content to determine whether it covers the representative behaviour to be measured (Gray & Grove 2020:465).	Consulted experts with the primary and secondary pre-test of the survey instrument. Peer review by a panel of experts assessed individual items and the overall scale.
	Construct validity The extent to which an instrument measures the attribute or constructs (Gray & Grove 2020:469).	Experts judged the construct validity which referred to measuring the professional nursing identity.
Reliability	**Homogeneity or internal consistency** Testing is used primarily with multi-item scales in which each item on the scale is correlated with all other items to determine the consistency of the scale in measuring a concept (Gray & Grove 2020:459).	Reliability was enhanced by careful designing, pre-testing the questionnaire and checking of the questionnaire by the supervisor and statistician. Cronbach's Alpha coefficient measured the reliability of the scale, repeatedly producing the same results.

2.6 DATA INTEGRATION: QUALITATIVE AND QUANTITATIVE PHASE III

The final phase of the study consists of two steps, the integration of phase I (qualitative data), II (quantitative data) and literature, and step 2, formulation of guidelines, were followed.

Step 1: Data integration

According to Schoonenboom and Johnson (2017:115), the point of interface or the stage of data integration is a point at which the qualitative and quantitative components of a mixed research study are brought together. The results of the second component are added to the results of the first component and integrated. The two databases are analysed separately in an exploratory sequential mixed methods design, and the findings obtained from the initial exploratory database are built into quantitative data (Creswell & Plano Clark 2018:84). In step 1 of phase III, the researcher used inductive reasoning to identify similar themes of phases I and II and incorporated, integrated and organised them according to themes.

Finally, from the integrated data, conclusions were drawn that formed the basis for the formulation and validation of the guidelines. Field experts in guideline development and leadership from complementary disciplines in human resources, clinical psychology, educational psychology, nursing education and management, organisational development, industrial psychology, and student career counselling validated the guidelines.

2.7 GUIDELINE DEVELOPMENT APPROACH

The final objective was to formulate and validate guidelines with supportive recommendations.

Step 2: Development of the guidelines

The second step in the final phase of the study consists of formulating guidelines for each theme and category, using data of phases I, II and literature and validated and enriched by experts. The rationale for implementing each guideline and recommendations for implementation are formulated.

In this study, the professional nursing guidelines were formulated using logical reasoning processes by drawing evidence from the integrated qualitative, quantitative data and literature.

2.7.1 The reasoning process followed during guideline development

Logical reasoning is the processing and organising of ideas to reach a logical conclusion. According to Gray and Grove (2020:5), experience, intellectual ability, and thought processes are utilised in logical reasoning. The two-intellectual mechanisms, deductive and inductive reasoning, were used to develop valid arguments based on facts to reach logical reasoning and conclusions that complement and augment each other (Gray et al 2017:7).

Inductive reasoning is the process that starts with a rich description of the details from participants' experiences and moves to the general picture of the phenomenon to provide a highly probable conclusion (Babbie 2016:22; Gray et al 2017:7). In this study, inductive reasoning was used when the conclusion statements drawn from the findings of phases I and II were summarised and then merged to form one concluding statement under each theme and category.

The deductive reasoning process starts from a general statement (premise) to a specific situation (Gray & Grove 2020:5). This study used deductive reasoning when the guidelines were formulated from the merged conclusions of phases I and II and literature, which were greater than individual conclusions and truthful. The recommendations were developed from the conclusion statements and enriched by those who participated in phases I and IIand the literature. Inductive reasoning was applied when recommendations for implementation were proposed from the summarised concluding statements of each category. The researcher followed a deductive reasoning process in step 2 of phase III. In step 1 of phase III, the researcher used inductive reasoning to identify similar themes of phases I and II and incorporated, integrated and organised them according to themes.

2.7.2 Steps followed in the formulation of the guidelines

Two steps were followed when formulating the guidelines that supported the development of the professional nursing identity in South Africa. In step 1, the researcher drew evidence to formulate guidelines from the integrated main themes and subcategories of phases I and II findings. After that, the conclusion statement from each category was summarised. These were grouped according to themes as identified in phases I and II. Recommendations for implementing these guidelines were generated from the conclusion statements and literature control and could be used to formulate procedure manuals to implement the guidelines.

For step 2, the identified experts, who complement the research topic, were provided with an assessment tool to assess internal validity and comment on the proposed guidelines. The comments were incorporated to enrich and improve the guidelines formulated by the researcher.

2.7.3 Explanation of the guidelines

Guidelines were formulated and validated through expert review to develop a professional nursing identity. The researcher provided recommendations for the successful implementation of guidelines to assist professional nurses, organisations and institutions in developing the professional nursing identity in South Africa.

2.7.4 Validation of the guidelines

In the validation phase, a strategy to validate guidelines was followed. The researcher assembled a panel of experts in guideline development, processes, and construction. To achieve this, the researcher sought expert advice to assist with selecting experts who are knowledgeable and able to enrich the content. Expert reviewers agreed to participate in the study and validate the newly formulated guidelines. Fourteen (14) field experts were approached. Nine (9) experts initially agreed to participate in the validation process. Table 2.8 depicts the participants who reviewed the guidelines.

Table 2.8 Guideline expert reviewers

Discipline	Position
Nurse manager	Deputy director nurse manager
Human resource	Group operational manager
Psychology	Clinical psychologist
	Educational psychologist
	Industrial psychologist
Quality control	Private national healthcare network organisation
Nursing education	Professor at a university
	Lecturer at private nursing school
	Lecturer at a university in South Africa

The experts provided an opportunity to follow a review process to elicit input from their perspectives. They were provided with a hard or electronic copy of the proposed guideline(s), a validation form and a letter explaining the validation process (Annexure N). The validation instrument was developed by the AGREE instrument tool (Brouwers, Kho, Browman, Cluzeau, Feder, Fevers, Hanna & Makarski 2013:2; Sinclair, Isba, Kredo, Zani, Smith & Garner 2013:10) that assesses the methodological rigour and transparency in which guidelines are developed. The validators were requested to validate these guidelines according to the following criteria: applicability, clarity, reliability, validity, credibility and comprehensiveness.

A review of the guidelines was facilitated by disseminating an electronic copy of the proposed guidelines, set criteria against which review was requested, and information and consent letter (Annexure N). The experts followed the agreed timelines provided, which would allow them to

familiarise themselves with the guidelines and adequate time for feedback. Nine of the fourteen (64.28%) experts responded. After the feedback, the necessary changes were affected. The processes of formulating and validating the guidelines are discussed in Chapter 8.

2.8 ETHICAL CONSIDERATIONS

This section explains the basic principles that guided the research process, namely beneficence, respect, justice, scientific integrity, virtual ethics and external review. The researcher obtained approval from the University review board (Annexure A1). After a title change, the research underwent a formal application process to the College Research Ethics Committee for a new ethics certificate (Annexure A2). In addition, the researcher obtained informed consent from each study participant, disclosed the study procedures, ensured participants' confidentiality, and abided by the codes of professional conduct.

2.8.1 Beneficence

The principle of beneficence ensures maximising possible benefits and minimising possible harm (Gray & Grove 2020:194), while participants freely shared their perceptions of the professional nursing identity during the qualitative and quantitative research and review of the guidelines. The researcher assessed and observed participants for signs of emotional, social or physical discomfort prior to and during the interviews. This basic conduct of beneficence protected participants' emotions and possible uncomfortable encounters they might have experienced, their privacy and confidentiality.

In view of the above, Florence Nightingales' famous quote "*done them no harm*" (Nightingale 1860:30) reverberate the high moral character and ethical principles that guided Nightingale and the nurses during the Crimean War. Therefore, the human participants should be treated fairly. Therefore, the principle of 'maximising benefit and minimising harm' was given due consideration. It was judged that the nursing profession should benefit from a sound professional nursing identity, which will guide and continuously improve professional nurses as competent professional nurses. Participants were informed of their right to withdraw at any time or stage of the research without any penalty.

Only the researcher and the statistician accessed the online dataset for collaborative processing analysis. Encryption is used for data transfer to maintain sufficient security to prevent breaches. Beneficence principles have been applied to all participants, respondents and institutions by protecting their privacy and anonymity by ensuring the protection of private information. The researcher protected confidentiality by keeping data confidential and restricting access to

confidential data to the researcher. Only the researcher knows the participants' identities, protected by pseudonyms (qualitative) and numbers (quantitative).

2.8.2 Respect

The researcher respected the participants' privacy, anonymity and confidentiality during the research process. The researcher observed no signs of distress or unwillingness to participate and reminded them that participation is voluntary.

The researcher obtained ethical clearance before undertaking the research (Annexure A1). Informed consent deals with respect for human dignity, including the right to self-determination, freedom to participate and the right to withdraw, autonomy and full disclosure (Plano Clark & Ivankova 2015:222). The researcher requested consent from the participants and gave relevant information and an information leaflet about the study (Annexures C, D, E & H).

2.8.3 Justice

The final principle refers to justice, which rests on the concept of human dignity as described in the constitution of South Africa (South African Government 1996:s1). It includes the right to be treated fairly, privacy, equal treatment, and maintain participants' anonymity and confidentiality (Constitution of the Republic of South Africa, Act 108 of 1996:1245, 1249). The principle of justice was addressed by protecting the anonymity and confidentiality of the study participants, respondents and institutions. By replacing names of participants, respondents and institutions with pseudonyms and numbering transcriptions, entering and reporting data, their privacy and anonymity were respected. Furthermore, all data were stored in a secure place to ensure confidentiality.

Regarding fair treatment, purposive sampling (key informants) and convenience sampling (focus groups) were used in the qualitative phase (I) because it is not achievable to include all possible participants in the study. It is typical of qualitative research. In contrast, all respondents who met the eligibility criteria in the quantitative phase (II) had an equal chance of being included in the study.

2.8.4 Scientific integrity

Scientific integrity refers to ethics in research, which is concerned with the principles and practices of good science that aim to promote the generation of sound empirical and ethically defensible knowledge (Gray & Grove 2020:226). Prior to the commencement of this study, the researcher

obtained approval from the University of South Africa's Ethical Review Committee (Annexure A1). Written informed consent was obtained from the participants (Annexures C & D), and respondents (Annexure I). The information letter and consent form included consent for the audio recording of the interview, verbatim quotes that may be included in the theses and the right to withdraw (Annexures C & D). The Research Ethics Committees and institutions gave written permission to conduct research in their facilities (Annexures A, B & E). The researcher adhered to the University of South Africa's (Unisa's) Policy for Copyright Infringement and Plagiarism to uphold the academic integrity of the study. According to Unisa guidelines, all sources used in the literature control were indicated in the bibliography or list of references.

2.8.5 Internal review

The Research and Ethical Committee of the Department of Health Studies at Unisa reviewed a research proposal and this study for scientific and ethical approval, which protected the researcher, participants, respondents, expert reviewer and institutions involved in this study.

2.8.6 Virtual ethics

Virtue ethics emphasises the role of one's character and the virtues that one's character embodies for determining or evaluating ethical behaviour (*Stanford Encyclopaedia of Philosophy* 2016, sv "virtue ethics"). The researcher conducts the research with an attitude and character traits of honesty, courage, integrity, fairness, self-control and prudence so that professional nurses and the profession may benefit from the results of this study.

2.9 SUMMARY

The research purpose, objectives, research design and methodology applied in this study were discussed in this chapter.

Against the background of this chapter, Chapter 3 deals with data analysis, presentation, discussion and literature of phase I, the qualitative phase of the study.

CHAPTER 3

FINDINGS OF PHASE I (SAMPLE A)

3.1 INTRODUCTION

This chapter presents the data analysis, discussion and literature control of the qualitative phase I. The first discussions were in-depth interviews with key informants referred to as sample A. The second discussions were with professional nurses referred to sample B (focus groups), which is discussed in Chapter 4. Themes, categories and subcategories are compiled in table format below. A discussion will precede each theme, category and subcategories and is supported by verbatim references to the relevant entity and related literature.

Tesch's method was applied in this study to analyse the data collected during phase I (Tesch 1990:114). The analysis process assisted the researcher to become familiar with the data and identifying different topics and content. The topics were then listed into main, unique and remaining (leftover) headings. The relationships between categories were established, followed by abbreviated codes. Subsequently, sorted data is displayed considering commonalities, uniqueness and contradictions of the content. Table 3.1 displays the main themes that emerged from sample A.

Table 3.1 Themes from sample A

Sample A
Theme 1: Nursing characteristics
Theme 2: Image of nursing
Theme 3: Institutional and organisational culture
Theme 4: Nursing education
Theme 5: Corporate governance

3.2 ANALYSIS, DISCUSSION AND LITERATURE CONTROL OF SAMPLE A (KEY INFORMANTS HOLDING LEADERSHIP POSITIONS)

The data from sample A was collected from seven participant interviews of key informants holding leadership positions. Six key informants' interview data were included in the study. The data of one key informant was filtered as a second person entered the interview and contributed to the discussion. The researcher believed that the key informants possessed augmented knowledge, experience, understanding, and insight and would provide in-depth knowledge.

3.2.1 Demographic data

The demographic data of sample A is portrayed in Annexure I and depicts the diverse population of the country, gender, age distribution, marital status, years' experience, academic qualification, position in the profession, religion, healthcare role models in the family, parents' occupation and what prompted them to choose nursing as a career. Of the six key informants, 66.7% (n=4) were female, 33.3% (n=2) married, 33.3% (n=2) divorced and 33.3% (n=2) single. The age distribution ranged between 40 to 66 years, with work experience varying between 12 and 46 years. Of the six key informants, 66.7% (n=4) have 40 to 49 years of working experience. Key informants 66.7% (n=4) had pre-graduate education at nursing colleges, and 33.3% (n=2) had a university education. All adhere to the Christian religion. Key informants had family members who were professional nurses and served as role models, and one key informant had a positive hospital visit experience, which influenced their decision to pursue nursing as a career. Two key informants initially had an interest in studying medicine but, due to circumstances, opted for nursing. One key informant wanted to obtain a degree and chose to nurse based on a nursing degree offered by a university.

3.2.2 Theme 1: Nursing characteristics

In theme 1: 'Nursing characteristics', three categories, namely personal, professional and the characteristics of the profession, emerged from the interviews, as is evident from the statement of a key informant below:

> "… your identity as a person within the profession and for the profession as a whole, the collective." DW5 (translated)

The above perception is supported by literature, enhancing the validity of key informants' insight. A person's professional identity is a component of their overall identity and incorporates the overarching descriptions of the profession (Perry 2011:52). The quote below narrates the origin of the nursing identity:

> "We need to understand what that identity is…we know from all the wars and the religious aspects and the history of nursing You take care of people in need of care, … but now we're 'caring' for a lot of other things [paperwork] as well." GH25

A key informant stated that the identity of nursing requires a renaissance in re-developing, establishing and defining because professional nurses are ignorant of the nursing identity and the development thereof. They cannot see a clear picture of what the nursing image should look like and work towards a nursing image and identify and understand the nursing identity. The nursing identity is not strong enough, and professional nurses have to fight to keep the nursing identity alive. Key informants said the following:

> "We must know what nursing identity is. Nightingale … had a devotional identity … We're not identifying the identity; we don't understand the identity." GH24

> "... the identity is a huge problem and we are going to have to do something about it ... …" AM2 (translated)

Identity is not acquired and then remains stagnant or as a once-off acquisition. It develops and changes continuously over time. The nursing identity depends on the individuals' integrating and applying the personal and professional norms and values as they are socialised into the profession. This integration is further influenced by the level of education with a natural and human science foundation with sound legitimate regulation of the profession, servicing the country's demands. A key informant made a significant statement by saying:

> "Building a professional identity lies in the deepest grain of the human soul." DW43, DW45

Identity lies deeper than scientific knowledge, natural science, sociology, psychology, human science and humanistic and mental science – that is what nursing is.

Table 3.2 indicates the identified categories in theme 1, namely personal, professional and profession characteristics, with the respective subcategories obtained from participant interviews.

Table 3.2 Theme 1: Nursing characteristic

Theme	Category	Subcategory
Nursing characteristic	Personal characteristics	• Personality traits • Professional etiquette • Integrated and well-rounded, mature individual • Self-caring traits
	Professional nurse characteristics	• Professional socialisation • Integration of personal, professional and profession characteristics • Professional nurse traits − Expressive therapeutic touch and presence communication, intuition, spirituality, religion (ability to communicate beyond sensory consciousness) − Advocacy − Autonomy
		• Unique traits of a professional nurse − Aesthetics art of nursing − Meaning of life − Human wonder (miracles and mystery)
	Characteristics of the profession	• Traits of a profession − Nursing history − Recognition − Professional status − Nursing culture • Position in relation to (in relationship to) other professions • Nursing hierarchy • Science and art of nursing • Ethos, ethics and morality

3.2.2.1 Category 1.1: Personal characteristics

In the category 'personal characteristics', the subcategories associated with personal characteristics were *personality traits, professional etiquette, integrated and well-rounded mature individual and self-caring characteristics.*

Key informant's views were that a professional nurse firstly has personal characteristics with unique qualities, values and norms, cultural and social standards that must be integrated with the nursing values came to the fore strongly. The quotes below confirm this statement:

> "… I come with my own value system into nursing …" SV12

> "… It's my culture ..." DW1 (translated version)

Giddens (2019:363, 390) refers to professional identity as a subset of personal identity. Each caregiver carries his or her own set of cultural values into the caring interaction. Values are operational standards, and desired social and professional behaviour that affect moral judgment.

3.2.2.1.1 Personality traits

In the subcategory *personal traits*, key informants highlighted personality qualities professional nurses should portray and said that many personality traits of professional nurses are unique. Sound personal norms (set of behaviour standards) and values concerning sympathy, empathy, altruism, kindness, respect, honesty, friendliness, trust, commitment and loyalty were emphasised. Caring and calling traits were predominantly emphasised as the essence of nursing, a common and prerequisite characteristic for professional nurses. A change in professional nurses' values will change the nursing profession. The following was said:

> "What happened with us, our honesty? How do we expect people to trust us if we can't be honest?" NG20

> "... an immense decline of moral values and standards ..." DW2 (translated)

Al Banna (2017:169) stated that it is preferable for institutions that provide nursing healthcare services to adopt the following strategy: All professional nurses should get enough information regarding nursing values and the philosophy of nursing through courses or workshops to improve quality care.

- *Caring*

Caring is an integral part of the traits of a professional nurse. Nursing identity is the caring component of nursing. Caring is the core of the profession and has to do with something meaningful for people humanely. The following was expressed:

> "… nursing is about caring and there were values that were instilled in the teachings from the theory to the practical …" VM2

Caring in nursing becomes an integral part of the professional nurse's lifelong career and emerges as the affective part of the identity which defines professional nurses. A professional nurse possesses an affective component that demonstrates caring, an essential component of educated humanity. The mentioned perceptions are supported by Daly, Speedy and Jackson (2014:75), who believe the concept of caring is intertwined with nursing and Buus (2016:186) identified caring

as an innate characteristic. Caring is understood to have intellectual and emotional aspects (Daly & Jackson 2020:63). Affective relate to moods, feelings, and attitudes (*Dictionary.com* 2021:1).

Key informants acknowledged that some professional nurses did care, but in the current scenario in South Africa, some have lost their passion and hunger for scientific knowledge in nursing. Nursing has become a selfish provider of care. One key informant commented the following about the uncaring attitude of nurses in the workplace:

> "… caring, we've lost that. We've lost that picture … the symbol of a nurse caring." GH19

Currently, nurse leaders in South Africa have a culture of a myriad of excuses for not caring, for example, too many projects, too many checklists, and too busy. Unit managers spend 41.8% of their time in the hospital on patient administration and miscellaneous activities (Rispel 2015:3). Systems worldwide are undergoing continuous major administrative restructuring and expose nurses to the risk of dehumanising patient care (Watson 2011:63). If we consider caring as the core of nursing, professional nurses must consciously preserve human caring within their clinical, administrative, educational, and research practice. Nursing must not allow 'caring' to wither away from the nursing heritage (Cara 2003:51). Key informants stated that the caring component of nursing is the identity of nursing. Since the earliest times, nurses' dedication to service was largely based on religious principles, mainly the Catholic Church (Searle 1985:4). As the need arose for nurses on the front lines of many wars, from the Crimean War to the Civil and World wars, to care for sick and wounded soldiers, it impacted the identity of nursing as society acknowledged the profession as one of selfless service.

- *Calling*

Key informants said that caring is the most important personal quality influencing the nursing identity. They unequivocally expressed their conviction that nursing is a divine calling. Nightingale's impressive legacy persists in the minds of contemporary key informants, as reflected in quotations below:

> "Public admiration, saintly image, worshipped her, portrayed devotional calling, commitment, loyalty, warm and giving - its devotional calling. Nightingale portrayed devotion." GH1

> "... wanted to do it because it's my passion, and I thought I could achieve what Florence [SP] achieved ..." AM1 (translated)

O'Brien (2021:21) stated, "I don't think that will change … I think nursing should always be a calling. Nursing should be a profession where one cares for people and considers medical, spiritual and emotional needs. I believe that nursing always needs caring." A key informant expressed that the vocation for nursing is replaced with a vocation for competency, skills, commitment and loyalty to organisations. The following was voiced:

> "… and we want them to have a calling, a calling for competency, a calling for skills, a calling for commitment, a calling for loyalty …" GH1

- *Humanising nursing*

Important observations key informants highlighted is that caring defines what professional nurses essentially do for people, at a high standard, in a polite, humanistic and soft manner and humanises all technical, technological, and scientific aspects in nursing. Patients expect and want to know that nursing care is based upon knowledge, training, nursing skills and caring for human beings.

The perception of key informants echoes the voice of Florence Nightingale on the art and science of nursing (Nightingale 1860:8, 17). Daly et al (2014:1) observed that nursing is a curious mix of technology and myth, science and art, and reality and romance. It blends the concrete and the abstract. Scientific based technology is not the reason for dehumanisation, depersonalisation or impersonal care. Nurses must maintain their devotional commitment to focusing on the patient while integrating technology (Watson 2016:91).

In contrast, some key informants experienced professional nurses as callous, impersonal, and distanced from the Nightingale model (caring and science) with no regard for historical nursing traditions, which negatively influences the nursing identity. Key informants noticed the development of a distance between caring and its scientific foundation and that professional nurses tend to focus on the scientific dimension, thus neglecting the caring dimension. A key informant shared the following:

> "Today nurse managers want commitment and loyalty which is cold and calculating. Devotion is warm and giving. That is how we train our nurses up today. Calling is competency, calling for skills, calling for commitment, calling for loyalty. It's not a warm calling." GH1

Oliveira, Dendasck and Oliveira (2017:18, 19, 192) support the concern that nursing care demands technical and scientific knowledge and skills, which causes tension between the art and science of nursing. Science has been the emphasis, with the art of nursing given less attention.

3.2.2.1.2 Professional etiquette

In the subcategory *professional etiquette*, key informants emphasised that professional nurses should possess and portray basic principles of etiquette.

Key informants regard professional etiquette as part of the fundamental intrinsic principles of a professional nurse. Pagana (2010:46) highlighted that etiquette is more than good manners usually cultivated in professional nurses that portray a positive professional image through professional socialisation. Professional etiquette can polish communication skills and strengthen relationships with patients, families, and colleagues based on the guiding principles of kindness, consideration, and common sense.

3.2.2.1.3 Integrated and well-rounded, mature individual

In the subcategory integrated and well-rounded, mature individual, the key informants emphasised that professional nurses must be integrated, well-rounded, mature individuals. A key informant said that over and above scientific and human scientific knowledge and professional conduct, it is required from professional nurses to be integrated and well-rounded, mature individuals equipped with a profound understanding of life and emotional intellect. They must display a dedication to continuous self-development, be mentally healthy and possess a positive self-image. A key informant stated the following reality:

> "I come with my own value system into nursing, then I'm interfacing with the nursing value system because that's what they are teaching me, and at some point, I've got to emerge with having had these both integrated so that I become a well-rounded individual ..." SV12.

Award-winning professional nurse blogger Carlson (2016:1) wrote that the benefits of a well-rounded nurse who will have a broader understanding of human conditions, society and culture will have the ability and influence to take the nursing profession forward.

3.2.2.1.4 Self-caring traits

The subcategory, *self-caring traits,* refers to the responsibility and ability of professional nurses to care for themselves during their professional careers. Professional nurses should manage stress, be emotionally resilient and capable of dealing with their psycho-emotional issues to add value to others. Personal caring includes undertaking debriefing sessions throughout their careers. Key informants stated that professional nurses with a sense of self-value could care for others. A well-known principle is that one cannot keep giving to others if one does not give to oneself first. When the heart of a professional nurse is touched, caring is unlocked and will take place unconditionally in the professional context. A key informant said:

> "… there's a self-discovery. There's a … serving [of] the self-first before I serve others." GH21

3.2.2.2 Category 1.2: Professional nurse characteristics

In the second category, 'Professional nurse characteristics', key informants identified *professional socialisation*, *integration of personal, professional and profession characteristics*, *professional nurse traits* and *unique traits* of a professional nurse.

3.2.2.2.1 Professional socialisation

In the subcategory, *professional socialisation*, key informants' views were that individuals accept professional socialisation into their personal identity to develop a professional nursing identity.

The key informant stated that professional socialisation gives boundaries to the professional, giving security, discipline and freedom and shaping the professional identity. Professional nurses are responsible for setting appropriate professional boundaries between themselves and patients to maintain objectivity and prevent conflicts of interest.

A key informant said that the formation of a nursing identity commences when novices enter the profession and evolve throughout their professional career through professional socialisation, role-modelling, scientific knowledge and the norms and values of the profession. A key informant stated that individuals are coming to nursing to receive an identity, in which the professional nurse allows him or herself to be socialised. Building an identity requires putting one's emotions, norms, values and the profession's norms and scientific knowledge into the profession. Below is a key informants' quote regarding the development and nature of the nursing identity:

> "The nature of the nursing identity is dependent on the level of education, regulations, what regulates nursing, skills nurses have, values of the profession, professional socialisation, [the] demand of the country, patient needs." VM1

The key informant also said that professional socialisation requires professional nurses to allow the values of the professional nurse (caring) and the profession (ethics, standards, norms within a commercial environment, brands) into their personal character. Socialisation with both these values helps establish and shape the nursing identity. Professional socialisation facilitates self-discovery and self-development and requires a professional to forfeit certain 'rights' to gain certain 'rights', socialise with role models who embody the professional identity and ultimately develop a professional identity.

Professional nurses today are trained scientifically by organisations, educational institutions, educators and nursing managers for competency and skilled-based outcomes, which measures their capabilities, competency, skills, and socialisation but moves them away from the warmth of nursing care. It differs starkly from the image of a warm and giving devotion displayed in the Nightingale era. This scenario is created by the outcome-based training model and nurse leaders of today who require a calling for commitment, competency, skills and loyalty, which can be cold and calculated. A valid concern raised was: 'what are we developing?' 'Competency-driven socialisation today?'

> "We socialise nurses in the training courses about micro-measuring on their outcomes, their capabilities on their competence and skills. We micro-systemised nursing. We got system upon system and checklist upon audits." GH2

Nursing behaviour and ethical values are also outcomes and part of the identity. Below is a quote from a key informant:

> "… some of the exit level outcomes should be to ensure that this nurse maintains the-public image, identifies herself as a nurse, and what are the attributes of a nurse?" VM13

3.2.2.2.2 Integration of personal, professional and characteristics of the profession

In the subcategory *integration of personal, professional and characteristics of the profession*, it is required from an individual to exhibit integration of these characteristics. Novice professional nurses enter the profession with a personal value system and acquire personal and professional value integration and interfacing through the socialisation process. Merging and integrating

personal and professional value systems enable the person to become an integrated and well-rounded mature individual and a great professional nurse. It is the responsibility of the individual to build a personal identity, and in the case of nursing, positive role models play an essential role in assisting this process, especially the professional socialisation process. It is essential that an individual's private life reflects as far as possible the profession's values and thereby prevent unnecessary separation, discord or conflict. Building a personal identity thus requires that the person embrace professional values in their private life without unnecessary divisions. A key informant convincingly stated the following:

> "Again, one's identity as a person within the profession and for the profession as a whole, the collectively." DW5 (translated)

> "… to build your identity you have to put your emotions, your norms and value and the profession's norms and value with the scientific knowledge in your profession ... another level of your identity lies on your personal level." DW1 (translated)

Personal, professional, and professions identities need to reconcile to present oneself favourably in both personal and professional worlds. The 'inner soul' of the nursing identity lies within the professional nurse's convictions. Thus, the unique identity within the individual creates a spill-over effect into the profession and vice versa. The nursing identity is equal to the professional self-image, and therefore more should be done to develop the inner being of the professional nurse. A key informant reflected the view as follows:

> "I really think that the deep, deep inner of the identity of the profession, and for you, lies within the individual nurses. It works both ways, from the profession to the individual and vice versa … Much more should be done to [expand] the inner development of the nurse." DW45 (translated)

According to Baillie and Black (2014:13), nurses must set aside their personal values to take care of patients according to professional values. There should be a minimal level of discord between personal values and professional values. Values of the profession must become integral to both personal and professional life. Gravamo, Zarofs and Jõgi (2020:149) confirm that students' personal and professional identities are particularly mutable and adaptable and that this is also a time when the salience of identities can change. Students must become enculturated into nursing. Enculturation is a learning process whereby the student learns to take on or live by the nursing profession's values, norms, and expectations (Jeffreys 2015:20).

Key informants pointed out the diverse understanding of a personal versus professional culture integration, e.g. some grow a culture of giving and a sense of caring from a religious background or a selfish perspective of personal rights of the professional nurse. Key informants reject the claim of some professional nurses to act out their personal cultural values versus the nursing profession's values. Key informants mentioned the following:

> "... if someone wants to nurse, do not come up with the story, it's my culture and that's my culture and "I'm not doing it like that". You're going to nursing and nursing is supposed to be a subculture and by definition it's just as similar to any other culture ..." DW1 (translated)

> "… instead of being selfless in devotion, we've become selfish in our own environment … that influences the identity … Wait 'til I've had tea because I need to sustain myself … for half an hour; … administration of pain medication could take five minutes ... there's a challenge out there for redeveloping our identity …" GH10

3.2.2.2.3 Professional nurse traits

Regarding the subcategory *professional nurse traits,* key informants discerned specific and unique traits distinctive to professional nurses.

Embedded professional nurse traits enable professional nurses to portray a tangible nursing identity. The identity changes frequently. It grows and gives professional boundaries. The following was said:

> "… the identity of nursing is one of being a professional … then the art is the skills we develop with time and defines us as professionals." SV1

A key informant said that the public might have a perception; they might value or give a perception about nursing characteristics but are not in a position to determine or assign nursing characteristics as such. According to SANC (2022), the nursing profession's standards of education and practice are determined by the profession's members rather than by outsiders. The nursing identity is professionally formed by professional nurses and patients, who are recipients of nursing care and other healthcare professionals. Beliefs and expectations are not fixed: nursing, and the identities of its practitioners, as with all professions, are subject to change because of responses to changing demographics, cultural diversity, socio-political developments, and advances in medical science.

- *Expressive therapeutic touch and presence communication*

In addition to sensory awareness, professional nurses must develop communication traits that will allow expressive therapeutic touch, and intuition. See quote below:

> "Your sixth sense, your gut. Develop the gut feel. You walk into a room, you touch. Look in the eye … assess the patient verbally, touch, smell. You'll smell, you'll see, you'll observe." GH31

Valenzuela (2019:19) described intuition as a valid form of personal knowing that professional nurses must embrace. The understanding and use of intuition result from a complex interaction of attributes, including experience, expertise, knowledge, personality, attitude, the synergy of the external and internal environment, acceptance of intuition as a valid attribute and the presence of a nurse-patient relationship'. It is a known characteristic of the whole spectrum of professional nurses.

- *Advocacy*

SANC (2022) (Nursing Act, 2005 (Act No. 33 of 2005; policy on nurse's rights)) specify duties to patients and how the nurse must operate within the ethical rules governing the professional and his/her career scope of practice to be able to provide safe, adequate nursing and earn the right to advocate for the patient for whom the professional nurse has accepted responsibility. Professional nurses ruin the nursing identity if they do not apply patient advocacy, which supposedly is an inculcated nursing value, as commented on by a participant:

> "If you do not advocate for your patient, the supposed inculcated nursing value, you ruin your own [nursing] identity." DW8 (translated version)

According to Mason, Gardner, Outway, Leavitt, Chaffee and O'Grady (2016:30), nursing is widely respected for effective professional advocacy, which has broadened the professional nurse's role. Nightingale's revolutionary advocacy exemplified the impact of nursing advocacy. Professional nurses' views were advocacy as a moral imperative, the goal being to increase patient autonomy. Significant barriers exist, such as punishment for professional nurses who stand up for what is right, the tension between their loyalty to patients and their obligations to institutions, and finally, professional nurses who are not equipped to advocate for patients. Despite all barriers, professional nurses are uniquely positioned to advocate for patients.

- *Autonomy*

Autonomy is the absolute identity founded on scientific knowledge. Embedded autonomy will empower professional nurses to take the lead with confidence in assisting patients in their autonomy to make informed decisions regarding their health. Independent and dependent role descriptions are direct actions of professional nurses based on morals, values and relevant Nursing Acts. Professional nurses today disregard autonomy and follow doctors' orders blindly and, in the process, abandon and ruin the nursing identity and a large part of the nursing impact on patient outcomes. The nursing identity must own itself; it must be autonomous. Key informants explained this role as follows:

> "Nurses need to be autonomous about their profession …" GH18

> "… what you need to bring into nursing is once again that it is a unique profession with a scientific impact and that you can practice on your own [independently] ..." AM31 (translated)

Autonomy is based on the ability and authority to make decisions and a capacity for decision making, which is mainly dependent on the individual's ability for critical thinking and is viewed as central to autonomy in any context (Fitzpatrick & McCarthy 2016:154).

3.2.2.2.4 Unique traits of a professional nurse

In the subcategory *professional characteristics,* specific unique traits of professional nurses were discerned.

- *Aesthetic art of nursing*

Aesthetics describes the art of nursing. Human-to-human interaction and the style of communication is regarded as art. Aesthetics are also personal achievements in life skills and self-knowledge and are extremely important to acquire for a professional identity. Below is a quote that narrates these traits:

> "Art is the connection between you and the aesthetic ..." DW38, 39 (translated)

Professional nurses express, conduct and give their innermost soul to patients and convey a message through science with a personal communication style (sensory senses, intuition). The professional nurse gives of her/himself in that moment of her/his 'presence' with the patient. When science fails a patient, and the professional nurse does not have the science to communicate,

he/she is only left with the inspiration that comes from the professional nurse, and the art is to communicate to the patient with a complete innermost soul, giving of oneself, ones' presence, attention and time. Aesthetics lies in perceiving one's purpose and giving meaning to the caring interaction. Aesthetics is an awareness of meaning.

- *Meaning of life*

A valuable characteristic of a professional nurse is that the value and meaning of life can be found despite the misery. The beauty lies in the awareness of the meaning of life and what human beings mean to each other. Frankl (2006:3) searched for meaning in Auschwitz and employed logo-therapy Viktor Frankl advocates the strive to find meaning in one's life despite the misery.

- *Human wonder (miracles and mystery)*

Another level of aesthetics is the whole issue of human wonder, which is about the beauty and health of humanity and is a highly valued characteristic of professional nurses. It refers to the professional nurse's views regarding health and disease. The experience is beautiful when the professional nurse senses the wonder of healing, the wonder of intervening to bring relief to illness and changing what has gone wrong in a human body. Health is God's miracle in a broken world, and one is in awe of and beauty of healing and wellness. Below are quotes that narrate these perceptions about those traits:

> "… but there is the other level of aesthetic, the whole issue of human wonder." DW38, 39 (translated)
>
> "One is in awe about health and beauty … it [illness] is part of a broken world … a disease state … to be healthy is a wonder and miracle, but if you think of diseases within science … it is mind-boggling that something can go wrong or go so well." DW39 (translated)

Watson (2011:1, 24, 46) conclusively views human life as a gift to cherish, a process of wonder, awe, miracles, and mystery.

3.2.2.3 Category 1.3: Characteristics of the profession

In the category 'characteristics of the profession', the subcategories associated with the characteristics of the profession are *traits of the profession,* the *position in relation to other professions*, *nursing hierarchy*, *science and art of nursing* and lastly, *ethos, ethics and morality*.

3.2.2.3.1 Traits of the profession

Traits of the profession refer to the history of nursing, recognition and motivation on a national level and the nature and culture of the profession. A key informants' view was:

> "All professions are, in my opinion, serving professions or caring professions …"
> DW2 (translated)

- *Nursing history*

The nursing history shaped and established a significant part of the nursing identity. Of historical importance is the establishment of SANC (1944), the political involvement of professional nurses who influenced politicians, the inclusion of doctors working with professional nurses and their role in nursing education and vice versa. South African legends and distinctive leaders influenced and changed the nursing profession. Knowledge of the history of nursing is essential to establishing the nursing identity. Professional nurses today have lost the picture of a nurse caring and can learn from history, which would be valuable to explore in contrast with the profit-driven image of nursing in current times. A key informant said the following:

> "I think our history is extremely important and if we do not continue to strengthen history in all of our occupations or in our professional life, then we will not come anywhere because then it will be diluted then you can just as well do something different." AM28 (translated version).

Searle, the founder and architect of the nursing profession in South Africa, developed the profession and influenced the nursing image and identity forever (Kotzé 2015:8).

- *Recognition*

Professional nurses recognise colleagues who exemplify best practices and acknowledge their unique contributions to the profession. Some have become living legends, such as Professor Watson, which further improves the profession's status, image, and uniqueness. Students lose their courage and cannot envisage the nursing identity they dreamed of. Nurse leaders need to act to acknowledge, assist and encourage professional nurses in South Africa. A key informant said:

> "... team-building days for nurses, or … negotiate for packages for nurses, these are all things that can help with the identity, but it only helps to say I'm one of a group ..." DW14 (translated)

- *Professional status*

For many years, the nursing profession has struggled to gain status as a fully-fledged profession. The policymakers in South Africa view nursing as the backbone of health services but have for some time regarded university education for professional nurses as inappropriate. This results in a contradictory (double bind) message to professional nurses and causes stress and confusion in professional members. Double-bind communication causes mistrust (Townsend 2015:197) and leads to negative employee outcomes that can induce professional nurses to consider leaving their profession (Visser 2011:8). A key informant expressed an appreciation of nursing education restructuring in South Africa to enhance health workforce performance, enhance the professional status of professional nurses, attract high-quality students, escape medical domination, and allow for more independent nursing practice (Blaauw, Ditlopo & Rispel 2014:2; Rispel 2015:15; Rispel & Bruce 2015:119). Blaauw et al (2014:2) and Yazdannik et al (2012:180) stated that university education is the most critical approach to improving professional nurses' professional status.

Key informants stated that a profession with a robust and acculturated identity possesses professional discipline and order, is governed and regulated, and is autonomous with ethical principles as a foundation that provides professional boundaries with secured members. Profession identity changes grow and give professional boundaries. Furthermore, it requires leadership to guide, direct and lead nurses to understand and instil professional identity. A key informant said the following:

> "... discipline is vital to cultivate the identity and to retain the identity ..." DW8 (translated).

- *Nursing culture*

When entering the nursing profession, a professional nurse accepts and internalises the nursing culture (subculture in the medical setting) and identity. Personal culture does not override the nursing culture. The professional nurse is socialised, adopts and practices the nursing cultures' norms and values throughout their professional careers. The profession's traditional nursing culture is questionable today and, therefore, the need to rebuild and reinforce the nursing culture and identity.

3.2.2.3.2 Position in relationship to other professions

A component of professional identity is the responsibility of professional nurses concerning allied health professions, for example, to deliver quality care after a doctor has operated. A person can

only perform those responsibilities with scientific training, which remains the responsibility of the nursing profession.

Nursing takes a leading role as members of a multidisciplinary team but remains domineered by doctors from a clinical perspective. Corporate healthcare organisations often adopt medical or clinical values but do not necessarily embrace broader nursing values. The eventual goal is to re-position the nursing profession, strengthen their position as equal members and acknowledge their frontline role in the multidisciplinary team. Patients trust and respect professional nurses because of their position and role in caring for their needs, and as such, professional nurses are in a better position to obtain essential information to inform eventual diagnoses and treatment. A key informant reported the following:

> "… nurses do [perform] more of those other members of the multidisciplinary team duties, whereas nursing has so many functions that we do, and they are distinct; no other member can do that." VM8

Nursing is constantly compared with medicine, which usually leads to a feeling of professional inferiority (Mishra 2015:414; Yazdannik et al 2012:178). Furthermore, nursing is exposed to supporting professions such as business administrators, financial departments and information technology, removing professional nurses from bedside nursing. A key informant stated the following:

> "… if you don't have the self-conviction that you're a professional and that the core of the profession is caring, you will get lost in those drivers and you lost your roots. Core of profession is caring – nurses have to be self-convicted that they are professionals – can do finances etc. but the core business is nursing." GH31

3.2.2.3.3 Nursing hierarchy

In the subcategory *nursing hierarchy,* key informants highlighted the characteristics of professional nurses with different levels of training in the profession and relevant influencing factors. Nurses are categorised according to their level of training, the Nursing Act 2005 (Act No. 33 of 2005) and the Scope of Practice (SANC). The public has difficulty distinguishing between the different nursing levels. It is required from the profession to take the responsibility to change public perceptions and educate them. The public mainly distinguishes between levels of nurses based on the differences in knowledge and skills they perceive in the person. Professional nurses appear knowledgeable and confident in their patient management and portray the traits of a professional. Despite the differences in scientific knowledge, roles and responsibilities of the

different levels of nurses, the nursing identity remains the same for all, e.g. image, values and ethos. Below is a quote from a participant:

> "... to all of them [nurses with different levels of training] the identity remains the same – an absolute central identity …" DW26 (translated)

Role clarification, supervision, responsibility and accountability of the professional nurses and practice should prevail. It remains the responsibility of managers and nurse leaders to provide safe patient care; sometimes, business priority dictates the most cost-effective staff or skills mix, which often results in challenging duty rosters. Patient safety must come first, and therefore scheduling an inadequate skills mix can result in professional nurses supervising staff without the necessary training to cope with patient needs fully.

Despite practice demarcation, and the universal hierarchy in nursing, all nursing tasks remain essential. A healthy embedded identity will prevent an identity crisis that manifests between different qualified nurses feeling inferior to each other. It is essential to build the identity on each level of training as stipulated in the Nursing Act and Scope of Practice.

As previously mentioned, professional nurses move further away from bedside nursing and regard it as inferior to their level of training to perform basic nursing care. Therefore, the lower qualified nurses with the lower level of training perform those tasks and fail to identify factors possibly dangerous to a patient's condition. These tasks became the responsibility of the lower qualified nurses, who are left without direct supervision at times, although professional nurses remain responsible and accountable. Irrespective of the level of training, no basic task in nursing is too low to be performed by a professional nurse. A key informant expressed the following:

> "You cannot say as a professional nurse that you cannot touch patients therefore the lower categories [lower qualified nurses] … are the ones that need to do that. "Actually, nursing is at the bedside." VM2, 3

According to Neal-Boylan (2013:1), nurses that are "educated" and maintain the view that bedside nursing is somehow "beneath" the professional nurse completely devalues what nursing is. It is unacceptable that professional nurses practising within the nursing profession would seek to devalue who professional nurses are. Certain activities are associated with the nursing identity. Professional nurses have traditionally been given medications; it is an everyday nursing activity linked to their professional identity. Bathing patients, which they experience as pleasant, is tacitly incorporated into the nursing identity (Wolf 2013:46).

Professional nurses said that leaders are responsible for protecting staff from unfair labour practices where lower qualified nurses are allowed to nurse beyond their Scope of Practice and then often disciplined when things go wrong. South Africa is a developing country and aims at a cost-effective nursing model. The lower qualified nurses assist the workforce to have sufficient staff and support the professional nurses with nursing care, but their services must be used responsibly with appropriate supervision and support. A key informant said the following:

> "There's unfair labour practice because ENAs [enrolled nursing auxiliary] are not being developed as registered nurses … cannot make an electrician the plumber." GH16

The lower qualified nurses are helpful for the profession but project a negative image of nursing. A key informant voiced the following:

> "... in the public eye, any guy working in a hospital is a registered nurse and no matter where you fit in a hierarchy, in their eyes you're supposed to know ..." AM4 (translated)

Role and identity clarification is essential for the image and identity of nursing and needs to be demarcated and implemented in accordance with roles, responsibilities and accountabilities. Currently, role and identity blurring results in uncertainty in the nursing identity due to a lack of role clarification. According to Browne, Wall, Batt & Bennett (2018:90), Yazdannik et al (2012:180), clarity and desirability of roles lead to professional identity development for the profession's practitioners; on the other hand, ambiguity and undesirability of the roles lead to confusion damage the professional identity.

3.2.2.3.4 Science and art of nursing

In the subcategory *science and art of nursing,* key informants emphasised that science and the art of nursing are fundamental components of the nursing identity. Professional nurses undergo rigorous training to acquire the science and the art, the affective part of the nursing profession (i.e., the art of caring), forming the profession's foundation and identity. Views expressed included:

> "… if I refer to Florence [SP], it's not just about the caring part but also about the scientific impact she has given to it [the profession]." AM1 (translated)

> "[Nursing] is human science built with aspect of natural science … psychology as well … even theology …" DW5 (translated)

Human science is the core of humanity and the foundation component of the nursing profession. Nightingale referred to nursing as an art and used the metaphor of a painter and sculptor that creates at the moment. Significant questions were asked, such as:

> Is nursing creating in the moment today? I think that's where the sculptor and the painter would fit in, that 'in the moment' there's a change … there's a different direction. GH1

Various other views, such as 'sciences' are taught, and the 'art' refers to the manner and ability to apply scientific knowledge compassionately. The art of nursing competencies develops with time in the presence of and assistance of role models. Consequently, professional nurses present themselves with an 'artistic'/humane approach whilst interacting with patients. A humane approach humanises all technical aspects and exhibits the art of nursing. The above was confirmed as follows:

> "Nursing as such is human science, the essence of humanity. That makes up the largest part of the entire identity." DW5 (translated)

> "… it's about teaching our nurses to apply the science; that is the art …" NG21

> "… there is science in the art of bed-making." VM4

Art is the connection between the professional nurse and the aesthetics and creates meaning. Art and beauty lie in the style with which one presents oneself in communicating and the expression of caring. It is the nurse leaders' responsibility to ensure that the public observers and acknowledges the practice of science and the art of nursing. A quote reflected the above statement:

> "People talk about care in the absence of the science and art in nursing. … I would like to see as part of our identity is the fact that they understand that there's a science to nursing and that nursing there is an art and there are some very defined nursing skills that allows [sic] you to practice in this nursing space." SV1

Art, when science fails, is how one presents oneself, one's presence; the patient and the professional nurse are prioritised in the centre of the moment.

3.2.2.3.5 Ethos, ethics and morality

In the subcategory *ethos, ethics and morality*, the key informants viewed ethos, ethics and morality as fundamental for the nursing identity. The nursing ethos strengthens nursing identity. Nursing identity involves the professions' unique ethos, ethical principles, philosophy, theories, norms, values, history and roles, which requires professional nurses' knowledge and skilled application. Ethics is a concern when one looks at the number of professional nurses that do not care. The country faces a 'nursing crisis', characterised by declining interest in the profession and a lack of a caring ethos (Rispel & Bruce 2015:118). A global decline in general societal morality, values, and norms is taking place, but role models in nursing transfer nursing characteristics and the nature and values of nursing, even though it should not be necessary for role models to transfer basic values such as politeness. Morality and moral behaviour form an integral part of most people's identity. The quote below states:

> "… part of identity is moral behaviour ..." DW39 (translated)

Anomie in society refers to abandoning moral and social frameworks, ethical codes, and a lack of generally accepted ethical and social standards. These aspects influence people's behaviour and the meaning they attach to life. Ample literature states that the value of morality and moral virtue enhances the nursing identity (Baillie & Black 2014:250; Laabs 2011:431; LaSala & Bjarnason 2010:4).

Both patients and professional nurses have rights, responsibilities and accountability in a healthcare situation. The patient has a right to safe nursing care, and the professional nurse has a corresponding legal and moral responsibility to provide the care. Sometimes there is a clash between the professional nurses' rights and patients' rights. Vital questions were asked:

> "An interesting dichotomy [was] brought up … we want to be a profession and … treated as professionals but when it gets to patient care, who comes first? The patient or my own rights as a professional person? … it should be part of the identity of the nursing profession that it will always be patients first …" GH7

Professional nurses' primary commitment is to patients, superseding other considerations. These nurses need to stand up for their rights without compromising the rights of patients and the professional image. Their responsibility is to protect and not impinge upon patients' rights. Professional nurses have responsibilities towards patients, the employer, society, the nursing profession and themselves.

3.2.3 Theme 2: Image of nursing

In theme 2: 'Image of nursing', the associated categories are *role models, nursing symbols, professional nurse traits, public role, and marketing* and *media.*

A picture of the image of a competent and professional nurse, e.g. pride in her body language, the way she speaks, dresses, and addresses others, is easily mentioned and described but not addressed in practice. Therefore, the negative image of professional nurses from the public makes it difficult to 'sell' the profession. Table 3.3 indicates the categories and associated subcategories that emerged from the interviews.

Table 3.3 Theme 2: Image of nursing

Theme	Category	Subcategory
Image of nursing	Role models	• Bedside nursing • Self-image of professional nurses • Historical role models
	Nursing symbols	• Uniforms • Distinguish devices • Nurse's Pledge of Service • The lamp
	Professional nurse traits	• Physical appearance • Public figure/appearance
	Public image	• None
	Marketing and media	• None

3.2.3.1 Category 2.1: Role models

In the category 'role model', subcategories associated with role models are *bedside nursing*, *professional nurse self-image*, and *historical role models*.

Role models develop with the experience and acknowledgement of the ideal behaviour of professional nurses should idolise and accept. Other behaviour should be rejected. A key informant said the following:

> "So, there's also that thing of role modelling, I want to be like you in this instance.
> I don't want to be like her, and I'm not going to be like that". GH9

A key informant said that professional nurses in leadership positions need to lead, guide and set an example for professional nurses and other nurses to develop and understand their role and responsibilities vis-à-vis the nursing identity. Nurse leaders and professional nurses should

portray and convey the nursing image with confidence and authority. Each professional nurse is an ambassador for the profession.

3.2.3.1.1 Bedside nursing

Bedside nursing is still valued as actual nursing and the main reason professional nurses enter the profession. It remains the focal point and primary responsibility, which requires the professional nurses' presence. Professional nurses and students form their identity at the first line bedside level. They delegate certain 'inferior' nursing tasks to lower qualified nurses, such as bed-making. That shift of responsibility removes role models (professional nurses) from the bedside nursing, leaving the less trained and inexperienced professional nurses and students in the crucial phase of developing a nursing identity, depriving them of valuable knowledge that the professional nurse could provide. Professional nurses at the bedside indicated they have limited opportunities to improve their status. When they move away from nursing at the bedside, it exposes novice professional nurses to other nurses who may have appalling nursing insight regarding practices and attitudes, which can cause novice professional nurses to model themselves on those examples instead. It is well known that the promotion of good professional nurses to become unit managers and matrons further impoverishes the quality of examples and coaching for the young qualified professional nurse. Nursing administrators remove role models from the bedside and leave the impression that basic nursing care is inferior. Furthermore, it means that the young ones are role-modelling each other. A key informant voiced the following:

> "… the role-model that I still remember is the person who was doing the basic … everybody looks at the person a bit higher up … they are the role-models. So, … no matter how educated and experienced, I am, I still need to do the basics, it will mean that everybody is going to emulate that …" VM7

Patients need compassion, expressive therapeutic touch and presence communication from professional nurses. Professional nurses need to do the functions delegated to other lower qualified nurses. That will be part of improving the image of nursing because the image is through this interaction. The quote below confirms the statement:

> "They [patients] still look for the therapeutic touch. They are looking for the old nurse who will say … [put] your hand there … to say, 'you are going to be fine' … These functions that we always delegate to the other categories [lower qualified nurses], these are the ones that we [professional nurses] need to do …" VM7

Professional nurses interact with the public and allied healthcare professions, where they can make an impression and gain respect for their unique individual and professional identity and the value their level of training brings. Role models being often at the bedside improve the image and identity of nursing, especially in the eyes of the public/society. It was communicated as follows:

> "… experts at the bedside will improve the image, the identity of nurses." VM 6, 7

The public needs to be educated to differentiate between different qualified nurses performing basic nursing care to prevent the public from humiliating them.

A key informants' perception is that a poor professional self-image leads to poor role models and, therefore, a generation with poor leadership skills. Not enough has been done to develop, sustain and strengthen leadership. Professional nurses are not necessarily promoted into positions that they have skills for. The following was conveyed:

> "… good clinical nurses that becomes [sic] poor managers … contributes to the lack of … and leadership." NG1

> "… lack of maybe assertiveness … they don't want to take the lead …" NG1

> "… we allow people to walk over us, then we don't want to stand up and lead …" NG1

During different periods in history, nursing has suffered from a poor public image, and in recent years a loss in nursing power at the national and government level due to a lack of leadership and nursing education, inadequately equipping nurses with the knowledge and skills to lead the profession (Shariff 2014:20). Role models play an essential part in influencing individuals' self-concept and self-esteem by setting standards of expectation for such things as body shape, complexion, material acquisitions and status (Walker et al 2012:29).

3.2.3.1.2 Self-image of professional nurses

A key informant referred to the positive image a prominent nurse leader portrays and described it as follows:

> "The authority with which she speaks, it is beautiful ... the way she pronounces her words, … the self-confident [sic]. The image she radiates … it sells nursing ... it gives you a positive picture of what is happening in nursing." AM14 (translated)

The key informant stated that there is leadership in the country and, therefore, necessary that those leaders become visible to the public to enhance the image. A positive self-image is a compelling professional image and culture which reflects a strong nursing identity. A key informant stated that the identity must be strong enough to convince doctors and other professionals of the value and contribution of nursing. Professional nurses need to stand together as a group and speak with one voice.

> "We have this fight to keep the nursing identity alive. We speak with one voice and they listen to us and they are convinced … as long as we are together, with a good identity, strong in our identity. Believe in the identity." VM15

A key informant made a significant comment:

> "... the identity will now be the professional self-esteem, but the public and the doctors will have a picture of you ..." DW33 (translated)

The self-image of professional nurses is poor. This phenomenon sets off a chain of circumstances in the profession, i.e. poor public image, poor leadership, poor professional image and poor role models. According to Yazdannik et al (2013:180), a professional nurse's self-image is closely related to the social and public image of the nursing profession suppressed by other professions. Self-image has great significance for mental health (Rosenberg 2015:6).

The absence of strong role models leads to a significant number of professional nurses having a poor self-image and being unassertive. Therefore, easy to be taken advantage of, abused, exploited, or manipulated in their ward hierarchy. Below is a relevant quote from a key informant:

> "[Nursing is a] profession with a low self-image; Poor low self-image, not assertive, allow people to walk all over us, don't stand up, don't lead. … we have a poor self-image and therefore we become poor role models and therefore we won't have a new generation that will come up with strong leadership skills." NG1

3.2.3.1.3 Historical role models

Nightingale, the founder of modern nursing, established a saintly nursing image with a devotional calling. Coming from a religious background, the public of those times admired and worshipped her. She cultivated a culture of giving and caring that grew from a religious background. She was a respectable high-class Victorian woman, projecting symbols such as religious images, uniforms,

language, and metaphors and projected a picture of being holy, pure and disciplined. She was therefore highly regarded and had status. Nightingale created a phenomenal image for nursing. Key informants emphasised the importance that the nursing profession learn from historical role models such as Florence Nightingale, local role models such as Kotzé and the late Searle, and others to develop the nursing identity. A participant's conviction was conveyed as follows:

> "We must have role models … not only have role models in practice; one must also have role models from history. There are many ... it forms a large part of our identity…you must know where the profession comes from." DW6 (translated).

Recent Australian findings demonstrate that knowledge about the past forms a key foundation for creating positive professional identities and provides a sense of connection to something significant and ongoing (Johnson, Cowin, Wilson & Young 2012:566).

3.2.3.2 Category 2.2: Nursing symbols

The category 'nursing symbols', is associated with the subcategory *uniforms*, epaulettes, *distinguishing devices, Nurse's Pledge of Service* and *the lamp*.

Symbols form a part of organisational life, and in this case, the nursing culture that unifies the group and builds the profession enhances the image, communicates values and inspires people. Key informants appreciate the nursing heritage and symbols of the profession. They are of the same perception that symbols provide an identity, distinguish nurses from each other, and function for the greater good of the community. The purpose of symbols is to achieve a common goal, and therefore it is essential that the meaning of a symbol 'lives'' within and transforms individuals. It was emphasised that symbols are necessary to join members of the profession and give them an identity beyond the environment in which the profession is being practised. The importance of keeping nursing history alive and building the profession's future was emphasised. A key informant referred to Lawyers' typical behaviour and custom, their use of courtroom attire, and their impact on society worldwide. A key informant expressed a view on symbols in the profession as follows:

> "... there are definitely symbols needed to connect us ..." DW13 (translated)

Key informants harbour different perceptions about symbols in nursing. Some find it militaristic and impractical; others believe they cannot be respected as individuals and as a professional nurse without distinguishing devices and uniforms. Others' views were expressed as follows:

> "… if they weren't in those uniforms and they didn't have distinguishing devices nobody would've known that they were nurses …" SV9

> "… if I'm not wearing a uniform, I don't have distinguishing devices … What else from within me will make the difference …?" SV5

3.2.3.2.1 Uniforms

It is desirable and necessary for professional nurses to wear uniforms unique to the nursing profession that differentiate between different levels of training and qualified nurses and portray a positive image. Clearer distinctions between healthcare professions could be beneficial for the image of the nursing profession. Uniforms need to resemble a neat, disciplined, professional and modern image while retaining an appreciation for nursing heritage. This will project a realistic image to the public and assist professional nurses to form and upholding a positive professional identity. The appearance of professional nurses should be managed with an appropriate uniform and weight control to create a positive and professional image. The wearing of clean white uniforms with the familiar epaulettes influenced many prospective candidates to choose nursing as a career.

Uniforms hold personal significance for those who wear them and act as powerful symbols representing the professional's identity and image (Desta et al 2015:1, 2). According to Hallam (2012:52), uniforms, in particular, are heavily value-laden. Putting on the uniform is a traditional ideal of professional identity and pride.

3.2.3.2.2 Distinguishing devices

Key informants have different views about distinguishing devices. One view was that the common thread of the value system should give nursing identity and not distinguishing devices. Key informants were ambivalent about distinguishing devices. It was said that South Africa might have an overdependence on symbols to give the profession an identity. Some key informants acknowledge the significance of distinguishing devices. Refer to quotes below.

> "Bars do not mean a lot in terms of nursing care. Identify their skills and education." VM9

> "The distinction between all the categories [level of training] is necessary for the public to identify us [professional nurses]." NG12

"Epaulettes distinguish the ranks [levels of training] from each other." VM9

Professional nurses argued for not relying only on symbols but being guided by an advanced educational system, practising the science and art of nursing, and demonstrating caring to identify them as professional nurses. Below is a significant quote from a key informant:

"… maybe in South Africa, we have an overdependence on symbols to … that define us or give us an identity." SV9

3.2.3.2.3 Nurse's Pledge of Service

A participant argued on the desired effect that the meaning of the Nurse's Pledge of Service should have. The challenge is to be careful about a meaningless ritual that does not add value, although rituals can be helpful. The vow can only give identity if the Nurse's Pledge of Service changes the individual and lives within the person and does not become a meaningless ritual subjected to anomie. The following view was raised:

"The Pledge must give meaning, must not be a meaningless ritual." NG10

3.2.3.2.4 The lamp

Through many decades Florence Nightingales' symbols of the lamp and the Nurse's Pledge of Service are used in the profession in many ways. The lamp's symbolic meaning is associated with 'bringing light in the darkness', and the light in the darkness gives hope to those who need help, which was the wounded soldiers during the Crimean war. It remains a powerful, established positive, and inspiring symbol for today's nursing profession. These were the words from inspired key informants who believe that the lamp still inspires professional nurses and is associated with the nursing profession.

3.2.3.3 Category 2.3: Professional nurse traits

In the subcategory *professional nurse traits*, the key informants highlighted the *physical appearance* of professional nurses and their image as *public figures*.

Key informants mentioned factors that build the nursing identity and influence the image of nursing as being the lifestyle and physical appearance of professional nurses, the way they present themselves in public and how they view themselves as a public figure.

3.2.3.3.1 Physical appearance

Key informants were of the perception that physical appearance emphasises and influences the nursing identity. There was a concern about the professional nurses' personal and physical appearance regarding overweight and obesity, smoking in public and how professional nurses present and behave in public. In South Africa, anecdotal evidence concerning the prevalence of overweight and obesity in nurses is alarming (Goon, Maputle, Okukoga, Lebese, Khoza & Anyanwu 2016:147).

3.2.3.3.2 Public figure/appearance

All the key informants felt that it is vital that professional nurses see themselves as public figures and accept the responsibility to behave professionally in public. One key informant said it is just as important to present this image to school children and youngsters to market the profession. The profession is constantly exposed to public scrutiny, especially among visitors. They observe professional nurses' behaviour and either envy or disapprove of their performance or label professional nurses and observe differences between personal and professional identity. They form perceptions depending on what professional nurses portray. A well-developed professional identity with integrated and well-rounded mature members will cultivate a positive public perception and image of the profession, valued by its customers.

3.2.3.4 Category 2.4: Public image

In the subcategory *public image,* key informants refer to the public's perception of nursing. The key informants highlighted that public perceptions and impressions are formed at first-line care when encountered by visitors, public and allied health professions, and what they read and see in the media. Meiring (2013:24) supported the public's perceptions of the image of nursing formed by the information received through interaction with the realities in healthcare and from the media. The nursing profession should assert its worth in society and the market itself. A key informant referred to a study done in South Africa that revealed that the public perception of professional nurses is positive, contrary to the negative image portrayed by the media. The study pointed out that the public expects nursing to be a caring profession and expects professional nurses to have some level of knowledge, training, nursing skills and caring capabilities.

Public labelling and negative perceptions cause a chain of feelings of negativity amongst professional nurses. It was felt that professional nurses need to distinguish between personal identity and public perception or labelling. The perception of the public in earlier centuries that nurses are representative of the pauper character Sairey Gamp, as described in the Charles

Dickens novel *Martin Chuzzlewit*. According to Hirsch (2015:169) and Crossman (2017:1), people tend to identify with and behave according to how others label them. It can cause negative repercussions when others are biased against and negatively label persons or groups.

A key informant perception that is dealing with the transgressions of professional conduct establishes and maintains a good nursing image. According to SANC (2016), Nursing Act, 2005 (Act No. 33 of 2005), patients and members of the public are requested to bring any case of misconduct by a professional nurse or midwife to the attention of the Council. It will assist the Council to fulfil its commitment to *"Excellence in professionalism and advocacy for healthcare users".* Cultivating a favourable public opinion and a well-developed professional identity is indispensable.

3.2.3.5 Category 2.5: Marketing and media

In the category 'marketing and media', key informants pointed out the influence of marketing and media on the nursing image and identity.

A key informant stated that the public is influenced by the media's dismal picture of nursing and the nursing profession's inability and inadequate marketing. These influencing factors also prevent young people from choosing nursing as a career. It was not only a perception by a key informant but also experienced that way. According to Huston (2014:339), from a sociological perspective, the reality and public image of nursing are disconnected. The greater public does not understand what professional nursing is about, and the nursing profession has done a poor job of correcting long-standing, historically inaccurate stereotypes.

3.2.3.5.1 Marketing

Key informants suggested a marketing strategy for various areas such as nursery, primary and secondary schools, utilising different media approaches, for example, radio, television talks, newspapers and social media. A national marketing strategy by nurse leaders should promote the rationale for choosing nursing as a career. It should highlight opportunities the profession offers, selection criteria, academic requirements and education levels, dynamics and uniqueness, and the country's social responsibility. It is vital to market the profession to prospective students and the public. Key informants' perception is that the public, in general, has a negative image of the nursing profession and therefore, it is challenging to market the profession. A key informant quoted the following:

> "We need to sell nursing … to say that this is what nursing is." VM2

Marketing strategies also fail to promote the nursing image. In an effort to market the profession, inappropriate models were used to represent professional nurses. In general, marketing of the nursing profession is inadequate, and the public and school educators are uninformed about nursing. According to Kagan, Biran, Telem, Steinovits, Alvoer, Ovadia and Melnikov (2015:374), despite the growing need to improve the image of the nursing profession to increase public support and recruitment of professional nurses, the issue of promoting or marketing the profession is not receiving proper attention. According to Marrone (2016:136-137), the marketing strategy must 'sell' nursing – but only to the right people. Developing an effective marketing strategy would, in the long term, attract better, more suitable prospective candidates to the profession.

3.2.3.5.2 Media

The media, in some instances, tends to portray a negative image of nursing. It is vital for nurse leaders and professional nurses to be visible and speak about issues at international and national levels, in public and professional arenas. The media, e.g. television, radio and newspapers, is a vital and powerful medium to change public perceptions and, eventually, the image of nursing. The following was voiced:

> "… to make sure that the good stories go to the media …" NG16

The way the media present the nursing profession to the public will empower or disempower nursing and expressed as follows:

> "… we must use the media if there is an opportunity to publicise nursing." VM12

The nursing profession has struggled with its public image, visibility, and voice throughout its professional history (Kelly & Tazbir 2013:190-191).

3.2.4 Theme 3: Institutional and organisational culture

In theme 3: 'Institutional and organisational culture', two associated categories, *external and internal drivers acting as motivators,* emerged from the interviews. Key informants referred to external drivers that influence professional nurses' behaviour rather than allowing internal drivers to influence behaviour. The quote below illustrates a view regarding these drivers:

> "It [private healthcare] is profit-driven. People equate quality to monetary value …
> that nurse must be an excellent nurse because I'm [managers of the organisation,

patients] paying a lot of money, those external factors [money, targets etc]. Should nursing identity not come from within? Shouldn't it be an internal drive?" GH30

Table 3.4 indicates the categories and associated subcategories emerging from the interviews.

Table 3.4 Theme 3: Institutional and organisational culture

Theme	Category
Institutional and organisational culture	• External drivers originating from the milieu [organisation]
	• Internal drivers originating from within

3.2.4.1 Category 3.1: External drivers originating from the milieu [organisation]

The category 'external drivers' refers to institutions, organisations and systems driving the professional nurses' behaviour. Organisations 'kill' professional nurses through too many projects, checklists and audits. The perception reflected was:

> "… killed nursing through too many systems, too many measurements. We are not allowing the person to protect the person's self …" GH19

A key informant mentioned that institutions provide various levels of position attached to certain statuses in the company. The placement of resources in various positions influences the image of nursing. Organisations expect professional nurses to fit into or accept promotions to positions that their heart is not necessarily by, for example, promoting good clinical professional nurses who are not necessarily good managers or educators. Subsequently, leaders lack the assertiveness and confidence to take the lead, speak up when necessary and accept accountability. Promotion, however, ensures professional status, improved image, increase in salary and better conditions of service and, therefore, can result in the inappropriate assignment of professional nurses. This extrinsic reward deprives all levels of training nurses of exposure to high-quality role models at the bedside. Unfortunately, this long-standing acceptable path left the newly qualified professional nurse and student without role models, proper socialisation role models and peers and left the young ones to role model each other. See the quotes below that explain an ingrained motive:

> "Today, the nursing professional is micro-driving by the organisations. We are driving them to fit into a position that maybe their hearts are not into." GH3

> "… we haven't sold these basic positions [beside nurses] to say if you are a preceptor, if you are manager, you still have a better role than any other person

> because you are a role model and therefore you should also be better remunerated." VM3

Stanley (2017:101) stated that ward managers and senior professional nurses climbing the managerial ladder advancing themselves slide down the clinical 'snake', often through their absence depriving neophyte professional nurses and other carers at the bedside of their expert guidance clinical leadership that could improve patient care.

Commercialised private health institutions create the perception that professional nurses appear to work for money and pursue a career rather than seeing it as a passion or a calling mentioned by a key informant. The following manifests from the profession:

> "So maybe those youngsters come in … it's a job, it's money, and many of them … keep families going on that small bursary that they get." NG4

> "… we've become a selfish profession - just for the money." GH13

Remuneration packages and a positive nursing environment are thus of utmost importance for developing a positive nursing identity in some areas of the profession. A concern raised was that Trade Union members, who are not in the nursing profession, negotiate nursing salary packages and force decisions concerning the profession at the organisational level, whilst they are ill-informed of what the profession entails. Key informants observed a lack of commitment and leadership from nursing organisations to negotiate for concerns in the nursing profession. A key informant said:

> "... all these trade union people sitting there; and what is upsetting, not one of them is a registered professional nurse." AM19 (translated).

According to Flinkman, Isopahkala-Bouret and Salanterä (2013:7), young nurses regard nursing as a profession, not a vocational calling. They construct themselves as talented, ambitious, and striving for career advancement.

3.2.4.2 Category 3.2: Internal drivers originating from within

The category 'internal drivers originating from within' refers to drivers that motivate within the individual that influences the behaviour of the professional nurse. Key informant mentioned that professional nurses use their senses to identify patient needs from within. Intrinsic motivation is where the impetus to take up nursing as a career originates from, and this must be nurtured

throughout the professional nurses' career to support the desired professional values. A quote below illustrates an opinion:

> The identity of the nurse … we need to … re-identify our roots, our goal, that which we give, and then travel the journey of rediscovery of the self and what it means ... people in the past who have gone into nursing, they cared from within, they gave from their heart. … it usually was a religious-based, a belief-driven giving. I give of myself because I want to." GH32

3.2.5 Theme 4: Nursing education

In theme 4: 'Nursing education', the associated categories of *educators* and the *education process* emerged from the interviews. Key informants highlighted the role of educators and specific educational processes that influence the nursing identity. A key informant pointed out that the nursing identity should be in the nursing curricula, and educators must understand the nursing identity and should not regard processes, procedures and outcomes as the only ultimate goal. Below is a quote to illustrate their perceptions:

> "Develop the self in the nursing education process to socialise with the professions identity." GH21

Table 3.5 displays the categories and subcategories that emerged from the interviews.

Table 3.5 Theme 4: Nursing education

Theme	Category	Subcategory
Nursing education	Nursing educators	• None
	Nursing education process	• School leavers • Selection criteria • Preparation prior to entering the nursing profession • Nursing curriculum

3.2.5.1 Category 4.1: Nursing educators

In the subcategory *nursing educators*, key informants emphasised the role educators fulfil in developing the nursing identity.

Key informants' perception is that nurse leaders' nursing identity must be strong to develop educators who can take up leadership positions, develop the profession and understand and teach the identity of nursing. Nurse educators shape the profession rather than nursing

administrators and therefore requires collaboration between the two sectors. Rispel and Bruce (2015:119) stated there had been relatively little emphasis on the social accountability of nursing education institutions in recent years. However, in South Africa, nursing education reforms are an essential strategy to enhance health workforce performance and improve the functioning of health systems.

It was said that education socialises students with professional values and establishes the nursing identity, but many educators are not equipped or are effective role models to fulfil that role. Furthermore, it is necessary to develop leaders and educators to teach subject matter such as ethics and nursing history and create professional nurses with interest, creativity, and enthusiasm. Key informants state that it is essential that educators learn from national and international historical role models. Educators must understand and teach nurses about the nursing identity and must return to professional values, respect and re-define caring. Literature supports educators' understanding of the nursing identity.

3.2.5.2 Category 4.2: Nursing education process

The subcategory of the *nursing education process* is associated with school leavers, selection criteria, preparation prior to entering the profession and nursing curricula. Nursing education is a national responsibility and involves meeting the needs of the community of South Africa.

3.2.5.2.1 School leavers

Nurse leaders receive criticism for a perceived lack of proper screening and for allowing school leavers who are merely 'looking for a job' to enter nursing. Quotes below illustrate their perceptions:

> "… there is [sic] just no other jobs for them … we take them … because we're desperate for hands but, we get people in here for the wrong reasons." NG5

> "… interviews are so superficial and then we allow them in and many nurses … go through a lot of conflict during their training and after a while the dominant value system is what plays out". SV11

The perception expressed was to build a professional identity cognisance of the type of person allowed to enter nursing as a student, and a robust process to identify and orientate that person into the profession is required.

A key informant mentioned that the education legislation had elevated nursing into higher education. All nursing candidates have a matriculation school-leaving certificate which influences the salary scale and is suitable for the nursing image. The standard-eight entrance hampered the profession's image for many years. South Africa is a country of high unemployment and requires systems to overcome barriers to allow suitable candidates access to education.

3.2.5.2.2 Selection criteria

Key informants mentioned gaps in the selection criteria and found that people enter the profession because there are no other jobs available in the country resulting in people entering the profession for the wrong reasons. There are many examples of professional nurses who did not have nursing as their first career choice but landed in nursing through circumstances and are doing an excellent job. Key informants painted a gloomy picture of authorities expecting nurse leaders to accept candidates who do not meet the required criteria to enter the nursing profession. Some of these people enter the profession with a background detrimental to its image. It is expected from those students to deliver the same quality care with the same skill set, which has not resonated with society and the community. Nursing is a dynamic and challenging profession and requires an individual prepared for all the demands. Below is a quote from a key informant that illustrates a perception:

> "… what we find is that sometimes political decisions are taken where the students coming in as the poverty alleviation project … we get people in here for the wrong reasons." NG4

Key informants strongly believed that an appropriate well-developed selection criterion is vital. Selection criteria for specific personalities and specific academic criteria are imperative. Companies' business expectations require the training of a significant number of students with limited selection criteria. This favouring of quantifying over quality resulted in candidates entering nursing education without a sound primary and secondary education. The knock-on effect is poor tertiary education learners who experience academic and eventual work difficulties.

3.2.5.2.3 Preparation prior entering the nursing profession

Key informants stated that professional nurses are unprepared before entering the profession for what will be expected of them in terms of science and art or their caring ability. They lack a complete understanding of the nursing identity, sense of responsibility, emotional demands and expectations from society. Nothing prepares individuals for what they are about to face when entering nursing and are exposed to engaging with the human condition from the cradle to the

grave. After a while, they experience conflict during their training, and their dominant value system plays out. Novice professional nurses struggle to find, clarify, develop and instil their own identity and value system and integrate personal and professional values. Therefore, the preparation of professional nurses prior to entering the profession is vital. See quotes below:

> "… it is quite a difficult profession because if you just think of the school-leavers … nothing prepares you for what you are about to face when you enter nursing from cradle to grave." SV1

> "Educators next to the bed to guide student, explain, inform, model, and teach them what is nursing about - if this does not happen, they will lose interest." VM4

> "… in that [education] process, there's a self-discovery ..." GH21

A key informant referred to the unpleasant and poor conditions that students may come from and how this can hamper their professional socialisation and development of a nursing identity. The student needs to be life ready and possess self-esteem skills. Nurse educators do not spend enough time preparing professional nurses before entering the profession to develop them as integrated and well-rounded mature individuals. They need assistance to develop their self-awareness and personal value system, and they need guidance to interface personal values with the profession's values. They need to develop self-leadership in their position, develop life skills, and build and portray a well-developed nursing identity. A key informant verbalised the following perception:

> "… in the first year of nursing maybe there should be some time where we help people with their own personal identity. Who am I? What do I stand for? I have certain prejudices? Do I have … particular strong views on certain aspects? I'm bringing that and that's my baggage. Now I'm entering into a new domain of nursing and this is what they say nursing is about and now how do I integrate into this? I don't think we address it as well now." SV13

Key informants' perceptions are that educators transfer scientific knowledge and clinical skills and strive to be good role models but lack showing interest and acknowledgement of enhancing professional nurses' potential by teaching them professional soft skills as part of the art of nursing. These skills should include leadership abilities, preparing them for leadership positions, and developing their personal and professional identity. Baillie and Black (2014:4) recommend that newly qualified graduate nurses have insight into their own values and how these may impact

interactions with others. Key informants raised challenges with a lack of discipline and professionalism of students. They said the following:

> "… I think many of the undisciplined students...many of them obviously came to the profession with a wrong idea ..." DW16 (translated)

> "… new generation nurse…does not like authority, although they like direction. Authority to them means discipline and unless they can define between authority and discipline, they will not accept what we're trying to tell them to do or get their buy-in. We're not enhancing the need to care in the nurse …" GH18

Key informants also pointed out that as soon as students are exposed to the clinical arena, they can lose their empathy and caring because of subtle forms of bullying.

3.2.5.2.4 Nursing curriculum

Educators must teach history with enthusiasm and interest in more creative ways. Ethos in the profession is considered important. A key informant said the following:

> "We must simply bring back ethos. We need to know where we come from." DW6 (translated)

Key informants consider nursing ethics education vital and knowledge about the requirements and characteristics of the profession and professional nurses' status and behaviour and opportunities to develop leadership, for example, through exposure to professional organisations. Nursing curricula should include teaching the nursing identity, facilitating interfacing of personal and professional values, and professional nurses' private life to accommodate professional life and uphold professional behaviour and image. The development of self-awareness in professional nurses is essential. The deep inner identity of the profession lies within each professional nurse and vice versa. The 'soul' of the identity should be educated theoretically and built into the profession's education system and in the profession's identity. Instead of partitioning the well-being and professionalism of professional nurses into silos, efforts must integrate the seeds, thoughts, ethics and professionalism into as many training programmes as possible.

3.2.6 Theme 5: Corporate governance

In theme 5: 'Corporate governance', five categories and two subcategories emerged, as displayed in Table 3.6. Key informants referred to professional regulation, leaders and leadership, political and government influence, union influence and privatisation, and corporate governance in public.

Table 3.6 Theme 5: Corporate governance

Theme	Category	Subcategory
Corporate governance	Professional regulation	• Accountability
	Leaders and leadership	• Visibility of professional nurses
	Political and government influence	• None
	Unions	• None
	Private and the public sector	• None

3.2.6.1 Category 5.1: Professional regulation

In the category 'professional regulation', the subcategory *accountability* emerged.

Key informants referred to South Africa as the first country globally with state registration for nurses, which improved the nursing image. The nursing act, regulations, Scope of Practice and practising licenses structure the profession. All employment-related and regulating acts applicable to the nursing profession play a role in formatting the nursing identity. Sadly, some professional nurses chase their rights and undermine SANC, which has consequences for the profession, such as discontinuing professional autonomy. These behaviours move professional nurses away from the core of nursing and have negative consequences for them, the profession and the nursing identity. Key informants believe hard and strict discipline in the profession, proclaimed from the highest position in the country, will evolve the nursing identity.

3.2.6.1.1 Accountability

Key informants emphasised their perception of professional nurses' accountability for all actions while carrying out their responsibilities and justified all decisions carried out. A quote from a key informant emphasises accountability in the profession:

> "The mere fact that you have accepted the delegation and other directives. You are accountable and responsible for your actions … Your identity is still there intact … make your decisions based on morals, values, acts." VM13

3.2.6.2 Category 5.2: Leaders and leadership

In the 'leaders and leadership' category, *visibility* emerged as a subcategory from the interviews. Key informants acknowledged that there are strong nurse leaders in South Africa but are silent. Nurse leaders need to position themselves on a national level and become involved in strategic leadership, improve visibility in public and the profession and become the voice for professional nurses. Key informants unanimously agreed about the lack of leadership and not enough has been done to develop, sustain and strengthen leaders. The following quote highlights the challenges:

> "… we're making excuses for ourselves all along, and we're lacking leadership in nursing. We [leaders] are not facing the challenges of nursing …" GH15

In building a nursing identity, leaders' identity and values must be strong and required to portray a positive image by being visible in public and the media and be prominent on all possible platforms.

3.2.6.2.1 Visibility of professional nurses

A challenge in nursing is the lack of visibility of professional nurses to improve the outward image of the nursing profession. A key informant said the following:

> "… it will enhance the image of the profession to be more visible. But to get nurses to carry that image, they must first build an identity." DW21 (translated)

Key informants voiced a perception that leaders of the regulatory body (SANC) require visibility and should portray the image of the nursing profession globally, be public speakers, and market and lead the profession. Leading public figures should be well-known to professional nurses and the public. Professional nurses must develop skills for presenting themselves in and to the media and take responsibility for moving from 'silence to voice'. The effect of globalisation on South African professional nurses, challenges nursing leadership and requires nurse leader participation at all levels of corporate governance.

3.2.6.3 Category 5.3: Political and government influence

In the 'political arena and government influence' category, key informants highlighted the political scenario's influence on the nursing identity. They mentioned that politics and the government affected the image of nursing and verbalised the following:

> "… never forget the impact of the political scenario on the image of nursing." GH26

> "… very few of us … stand up and tell the Minister …" NG5

Key informants said that poverty alleviation projects in the country led to inappropriate entry criteria for nursing, and the profession ended up with the wrong people for the wrong reasons. Nursing is not their first choice, only a job, and subsequently lacks responsibility and accountability. This situation led to frustration amongst professional nurses and has negatively influenced the nursing profession.

Unfortunate, misleading derogatory comments and praising announcements from government officials to the public led to undesirable consequences for nursing. As a result, this exacerbates the poor nursing image and identity. Leadership is necessary for political efficacy and to influence government. Due to the lack of leadership, the quotes below display the effect thereof:

> "… [nursing] are the backbone of the health services but, on the other hand …, you're [the Minister of Health] saying you don't want nurses … at university…" NG5

> "… devils in white … It does not matter in what context the Minister of Health said it, the damage is done, not only of the future of the profession but especially to those nurses that currently practice. If the Minister refers to professionals in that way, what courage does nurses have for tomorrow?" AM19 (translated)

> "… a nurse is a person one can take from the street, it's like a mom – if you are a mother you will be able to nurse – which is not true." DW5 (translated)

According to Huston (2014:384), professional nurses are reluctant to become active in the political arena, possibly due to a lack of skills, confidence or a perceived lack of congruity between professional behaviour and politics. Politics is the art of using legitimate power wisely and requires clear decision-making. Political and government influence, set in motion by the Minister of Health's appointment of the chairperson and members of SANC rather than by profession itself, has moved the focus from professional to political priorities. These appointments may be politically correct but are not necessarily appropriate for the position and influence of the profession's image. A key informant's opinion was the following:

> "The other problem … around the image, is that the Minister now appoints the council and the chairperson … that are maybe politically correct but not the people

who can do the work." But there's a lot of undermining of the nursing council as well and that also damages the image and the identity of nurses." NG8

3.2.6.4 Category 5.4: Unions

In the category 'unions', the key informants emphasised the influence of unions on the nursing identity. Professional nurses become frustrated because their voices are not heard by the government, which sometimes leads to strikes resulting in neglecting patients, staff intimidation and violence. These scenarios tarnish the profession's image whilst many other means are available to address professional nurses' needs. Public responses to strikes vary, but public sympathy never supports a striking professional nurse that has left patients unattended; however, there were situations of a public outpouring of sympathy for professional nurses whilst bargaining for better working conditions and compensation. According to Cherry and Jacob (2016:264), nursing is a trusted profession, and for many professional nurses, striking is a symbol of negative behaviour. Strikes must be carried out lawful and organised to safeguard the nursing image.

3.2.6.5 Category 5.5: Private and public sector

In the category 'private and public sector', key informants emphasised the different perceptions of healthcare delivery in the public and private sectors. The private sector hospitals are profit-driven and require authorities to train many professional nurses due to staff shortages, often people without sound primary and secondary education. The immense effect is not only on patient outcomes and patient experience but detrimental to the nursing identity.

3.3 SUMMARY

The key informants listed the influencing factors and perceptions that shape and influence the nursing identity. They showed concern for the nursing identity and suggested that it should receive more attention, be debated, and form part of the curriculum in the training of professional nurses. After that, the nursing identity should continuously be reinforced.

In summary, the nursing characteristics form and influence the nursing identity and how it manifests in practice. Professional nurses influence and shape the nursing identity through their personal values and behaviour. Individuals' personal and professional norms and values must be integrated and socialised. Organisation culture and corporate governance must be aligned to patient needs and support the appropriate level of education with a natural and human science foundation and the sound, legitimate regulation of the profession. A robust nursing identity

influences the public image mainly determined by role models, nursing symbols, and the marketing of the profession.

Chapter 4 reports the data analysis, discussion and literature control of sample B (focus groups).

CHAPTER 4

DATA ANALYSIS, PRESENTATION, DISCUSSION AND LITERATURE CONTROL OF PHASE I'S FINDINGS (SAMPLE B), AND INTEGRATION OF THE FINDINGS (SAMPLES A AND B)

4.1 INTRODUCTION

This chapter presents the data analysis, discussion and literature control of the qualitative phase I. The second discussions were with professional nurses, referred to as sample B (the focus group participants). Theme, categories and subcategories are compiled in table format below. Verbatim references and related literature support the discussions of each theme, categories and subcategories.

Tesch's method was applied to analyse the data collected during phase I (Tesch 1990:114). The topics were then listed into main, unique and remaining headings. The relationships between categories were established, followed by abbreviated codes. The sorted data displayed consider commonalities, uniqueness and contradictions of the content. Re-coding was performed where necessary. The methodology used was presented in Chapter 2, section 2.5.1. Table 4.1 displays the main themes that emerged from sample B. The data from samples A and B produced virtually the same themes as it appears below, indicating its perennial nature.

Table 4.1 Themes from sample B (focus groups)

Sample B (focus groups)
Theme 1: Nursing characteristics
Theme 2: Image of nursing
Theme 3: Institutional and organisational culture
Theme 4: Nursing education
Theme 5: Corporate governance

4.2 ANALYSIS, DISCUSSION AND LITERATURE CONTROL OF SAMPLE B (FOCUS GROUPS)

The data from sample B (focus groups) was collected from four focus group sessions involving professional nurses in the private (groups 1 and 2) and public (groups 3 and 4) sectors. The researcher was satisfied that the participants possessed the knowledge, experience and understanding of the nursing identity. Annexure I, table 2, depicts the biographical profile of sample B representing the diverse population of South Africa. The majority of participants were

married females. The age distribution ranged from 24 to 55 years, with work experience in the nursing profession varying between 4 and 36 years. The last three tabular entities reflect the nature of socialisation, education at home, and the different motivations propelling the candidate towards nursing. Most participants had a family member who was a role model in nursing, a nursing background, a calling and a passion for caring for people or a family member at home, which influenced their career choice to study nursing.

4.2.1 Demographic data

Annexure I portrays the demographic nature of sample B and depicts gender, age distribution, marital status, years' experience, education institution, academic qualification (post-graduate and highest academic qualification), position in the profession, religion, healthcare role models in the family, parents' occupation and what prompted them to choose nursing as a career.

Of the participants (n=25; 100%), the majority were females (n=24; 96.0%), 68.0% (n=17) married, 4.0% (n=1) widows, 4.0% divorced (n=1) and single 24.0% (n=6). The age distribution of the participants is 8.0% (n=2) between ages 20 to 29 years, 32.0% (n=8) between ages 30 to 39 years, 20.0% (n=6) between 40 and 49 years and 36% (n=9) between 50 and 55-years. Of the 25 participants, 4.0% (n=1) has 1 to 9 years work experience, 44.0% (n=11) between 10-19 year, 20.0% (n=5) between 20 to 29 years and 32.0% (n=8) between 30 to 39 years work experience. Participants mostly had pre-graduate education at nursing colleges and the majority have postgraduate qualifications such as critical care, Honours and Master's degrees. The positions of the participants vary from unit managers and professional nurses (n=19; 76.0%), clinical facilitators (n=4; 16.0%) and operational managers (n=2; 8.0%).

Regarding those who influenced participants' decision to pursue nursing as a career, participants had family members who were professional nurses and midwives who served as role models. Some of the participants' mothers were nurses, but none of the participants' fathers was in the medical field. Participants declared that they knew from a young age that they wanted to help sick people or become midwives. Some were exposed to nursing at a young age or inspired by a nurse. One participant was initially interested in studying radiography but opted to do nursing instead due to circumstances. Most participants identified as Christian by religion.

4.2.2 Theme 1: Nursing characteristics

In theme 1: 'Nursing characteristics', three categories emerged: personal, professional, and profession characteristics.

Participants appeared ignorant of the understanding and extent of the nursing identity. Conversations initially required probing to flow. They stated that professional nurses should take the responsibility to build the nursing identity, starting with the person. Below is evidence of a participant's view:

> "Identify who am I as a nurse and move forward … that's the only way we're gonna build up this identity of ours. "… build the person and build the profession." G2[24]

The sessions emerged personal and professional traits and, lastly, traits of the profession. Table 4.2 displays the theme, three categories and twelve subcategories.

Table 4.2 Theme 1: Nursing characteristics

Theme	Category	Subcategory
Nursing characteristics	Personal characteristics	• Personality traits • Professional etiquette • Self-image of professional nurses
	Professional nurse characteristics	• Professional socialisation • Integrate personal, professional and characteristics of the profession • Professional nurse traits • Professional self-caring traits
	Characteristics of the profession	• Traits of the profession • Nursing hierarchy [different qualified nurses] • Science and art of nursing • Ethics and morality

4.2.2.1 Category 1.1: Personal characteristics

In the 'personal characteristics' category, associated subcategories are *personality traits, professional etiquette, and self-image of professional nurses*.

4.2.2.1.1 Personality traits

In the subcategory *personality traits*, the participants highlighted personality traits professional nurses should portray.

The distinctive desired personality traits of an ideal professional nurse were emphasised. The traits mentioned are good human qualities such as compassion, passion, friendliness, etiquette, patience, tolerance, understanding and determination. Ethical qualities such as integrity, honesty, respect for oneself and towards others, dignity, ethical behaviour, altruism, to be able to compromise, flexibility, empathy, give hope, communication skills, sympathy with and support towards patients and families, and lastly, scientific and people knowledge and insight. These

qualities provide confidence to professional nurses and gain the public's trust. Participants voiced it as follows:

> "They need friendly people because they will say that the nurse that handed out the tea, she's so good. She was so friendly." G2[1]

> "You must have empathy. That's the ideal nurse." G1[1]

Babu (2014:169) asserts that nurses should possess some personality traits other than professional skills, such as self-confidence, empathy, emotional stability, flexibility, mental alertness, and kindness. Furthermore, participants specified distinguishable personality traits that suit different specialities, such as paediatric professional nurses with a softer approach than emergency room professional nurses and their distinctive so-called 'adrenaline junky' personality and the assertive intensive care professional nurse. Different personality types prefer a specific working environment to be able to thrive. Although professional nurses' personalities differ, professional behaviour remains the same and coherent, and different levels of trained nurses portray a similar image and identity. According to Berl (2020:14) and Kennedy, Curtis and Waters (2014:40), limited research explores nurses' personality characteristics within clearly defined nursing speciality areas. The personality characteristics of an individual have been linked to occupational choice.

- *Caring and compassion*

Participants emphasised caring, calling and compassion. Caring is a distinctive trait of the nursing profession. However, basic traits are inherent in all nurses. Participants envisaged caring as Godly because people are born and die in their hands, and they are enabled to care in all situations. Participants expressed the following about caring:

> "It's supposed to be a caring and emotionally supporting the families …" G2[7]

> "We must be compassionate." G1[18]

The public perceives professional nurses as persons taking care of them. Caring is holistic nursing that encompasses physical and psychological care for patients' beliefs and religious convictions. In the past, people viewed nursing as a caring profession. Professional nurses took it as a vocation, not as a profession, while today, it appears the focus is to earn money. Participants admired the 'Nightingale" image and desired a similar impression for the public to see them as a caring profession. Despite these impressions, patients' experience of professional nurses is often

that they do not care. The participants acknowledged the lack of care of some professional nurses. Two participants expressed their views about caring in the workplace as follows:

> "… they [nurses] don't care. Nurses are rude." G2[2, 6]

> "… the attitude of staff towards the patient is totally different from what nursing itself is preaching …" G3[2]

Discourtesy takes on many forms, and all lead to a threatening environment and result in low self-esteem and poor self-image (Catalano 2019: 306, 411, 415).

- *Calling*

The majority of participants viewed nursing as a calling. They do not want the nursing identity to change but were convinced that the identity has changed because nursing is no longer a calling for some professional nurses. Below is a quote from a participant:

> "… there must be a calling. … it's not just a job … we do take people off the street and make them nurses and I think that's one of the big problems in nursing, but I still think that it's [nursing] a calling. That's the ideal nurse …" G1[1]

Upholding caring values in daily clinical practice assists professional nurses to transcend from a state where nursing is perceived as "just a job" to that of a gratifying profession (Watson 2011:45).

4.2.2.1.2 Professional etiquette

In the subcategory of *professional etiquette*, etiquette is considered a vital trait of an ideal professional nurse, such as greeting and a professional image. According to Pagana (2010:46), professional etiquette is not optional for personal and professional success; it is a critical link for coming across as a polished, confident, professional nurse.

4.2.2.1.3 Self-image of professional nurses

In the subcategory *self-image of professional nurses*, participants shared perceptions about their self-image, making them appear uncertain. They indicated that doctors and the public have negative perceptions about professional nurses. They are abused by doctors and the public and are addressed in an unacceptable manner. Participants said with dismay and loathing that it makes them feel like 'doormats' and 'punching bags'. They feel 'unprotected' because others are

‘allowed’ to swear at and abuse professional nurses. Doctors make professional nurses feel inferior in the way they treat them. Management does not allow professional nurses to stand up against doctors and the public. Doctors and the public act aggressively toward professional nurses that lack assertiveness and behave submissively. It was also mentioned that professional nurses used to carry themselves with dignity, and the culture towards nursing was to show respect, but these days it comes across as the opposite. They said the public, patients and doctors abuse them because of their (the professional nurses) poor self-esteem, lack of assertiveness and historically submissiveness. Participants find it easy to advocate for patients but have lost confidence because of the permissible unacceptable behaviour of the public and doctors. Participants’ belief in the image of nursing in South Africa is negative. The quote below describes the response of authorities when professional nurses are assertive:

> “But as soon as you start doing it [be assertive], then you’re the rude sister or nurse … then you get taken to management because you were rude. But what about the patient who spits in your face or swears at you or hit your staff” G1 [38]

According to White, Phakoe and Rispel (2015:5), nurses find it challenging to provide care in the face of disrespectful patient behaviours and bad attitudes.

4.2.2.2 Category 1.2: Professional nurse characteristics

In the second category, ‘professional nurse characteristic’, associated subcategories are *professional socialisation*, *integration of personal, professional and characteristics of the profession*, *professional nurse traits* and *self-caring characteristics.*

4.2.2.2.1 Professional socialisation

In the subcategory, *professional socialisation*, participants referred to the socialisation of individuals into the nursing profession. They said that individuals enter the nursing profession with their personalities and unique culture. Professional socialisation commences immediately to acculturate the nursing culture into professional nurses. Despite different personalities, the profession moulds the individual to portray a professional image. Professionalism matures with experience and long-standing socialisation with the professions’ values. Participants experience a shortfall in the professional socialisation process regarding how a person presents themself to patients and the public. Novice professional nurses lack socialisation in professional values, caring, and respect toward senior hierarchy. Most professional nurses still try to uphold the nursing image, culture and identity.

4.2.2.2.2 Integrate personal, professional and characteristics of the profession

In the subcategory, *integration of personal*, *professional and profession characteristics,* participants encouraged integration, but one participant had a different view regarding behaviour after hours.

Participants pointed out the lack of professional socialisation regarding private life that should accommodate professional life. Participants unanimously said professional nurses must adapt and accommodate the profession's values and identity. Some professional nurses have difficulty integrating personal and professional lives but expect the work to align with their private life. They want to work when it suits them and not necessarily when the hospital, institution or organisation, need their service.

Opinions differed regarding the professional role and their behaviour after working hours. The minority said they live their lives as they wish after working hours. The majority stated that a professional person is always responsible and accountable to the profession and may not bring the profession into disrepute. Participants pointed out that whilst wearing a uniform after hours, one still needs to act and portray professional behaviour and image. They mentioned that when the people in their community know that they are professional nurses, they expect them to fulfil that role. Participants said professional nurses must take responsibility for intervening in negative public conversations toward them and health services to understand better the distorted or misinterpreted events.

4.2.2.2.3 Professional nurse traits

In the subcategory *professional characteristics*, participants distinguished between specific traits unique to professional nurses.

A professional nurse is characterised by professional behaviour (professionalism), commitment to the profession, pride, professional etiquette, scientific knowledge and skills, an academic outlook and the ability to apply knowledge into practice, emotional intelligence, responsibility and accountability, autonomy and independent practitioner and a distinctive patient-orientated approach. A participant expressed the following:

> "Professionalism is not something that is out there … it's something within you." G3[1]

The majority of professional nurse's respect hierarchy in the profession and respondents said the following about respect for seniors:

> "Nowadays you walk in and the students are sitting. The matron will walk in; they won't even stand up. … that respect is gone, that caring is gone …" G3[4]

> "We [seniors] allow them [nurses and students] to speak to us [professional nurses] the way they want … when my senior was entering the room, I will stand up but today when you enter … how often do we find them sitting in a nursing station, at times eating or with their cell-phone, and we are not saying anything?" G1[7]

Different opinions arise about free consultation of nursing services to the public after hours. It is regarded as a free service, and therefore the nursing profession is seen as 'cheap' compared to other professionals, such as doctors who charge consultation fees. Participants voiced a concern that it damages the reputation of the profession.

- *Expressive therapeutic touch and presence communication*

Touching, listening, and conversing with patients is vital in delivering quality care. Technology tends to take professional nurses' personal touch away from patients, but it is possible to combine the two processes. Professional nurses are required to have greater technical expertise and knowledge. Technical competency is increasingly a key indicator for professional nursing practice and therefore equated to professional identity. The use of technology raised concerns that caring, a traditional core nursing attribute, is devalued. According to Shishehgar, Kerr and Blake (2018:2), with technology taking care of routine tasks, more time can be devoted to patient interaction, establishing an emotional connection with patients and responding appropriately to their needs. The "caring" aspect of nursing will be made real (Pepito & Locsin 2019:107).

- *Visibility and communication*

Professional nurses' visibility at the bedside improves the image of nursing in the eyes of the public, doctors and the multidisciplinary team. It creates opportunities for patients and relatives to communicate with highly educated professional nurses, improve communication and understanding and subsequently improve the image and identity of nursing. Additionally, the public finds it difficult to identify the different levels of education of the nurses. Nurses at the bedside lack knowledge and ability to participate in doctor's rounds due to their level of training and communication skills. Therefore, professional nurse visibility is significant in delivering quality care and portraying a positive image of nursing identity.

4.2.2.2.4 *Professional self-caring traits*

In the subcategory *professional self-caring traits*, participants yearn for nurse managers and leaders to show care and understanding towards professional nurses. Participants' view of self-care is that managers care for them. Participants consider professional nurses as human beings who need compassion and love to be listened to and not judged too harshly, which might kill their spirit. Professional nurses constantly receive deprecation from the public, media, politicians, managers and many other role players. A participant mentioned the following:

> "Nurses are actual human beings that need that compassion, that needs that love, that needs somebody to listen to, not be judged harshly at times, because it can just kill your spirit." G4[22]

4.2.2.3 Category 1.3: Characteristics of the profession

In the category 'characteristics of the profession', the subcategories associated with the professional characteristics are *profession traits*, *nursing hierarchy*, *science and art* of *nursing,* and *ethics and morality*.

4.2.2.3.1 *Traits of the profession*

Regarding the subcategory *professional traits,* participants referred to the profession's status and the nursing culture associated with the profession's traits.

- *Professional status*

Historically doctors dominated (oppressed) the nursing profession. The doctor's image and social status are stronger than nursing due to their scientific knowledge and qualifications. Historically, doctors give 'orders' to nurses who still sometimes struggle to liberate themselves from the historical 'handmaiden' image of the past. Some professional nurses ridiculously remain inferior to doctors they face daily. Participants report a vast difference in the respect older doctors to show toward nursing staff compared with younger doctors' disrespectful behaviour. Professional nurses refuse to be treated like maids or servants despite patient or doctor's culture, age or status. Participants mentioned that professional nurses experience that the public regarded doctors as 'saints' and professional nurses are blamed for what doctors do or do not do. According to Stanley (2017:334-335), liberation from oppression must come from within the oppressed group itself.

Historically, nursing is known as a poorly remunerated profession. The perception is that nursing is inferior in the public's eyes whilst participants view nursing on the same level as lawyers and doctors, as highly professional. A participant said:

> People saw nursing as caring. People didn't see nursing as a profession. So now that nursing it's a profession which means, if we all did study for four years, let us be not exactly at the same scale but let us be more or less the same. G2[22]

- *Nursing culture*

All participants acknowledged that a nursing culture exists. Apart from the country's diversity of patients and nurses, acculturation of the nursing profession starts when the student enters nursing and develops slowly during training until maturity. The stereotype culture, such as respect for authority, leaders and professional nurses in higher positions in contrast to the manner professional nurses speak today, their bad attitude and behaviour and how they struggle to believe in themselves, all change the culture in nursing. Participants showed their rejection of the above-mentioned appalling behaviour professional nurses allow into the profession. A participant explained the following about personal culture versus professional culture:

> "If you look at the culture now, they (students) don't have that same respect for the people that is [sic] in higher positions than they…" G1[2]

4.2.2.3.2 Nursing hierarchy [level of training]

In the subcategory *nursing hierarchy*, participants shared their views about the different levels of nurses, the challenges in practice, and public perceptions.

Participants said that scientific knowledge distinguishes professional nurses from lower qualified nurses. The latter is trained to perform tasks according to SANC Scope of Practice. Lower qualified nurses lack knowledge and insight about their responsibilities. The public is uninformed and confused about the differences between nurses regarding their level of training, Scope of Practice, different distinguishing devices a nurse wears and how to address them. Patients say, "that sister" when referring to a porter with bad behaviour. Public education is vital.

Participants' views were that as long as the profession has different levels of trained nurses, nursing will struggle with the professional image and nursing identity. The public expects good service, friendliness, and competency regardless of the level of category nurses and distinguishing devices.

A concern is the consequences of similar uniforms for all nursing levels. Patients ignorantly struggle through three nursing levels before receiving attention from professional nurses. Patients direct questions to the least trained nurses, care workers and enrolled assistant nurses, who cannot answer them and call upon a slightly higher trained nurse, and after that request, a professional nurse possessing scientific knowledge can assist. The public experiences confusion and frustration, becomes aggressive and develops false impressions of professional nurses' lack of competence and ability. These daily scenarios are detrimental to the nursing profession. The quote below relates to this scenario:

> "… we all have name tags, but ... they will ask the cleaner … sorry, my drip is not working. They don't know it's the cleaner." G3[10]

4.2.2.3.3 Science and art of nursing

In the subcategory *science and art of nursing,* participants emphasised the tension between caring and technology. The professional nurse focuses on machines and technology and not as much on caring. They touch and talk less to patients while caring for them. It creates the perception that professional nurses have lost their caring approach. Participants expressed their views that knowledge without the ability to apply it hampers the nursing identity.

4.2.2.3.4 Ethics and morality

In the subcategory *ethics and morality*, participants said more emphasis should be placed on the Code of Ethics for Nursing Practitioners during training and throughout one's professional career. A participant made a significant remark about a lecturer who taught them moral values and ethical behaviour during academic studies. That guidance added value to her life. A participant's words were:

> "… some morals were taught down to us from our lecturers …" G3[8]

4.2.3 Theme 2: Image of nursing

In theme 2: 'Image of nursing', categories of 'role models', 'symbols', 'professional nurse traits', 'public perceptions' and 'marketing and media' emerged from the sessions and can be associated with the image of nursing. Below are quotes of the participant's views of the image of nursing.

> "When you're talking about the image, I think a nurse must portray a [sic] image of … the public must see you as a glimmer of hope …" G3[13]

> "… neatness and the tidiness ... give out a perception of this person … knows what she's doing …" G1[17]

Table 4.3 below indicates the categories and associated subcategories.

Table 4.3 Theme 2: Image of nursing

Theme	Category	Subcategory
Image of nursing	Role models	• Historical role models • Professional role models
	Nursing symbols	• Uniforms • Distinguishing devices • Nurse's Pledge of Service
	Professional nurse traits	• Physical appearance • Self-presentation • Public figure [public appearance]
	Public image [perceptions]	• None
	Marketing and media	• None

4.2.3.1 Category 2.1: Role models

In the category 'role model', the subcategories that emerged are *historical* and *professional role models*.

4.2.3.1.1 Historical role models

Florence Nightingale, a true role model, gave her life for nursing to serve people. The way she did it made an irreversible impact on the profession. There is a need amongst professional nurses to be led by role models. The professional nurse's responsibility is to build on that culture and identity in South Africa. They believe professional nurses are leaders able to establish a nursing identity. A participant expressed the following:

> "… if we can see nursing image to be like Florence Nightingale, we will really impact … have a good impact to our community. G3[9]

4.2.3.1.2 Professional role models

Professional role models are moving away from the bedside. Participants observe fewer role models in the act of nursing, and as such, there are fewer role models to identify with.

Acculturation of the nursing culture requires role models to set the example and subsequently earn respect, influence behaviour and transfer professional values (behaviour and attitude). Subordinates will relate to professional nurses acting in that fashion. Communication and visibility of professional nurses (role models) at the bedside will improve the image and identity of nursing. The least trained nurses are allocated to the bedside, and the professional role models see these tasks as inferior and prefer performing tasks away from the bedside.

4.2.3.2 Category 2.2: Nursing symbols

The category 'nursing symbols' are associated with *uniforms*, *distinguishing devices*, and the *Nurse's Pledge of Service*. Participants stated that these symbols are unique to the nursing profession and expressed that they attached value to the symbols. That counts for each category that distinguishes them from each other. A participant described it as follows:

> "… if I'm a professional nurse … no-one can take it away from me but there must be some form of identity that is unique to this profession …" G3[1]

4.2.3.2.1 Uniforms

Participants prefer uniforms and are proud to wear them, as is evident from one of the comments of a participant:

> "The uniform is lovely." G1[14]

Participants mentioned that young professional nurses are not well socialised to be proud of their uniforms. Middle-level managers need support from management to socialise young professional nurses to wear their uniforms with pride. All participants expressed the concern that nurses, porters, cleaners, and kitchen staff wear the same uniform as professional nurses. They voiced the following:

> "They wear the same as us. They call everybody the sister. Even the care worker that wash them or whatever, they will say that sister was rude to me." G1[18]

> "… kitchen people, care workers, the ENAs, we all wear the same uniform." G2[9]

One participant believes that a uniform does not indicate or determine the level of care that a professional nurse delivers and conveyed the following:

> "I think if you have a calling and it's in your heart, it doesn't matter if you're wearing your uniform or not, you will definitely assist people. Will stay a professional." G1[8]

4.2.3.2.2 Distinguishing devices

Participants have different opinions about distinguishing devices. Bars do not serve the intended purpose because some doctors and the public are uninformed about their meaning. Some participants said that bars and epaulettes do not define a person or their abilities. Most doctors distinguish between nurses according to the different colours of epaulettes, although differences between them rest in levels of training, skills and Scope of Practice.

4.2.3.2.3 Nurse's Pledge of Service

When professional nurses practice what the Nurses Pledge of Service declares, the nursing identity will emerge. Some participants believe that once professional nurses practice the Nurses Pledge of Service, the nursing identity will feature strongly. A participant voiced the following:

> "I think the identity will come if only we practice what the Pledge says". G4[6]

4.2.3.3 Category 2.3: Professional nurse traits

In the subcategory *professional nurse traits*, the participants highlighted the *physical appearance* of *professional nurses*, the manner in which *professional nurses present themselves*, *perceptions of professional nurses and* the professional nurse as a *public figure*.

4.2.3.3.1 Physical appearance

The ideal professional nurse should portray an image of health, be presentable, clever, neat, tidy, and hygienic but often appear as 'all fat and untidy' (G1[17]). Participants pointed out that young professional nurses are unprepared or not socialised during training or before entering the profession. The personal image they desire to portray clashes with the professional image of unprofessional behaviour, long artificial fingernails, long loose hanging hair, false eyebrows and sloppy or tight-fitting uniforms. They also said it is about patient safety, i.e. infection control, and the calling is to serve patients. Their professional and personal lives clash. Most comments by professional nurses on nursing blogs agreed that it is essential for nurses to appear healthy and neat, for example, have neat, clean fingernails and hair and personal hygiene and a healthy weight. Utah State University Nursing Faculty (2016:17) provides a guideline for nurses that include the physical appearance and portrayal of a professional image.

4.2.3.3.2 Self-presentation

Participants want their colleagues to be presentable, knowledgeable and portray a positive image. They are aware of the positive effect of carrying themselves with dignity and confidence and how that influences the public and stakeholders of their professional status. They are concerned that nurses' selection criteria and socialisation do not consider this. The public expects professional service. The traits that distinguish professional nurses from lower qualified nurses are how they present themselves. They have scientific knowledge, self-confidence, and preferably unit managers wearing different uniforms and come across with authority.

4.2.3.3.3 Public figure [public appearance]

Participants stated that professional nurses are public figures and should behave in all circumstances professionally. One participant experienced conflict in this regard and did not entirely agree. Participants used the example of sitting in a public bar or pub in a uniform with epaulettes and discoursed the matter. They concluded that with or without a uniform, the professional nurse represents the profession and professional behaviour is essential. Participants were concerned that lower qualified nurses wear the same uniform, present the profession in public, and do not necessarily comply with professional behaviour.

4.2.3.4 Category 2.4: Public image

In the subcategory *public image,* participants shared their views of the public perception of nursing. The public sees nursing as a caring profession but experiences the opposite when facing hospital admission encountering a lack of facilities, caring, and a poor image of nursing. Participants experienced that the public has lost respect for the nursing profession. A participant voiced the following concern:

> "… over the last few years, it's like the public lost respect for us and I feel that it's our responsibility as nurses to correct that because "where did it go wrong? "What happened that the public is not seeing us as a caring profession anymore?" G3[11]

Participants pointed out that the public has a perception or an opinion of the nursing characteristics. It is not in the power of the public to create or dictate the characteristics of nursing, and professional nurses strongly identified with the responsibility of establishing their own identity. A professional nurse said the following:

> "I don't think they [public] can give us [a nursing identity], they've got a perception about our identity … once it shifts to a more positive identity, they can reinforce it by being more positive towards us, but they can't give it to us." G3[11]

Participants said the public attitude and comments towards professional nurses are disturbing, but they realised their responsibility towards patients and said the following:

> "We [nurses] get blamed for a lot of things that's out of our control. That's the easiest way, to blame nurses, because that distortion of the profession, it's there and we have to try and rectify that." G3[11]

> "… a patient used to tell me 'I'm paying your salary', I wanted to hit the roof …" G1[9]

Professional nurses said the public regards doctors' status and image as higher than professional nurses. Although the public sees professional nurses as a haven and gives emotional and physical advice, the doctor gets respect and appreciation if the outcome is good.

A participant read a poem that expressed general feelings and impressions they believed communities have about nursing. The poem describes the blame the professional nurse must tolerate in her innocence despite the personal sacrifices for the sake of her fellow men that passes without notice. The poem left the rhetorical question by participants, "is the community out there appreciative of the nursing profession?" Extractions from the poem describe these perceptions:

> "If a patient goes missing, the nurse is blamed. If the pharmacy does not dispense medication, the nurse is blamed. If the kitchen fails to supply meals on time, the nurse is blamed. If the laundry fails to deliver linen, the nurse is blamed …" G1[35]

The quote below described an experience of a participant who spoke about the ignorance of the public regarding the nursing profession and the different levels of training:

> "If you go to the bank and they ask you a simple question: what is your qualification? I will say I'm a professional nurse. I [professional nurse] said, 'my dear [bank teller], I am not a nurse' as you read it. In nursing, there's different categories [level of training]. I am a professional nurse'. And then she will say 'it's the same'." G2[10]

4.2.3.5 Category 2.5: Marketing and media

In the subcategory *marketing and media,* participants emphasised favourable marketing of the profession and optimal utilisation of the media as important.

4.2.3.5.1 Marketing

A favourable marketing strategy focuses on the selection criteria and education levels, use of technology, different disciplines, i.e., paediatric, intensive care, theatre, oncology, opportunities in the profession, culture, and nursing identity. Marketing of nursing as a profession must educate the public regarding the profession, e.g. hierarchical structure and different levels of training of nurses, realistic view of nursing, use of in-hospital facilities such as nursing call system, identification bands, other languages, and release the profession of stereotypical impressions such as the association with bedpans and sexism. Participants mentioned that the public believes what they read in romantic books and the picture the media portrays. The reality is that professional nurses work inconvenient hours, there are seldom romantic relationships between professional nurses and doctors, they earn a typical salary, but they will experience how patients and their loved ones suffer.

The choice to consider nursing as a career has to do with socialisation. The values a person has developed in the socialisation in the family. Social group values may be similar or different from those at work when socialising begins. The more difference and dissonance between them, the more complex the person's experience might be. One noticeable aspect of this is that a person may hold inaccurate beliefs about nursing gained from the media before being confronted with the reality (Allan et al 2016:55).

4.2.3.5.2 Media

Nursing should be visible in the media, i.e. radio, television, newspapers and magazines, to advocate the profession. Media coverage and publicity portray professional nurses and the profession accurately and with dignity. Media exposure can educate the public on what nursing entails and should avoid romanticising and giving false perceptions as seen in television series. They raised the following opinion:

> "… there's almost every second something on Carte Blanche about hospitals, about nurses, about how badly we treat the patients. There are so many negative inputs, why not bring positive also in … so that the people don't only see the negative part of nursing?" G3[4]

Participants rejected television series that portray ridiculous and distorted images of professional nurses and the profession and leave the public with false perceptions. Social media is an additional medium that people use to address negative experiences that harm the nursing profession. Accurate media exposure can be very beneficial, especially if the disclosure is educational to the public to fully understand what nursing entails. Below was a quote from a participant:

> "I think that more media exposure would be good if it was the right exposure. …
> not the fairy tales that they see in the soapies." G1[5]

Images of professional nurses as caring and compassionate are present but overshadowed by negative reporting in the media.

4.2.4 Theme 3: Institutional and organisational culture

In theme 3: 'Institutional and organisational culture', two categories, namely *external drivers originating from the milieu and internal drivers originating from within,* emerged. Participants emphasised that external drivers originating from the milieu drive professional nurses to care instead of drivers within. Below are quotes from participants:

> "… the value of nursing has shifted from caring to earn money" G3[2]

> "… a lot of us studied really, really hard and were called to be a nurse where the majority just do it to earn a salary or work overtime and make money and that's a big thing for me …" G2[3]

Table 4.4 displays the theme, two categories and subcategories.

Table 4.4 Theme 3: Institutional and organisational culture

Theme	Category	Subcategory
Institutional and organisational culture	External drivers originating from the milieu	• Remuneration • Business administration • Information technology • Nursing versus organisational culture • Public versus private sector
	Internal drivers originating from within	• None

4.2.4.1 Category 3.1: External drivers originating from the milieu

In the category 'external drivers originating from the milieu', *remuneration*, *business administration*, *information technology*, *nursing versus organisation culture,* and *public versus private sector* emerged as subcategories.

4.2.4.1.1 Remuneration

There are different opinions and perceptions regarding a value-driven career versus a money-driven career in nursing. Participants reported their experience that professional nurses focus on earning money instead of caring, which is what it should be since professional nurses chose nursing as a career with caring in mind. A nursing career offers opportunities to study and earn a salary. The public sees professional nurses live a respectable lifestyle and perceive nursing as a glamorous job, not knowing that to become a professional nurse requires extensive studies and hard work.

Competitive remuneration strengthens the image and identity of nursing. Nursing salaries compare unfavourably to other professions with comparable qualifications. Poor remuneration puts the status of the profession under suspicion. In America and the Middle East, professional nurses are highly paid and, as a result, gain status in the community. They are seen as members of a respected multidisciplinary team and certainly not the doctor's 'handmaiden' as is often the perception in South Africa.

4.2.4.1.2 Business administration

The administration increasingly burdens professional nurses and loses focus on caring. These activities were identified as clinical and information technology, hospital information systems, clinical assessment tools, business strategies, department checklists and excessive paperwork. Participants experience frustration and anger and perceive business interests receiving more attention than nursing care. This hampers professional nurses and causes them to live contrary to their purpose in life.

4.2.4.1.3 Information technology

Some participants said technology took over the minds of professional nurse's resulting in the appearance that they do not care. However, professional nurses said that they have the type of personality that wants to care. Patients do not always believe in nurses because of information they obtain from Google and their interpretation.

4.2.4.1.4 Nursing versus organisational culture

Participants acknowledged the existence of definite nursing culture, despite the focus of organisations on organisational culture. The nursing culture must always be present; however, different corporate cultures exist in the private and public sectors. Furthermore, the various private organisations each possess a unique culture. Although each organisation has a distinctive culture, most professional nurses are initially socialised into the nursing culture and adopt a specific organisational culture afterwards.

Public sector participants expressed concern that professional nurses were sadly 'forced' by organisational difficulties to break away from the traditional nursing culture in nursing care delivery, i.e., understaffing, lack of equipment, overcrowded facilities and heavy workload. Participants from both sectors wished to maintain the same nursing culture. A participant voiced the following:

> "I think your nursing culture must always be there. It doesn't matter in which organisation you work. In any case the organisational culture will grow from there [nursing culture]. It's [organisation culture] made in such a way that it's in alignment with your nursing career, your nursing profession." G1[33]

Participants experienced that nursing and organisational values sometimes clash, which places professional nurses in awkward positions. Businesses' focus is on profit, which is often the main priority, and nurses must change their actions accordingly, leaving them with little job satisfaction.

4.2.4.1.5 Public versus private sector

Government hospital healthcare users come from different backgrounds (usually the poorer community of the country living in poverty) than private hospitals healthcare users (medical aid and a higher income population). Patients have different expectations related to culture, work positions, status and beliefs. The perception is that care in public and private hospitals differs significantly. Government patients are familiar with overcrowded hospitals and perceive nursing care differently from private hospital patients. Participants claimed the heavy workload and lack of equipment contributed to professional nurses' negative attitude in public hospitals. Participants said patients in public hospitals are grateful for the nursing care delivered. Their gratitude provides job satisfaction to professional nurses. Despite their appreciation, some professional nurses are rude and act unprofessionally, especially to older people. African culture respects older people but participants said they do not see that in government hospitals. Public perceptions about

government hospitals are negative and perceive professional nurses as rude. A participant made the following statement:

> "… they [nurses] will just ignore you, don't get the treatment." G2[7]

In private hospitals, the public trusts professional nurses, perceive them as listeners and provides patients with advice. On the other hand, professional nurses experience that some private patients threaten them with an attitude of 'I am paying for this; you must serve me'. Some professional nurses experience less work satisfaction because of private patients' attitudes. Below are quotes concerning private patient expectations and what they tell nurses:

> "... if you have a medical aid, you will have a better treatment, but … if you are in a state hospital, you just going there to die." G2[7]

Professional nurses disagreed that people who pay for care should receive better services (94%). They experience that caring is lost because they struggle to get everything done. According to White et al (2015:122), unit managers spend 25.8% of their time on direct patient care, 16% on hospital administration, 14% on patient administration and 11.8% on various activities, including walking around searching for equipment to use for patient care.

4.2.4.2 Category 3.2: Internal drivers originating from within

The category 'internal drivers originating from within' refers to the professional nurses' intrinsic motivation that influences their behaviour. Participants mentioned attributes of the professional nurse such as caring, compassion and calling that originate from within.

4.2.5 Theme 4: Nursing education

In theme 4: 'Nursing education', two categories, nursing educators and nursing education processes, emerged. The nursing education processes relate to the subcategories *nursing schools, selection criteria,* and *preparation prior to entering the profession.*

Table 4.5 displays one theme, two categories and six subcategories.

Table 4.5 Theme 4: Nursing education

Theme	Category	Subcategory
Nursing education	Nursing educators	• None
	Nursing education process	• Nursing schools • Selection criteria • Preparation prior entering the nursing profession

4.2.5.1 Category 4.1: Nursing educators

There is an expectation that nursing educators are responsible for developing a persons' knowledge, experience and ability to apply the knowledge. They are also expected to transfer morals and values. Educators and clinical facilitators lack visibility and fail to provide adequate clinical guidance to learners in practice. This deprives the student nurses of multiple opportunities to grow.

4.2.5.2 Category 4.2: Nursing education process

In the category 'nursing education process', professional nurses referred to *nursing schools, selection criteria* and *preparation prior to entering the nursing profession*.

4.2.5.2.1 Nursing schools

Traditionally, public nursing colleges and universities offered the best training for professional nurses in South Africa. Public hospitals have the full spectrum of specialities, e.g. transplant and burn units, unlike the private sector, where individual hospitals may only offer a few specialities. Participants expressed concern about the standard of training professional nurses receive in private nursing schools as they train many nurses, and poor nursing standards are practised due to insufficient clinical exposure and substandard training. The private education process deprives students of taking up their responsibilities with confidence and competence due to inadequate exposure to ward management skills and general skills, preparing and equipping them to cope when they qualify as professional nurses.

On the other hand, the public sector offers support to student nurses during their studies, such as the significant benefit of accommodation and transport. The private sector does not provide those benefits. The most alarming concern in private training schools is their tolerance for and willingness to pass poor performers due to staff needs and financial gain for organisations.

4.2.5.2.2 Selection criteria

In principle, an appropriate selection criterion is vital for selecting suitable candidates for the profession. Due to a shortage of professional nurses, private nursing schools take any prospective candidate to study nursing. These candidates often had inadequate scholastic training, leading to uncommitted candidates with sub-optimal abilities being allowed into the profession. The perception is that the public sector's selection criteria are far stricter than private schools. Poor selection criteria allow individuals who choose nursing simply to earn a salary. Selection criteria should include appropriate school subjects such as biology and mathematics and test candidates to determine adherence to minimum cognitive capabilities and behavioural styles to ensure a proper fit for the nursing profession. This will limit emotional trauma to individuals who are not fit for the profession.

4.2.5.2.3 Preparation prior to entering the profession

Preparation before entering the profession will support nursing students that struggle to determine and establish a personal identity. Many students are insecure about where they fit in society due to lacking discipline at home and school, the absence of role models, and a lack of nurturing at home. Subsequently, they struggle to respect and accept authority from educators. Therefore, it is necessary to be consistent with discipline and act as role models and mentors. Nursing education institutions should prepare students to respect the nursing hierarchy and embrace the nursing culture, including respect for professional nurses, addressing colleagues, and professional values (behaviour and attitude). A participant expressed the following:

> "… because they [novice nurses] struggled to have a belief in themselves." G1[27]

A participant from the public sector said that individuals who choose nursing as a career have a distorted false picture of nursing, mainly obtained from the media or other unreliable sources. It is thus vital to prepare students before and throughout training about what to expect in practice. Unprepared students have a negative influence on the nursing identity. The quote below describes a participant's experience.

> "… coming from home, out of a homely environment, and you're suddenly in the big world, it [preparation] would have maybe helped in my case. I was not quite ready ... maybe a pre-course would help. Maybe it is necessary." G3[19]

One participant from the public sector was confident that the hospital bureaucratic system could play a role in developing novices to experts in clinical practice. A participant suggested preparing individuals before entering the profession:

> "When I started nursing, I was very naïve … my parents handed me over to 'new parents' that were my principles and superiors at the time, who was supposed to guide me into the profession … it feels as if it's you against these giants of a world … somehow it creates confusion, that transition … from childhood growing and maturing into a responsible, valuable adult." G3[12]

In their first year, private sector students experience psychological discomfort because they are not emotionally prepared and are immature to face cradle-to-death situations and work-related requirements such as twelve-hour shifts.

4.2.6 Theme 5: Corporate governance

In theme 5: 'Corporate governance', two categories emerged: professional regulation and political arena and government influence. It refers to the regulation of the profession and the political impact on nursing. Table 4.6 shows the theme and two categories.

Table 4.6 Theme 5: Corporate governance

Theme	Category	Subcategory
Corporate governance	Professional regulation	• None
	Political arena and government influence	• None

4.2.6.1 Category 5.1: Professional regulation

SANC governs the nursing profession, and professional nurses are obligated to adhere to regulations and the Code of Ethics for Nursing Practitioners. Participants had different opinions about SANC. They respect a regulatory body but do not experience their existence and support. The visibility of council members demonstrates their support and dedication and strengthens the profession. It could be with workshops, magazines, or any other creative way. Professional nurses experience SANC as harsh and against them and desire their guidance and support.

Participants expressed the desire that private and provincial hospitals in South Africa adopt and maintain the same nursing standards. They are proud and loyal to the profession and do not want any hospital to deliver poor nursing care. Participants viewed the profession's identity as equal to the delivery of health and nursing care to the country by giving, sustaining and preserving life

(social responsibility and accountability) under SANC and the Department of Health. Participants acknowledged and respected the guidance and direction of the Code of Ethics for Nursing Practitioners in South Africa from SANC.

Leadership is blamed for the lack of discipline in the nursing profession. Nurse leaders fail to uphold order and discipline and fail to support middle-level leaders in their attempt to uphold regulations, the Code of Ethics for Nursing Practitioners and order. Some line managers tend to abandon their responsibilities and allow or deal inconsistently with misconduct.

4.2.6.2 Category 5.2: Political arena and government

Politics influences society and, subsequently, the nursing profession. Participants rejected political interference in nursing. Political interference influences the utilisation of resources, e.g. patient vs nurse ratio and may lead to more pressure on professional nurses. A participant shared the following:

> "… ratio issue [patient vs nurse ratio] and it's politically driven, there's nothing we can do as nurses, we just have to adhere, …" G3[17]

Participants expressed their view that the South African constitution focuses on the individual's rights but neglects to emphasise the responsibilities of individuals. This negatively influenced the discipline of children at home, which escalates into the work environment due to political influence. Novice professional nurses focus more on their own human rights and less on the needs and rights of patients. Participants stated the following:

> "… one of the things that changed the face of nursing currently is the ... constitution, it says everybody is having a right to a certain thing but there's less emphasis on responsibility ..." G3[12]

> "… you have the right, but you also have the accountability. And the responsibility from your side to accept what the institutions offers [sic] you." G4[14]

According to White et al (2015:122), sixty per cent of professional nurses agreed that too much emphasis is placed on patients' rights as opposed to nurses' rights.

Professional nurses who attempt to maintain order in the work environment face the challenge of apparently competing against government laws and the constitution that protects the professional nurse as an individual, often to the detriment of the patient. They feel protected from being

disciplined or managed to comply with operational policies designed to ensure the best patient outcomes. Participants shared their thoughts as follows:

> "… politicians dictate to a professional body how they should conduct themselves whilst themselves [politicians] don't even know what the [profession] ethics … stands for. And then they [politicians] make up laws and they dictate terms to you [as individual and professional] on how to operate and conduct yourself." G3[1]

As mentioned before, poverty alleviation projects in the country led to wrong people entering the profession for the wrong reasons. This situation led to frustration amongst professional nurses and has negatively influenced the nursing profession.

4.3 INTEGRATION OF THE FINDINGS OF SAMPLES A AND B

In this section, the researcher discusses the integrated findings of Chapter 3 and Chapter 4 to present one set of findings based on the data obtained from key informants (sample A) and professional nurses (sample B). During the discussion, the participants will be referred to as key informants (sample A) and participants (sample B). Five themes were derived from the findings in phase I. The data from both samples produced virtually the same themes regarding the nursing identity as it appears below, indicating its perennial nature. Various themes concerning the nursing identity will forthwith be discussed. Figure 4.1 depicts a summary of the themes.

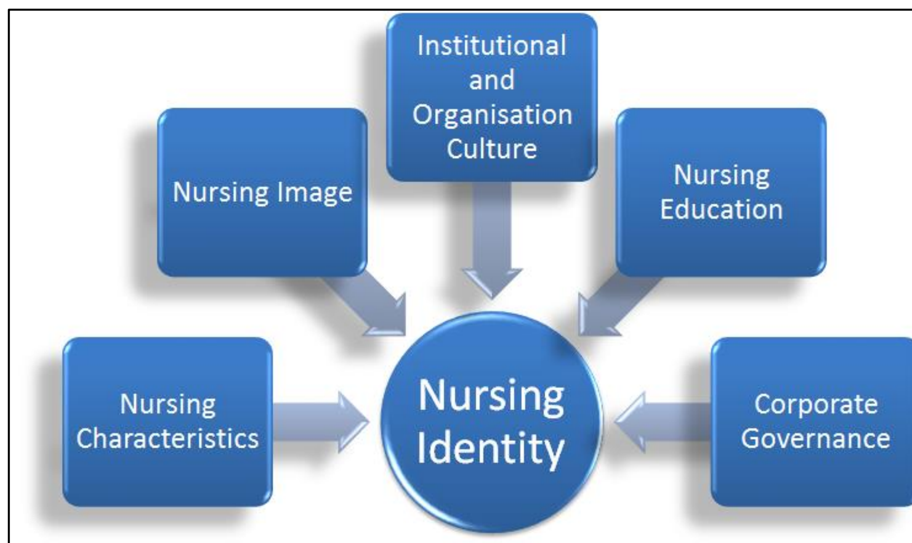


Figure 4.1 Summary of the themes

The researcher noticed a profound and remarkable difference in the level of thinking between key informants and participants. The key informants displayed higher maturity levels and abstract thinking ability than the more practical thinking style participants.

4.3.1 Theme 1: Nursing characteristics

The data from samples A and B indicated that the nursing identity comprises various characteristics. Three associated categories emerged, namely personal, professional and characteristics of the profession. Figure 4.2 depicts a summary of the various characteristics of the associated subcategories.

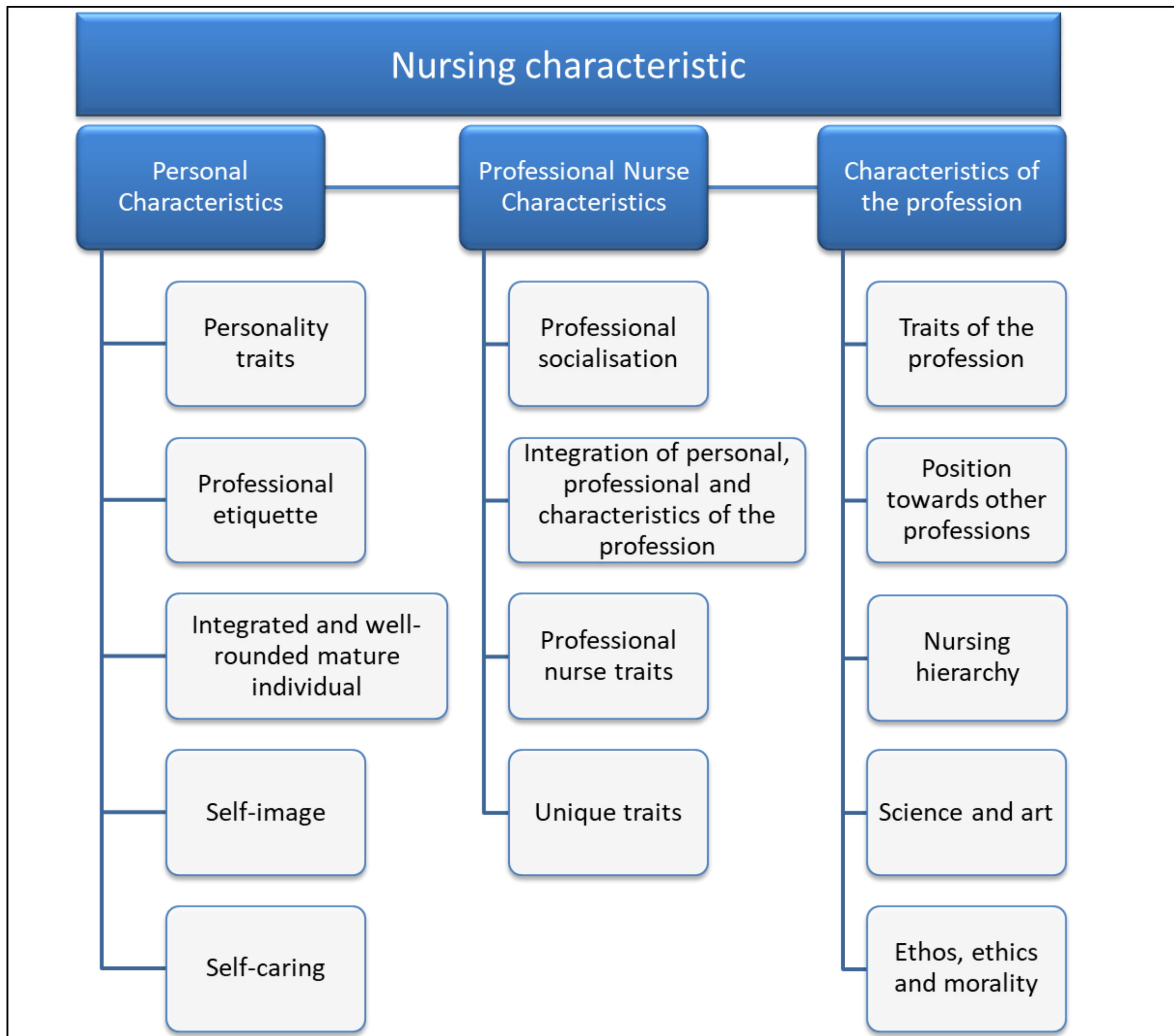


Figure 4.2 Summary of the nursing characteristics with the associated subcategories

Personality traits such as caring were the most prominent characteristic identified, followed by compassion and calling. *Professional values*, which fully embrace the scientific body of knowledge but with reference to caring as an innate nursing characteristic. The dominant themes for professional nurses were the opportunity to care, which is regarded as their calling, which concurs with the literature (Eley, Eley, Bertello & Rogers-Clark 2012:1550). Certain traditional traits still present in the nursing profession are human qualities such as friendliness, kindness,

maturity, professional etiquette and communication skills. Generally, the softer approach is preferred even though it is acknowledged that professional nurses must be assertive in many areas. Other essential traits are ethical qualities such as humaneness, dignity, respect, integrity, altruism, empathy, sympathy, honesty, patience, commitment, loyalty, tolerance, a certain level of human understanding, and ethical behaviour, the ability to compromise, flexibility and holistic insight into people.

Apart from the personal and traditional traits, the key informants added mature traits distinguishing 'ordinary' professional nurses from integrated and well-rounded mature professional nurses. These maturity traits involve taking responsibility and the ability of professional nurses to care for themselves and show self-compassion and emotional intelligence during a professional career. Nurse managers and leaders to care for and understand professional nurses. These maturity traits also involve communication beyond sensory consciousness, the ability to discover and give meaning to suffering, misery or hopeless situations; the ability to display courage in difficult times but still appreciate the human wonder in daily nursing; in other words, to be in awe of health, illness and the healing process. It also involves humanising all technical and scientific aspects of nursing and the aesthetic art of nursing providing the feeling of wonder or admiration and the art of interacting with patients at a soul level, giving of oneself, one's presence, attention and time. Theoretically, it seems clear that this profession's identity consists of the effective activity of providing care, differentiating professional nurses from other professionals (Oguisso & De Freitas 2016:190). Human caring science is based on an epistemology that can include aesthetics, the humanities, art and empirics as part of clinical science. Nursing is a human science rather than traditional science and can view human life as a gift to be cherished, a process of wonder, awe, miracles, and mystery.

According to Pagana (2010:47), etiquette and personal traits are closely related since etiquette is a group word for appropriate, professional and polite behaviour. Pagana (2010:47-48) suggested guiding pointers of etiquette to be cultivated in the professional nurse.

Negative aspects that emerged are personal insecurity, lack of professional discipline and respect for authority, lack of assertiveness and submissive behaviour of professional nurses. It also emerged that professional nurses' self-concept is poor. Sabanciogullari and Dogan (2017:1676) assert that high self-esteem is a powerful foundation for a successful personal and professional life. A person with low self-esteem most likely feels incompetent, unworthy, and insecure and reflects inadequacy in the role professional nurses must fulfil, personality traits, physical appearance, skills, and abilities (Reece & Reece 2016:92). There is a perception that some professional nurses lack the skills to be role models and subsequently are poor leaders.

Key informants and participants emphasised prominent figures in nursing history. They learn and use lessons from history, rituals and examples from elders to build professional identity (Wolf 2013:180). Professional nurses tend to become part of a 'nursing personality' owing to the nature of work. According to Allan et al (2016:52), sociologists, psychologists and philosophers have developed theories on how individuals develop identity through group membership. According to Social Identity Theory (Tajfel 1982), professional nurses must balance their social identity against their personal identity (Tajfel 2010:243). Religious principles play a prominent role in professional nurses' orientation toward their patients. According to Walker et al (2012:20), our choice of reference group may be determined by the way we want to see ourselves, but equally, our group members can determine how we see ourselves, evaluate our self-worth, and behave.

Some negative issues raised were, for example, increased administration and managerial activities and the influence of technology and micro-management systems in healthcare institutions. Participants added that emphasising commercial and subsequent business interests dominates nursing values and culture in private hospitals. Nursing is the art of applying the virtues and philosophies of healing during care (Chua 2014.1) whilst Daly et al (2014:1) observe that nursing is a curious mix of technology and myth, science and art, reality and romance. It blends the concrete and the abstract.

When novice professional nurses enter the nursing profession, they portray their personality and get exposed to the nursing profession and professional nurses' values that mould the individual character to the requirements of the nursing profession and for the benefit of society. This professional socialisation process sets boundaries and provides security, discipline and freedom to novices and professional nurses. The acquisition of a nursing professional identity through processes of "professional socialisation" is complex and multi-faceted and focuses on a substantial part of the nursing identity literature (Bell, Campbell & Goldberg 2015:3; Esterhuizen 2019:107; Melrose, Park & Perry 2015:116). Included among the many characteristics that distinguish cultural groups are the manner of dress, language spoken, values, rules or norms of behaviour, health belief and practices (Smeltzer, Bare, Hinkle & Cheever 2014:802).

In the eyes of the public, professional nurses are neat, clean and healthy individuals who care for sick people. Professional nurses' private lives sometimes do not accommodate their professional life. Nevertheless, professional nurses need to care for themselves, their physical health and sustenance, and mental health.

Characteristics of the professional nurses' identity are visible to the public but bound by legal and professional boundaries and ethical principles. The public perception of professional nurses is

usually one of being a ‘selfless service’, driven by kindness, and poorly remunerated compared to doctors and lawyers (historical handmaidens).

Nursing evolved as a caring profession historically and became more scientifically based at the risk of losing some caring components such as affective compassion, expressive therapeutic touch and presence communication. Technology, however, emerged from science and “spillover” into nursing practice. Both the younger and older generations agree that basic nursing principles such as caring stay constant. Research indicated that professional nurses possess relatively high intuition or ‘gut feeling’.

Recently, professional nurses’ visibility and nursing care participation and supervision at the patients’ bedside have diminished significantly, negatively influencing the image and identity of nursing.

Characteristics unique to professional nurses are their ability to observe meaning in misery (*meaning of life*), be awed about health, beauty (*aesthetic art of nursing*), miracles and mystery (*human wonder*); and this encompasses the art of nursing. Watson’s theory of human caring consists of values associated with a deep respect for the wonders and acknowledgement of a spiritual dimension to life (Watson 2011:46). Moral virtue and courage in nursing are ethical reasoning skills, nurturing their personal ethics of care, and enhancing their professional and cultural competence. Moral virtue ‘drives’ a professional nurse to do what is right with joy and pleasure. It signifies the indispensability to transcend individual obligations and rights. This implies that professional nurses act with moral courage because their commitment to the patient overrules risks to themselves. Östman, Näsman, Eriksson and Nyström (2019:26) stated that moral motivation and moral character relate directly to moral action in nursing practice and thus to patient outcomes. Values become visible through acts (Watson 1988:174). Professional nurses have responsibilities towards patients, the employer, society, the nursing profession, and above all, to themselves without compromising the rights of patients and the professional image.

Key informants and participants specified and implied that professional nurses ruin the nursing identity if they do not or are hesitant to apply the principle of patient advocacy. Modern professional nurses disregard autonomy, mostly follow doctor’s orders and, in the process, harm the nursing identity. Nursing struggles to liberate themselves from oppression. Nursing researchers need to continue studying and defining this phenomenon because liberation from oppression must come from within the oppressed group (Stanley 2017:334-335). Autonomous nursing implies a positive image of nursing and education, irrespective of being poorly remunerated.

According to Mathibe-Neke (2015:6), nurses seem to get stuck in this pre-conventional level of moral development without progressing to the conventional (orientation to law and order) and the post-conventional level (independent thinking and acting) (Pera & Van Tonder 2020:66). Moral underdevelopment may contribute to unethical behaviour.

Government authorities announced that they believe university education is inappropriate and inadequate and thus influences the status and identity of the nursing profession. Irrespective that the doctor receives highly scientific training, professional nurses' training has increased significantly regarding scientific knowledge and qualification. The nursing profession struggles to gain status but has been recognised as a fully-fledged profession. Professional identity and actual status are formed by the good professional nurse ideal (De Araujo Sartorio & Pavone Zoboli 2010:687). Additionally, the nursing profession has professional accountability and must cooperate as an equal contributor with the allied health professions to deliver quality care.

Participants pointed out that some nurse leaders tend to abandon their responsibilities and allow professional nurses to cross professional boundaries without guiding them, applying corrective processes, or applying them inconsistently.

The contradiction in the culture of respect for authority and the manner in which professional nurses in higher positions and leaders speak today, in conjunction with a negative attitude and the way they struggle to believe in themselves, has changed the nursing culture. Participants expressed their rejection of the above-mentioned appalling behaviour allowed into the profession by professional nurses.

Both key informants and participants acknowledged that personal culture should not override the nursing culture. The professional nurse is socialised with nursing culture's norms and values and adopts and lives out the nursing culture throughout one's professional career. *It is impossible to separate personal and social identity in nursing since both complement each other* [emphasis researcher] (Walker et al 2012:28).

Both key informants and participants agreed that the nursing identity is perennial for all nurses. They stated that the difference between the levels lies in the level of scientific knowledge, the requirements of the Nursing Act, 2005 (Act No. 33 of 2005), and the Scope of Practice. They also stated that understanding the role, supervision, responsibility and accountability and applying the Code of Ethics for Nursing Practitioners for all nurses and practice must prevail. Participants experience role and identity blurring and lose sight of their leading position in the practical scenario. Nurses with a lower level of training are left without direct supervision at times since the professional nurses are removed from the bedside for multiple managerial reasons.

A key informant stated that 'sciences' are taught, and the 'art' refers to skills to apply scientific knowledge that develops with time, in conjunction with the affective caring component and humanises all technical aspects of nursing. Leaderships' responsibility is to ensure that the public understands that there is a science and an art to the practice of nursing and distinctive skills. Participants emphasised the focus on machines and technology, which take professional nurses away from caring, personal touch, listening and communication with patients. Scientific and theory development are related to art, humanities, and philosophy. All are related to imagination, creativity and mystery. An artist is as scientific as a scientist is artistic (Watson 2011:1). If the art of nursing is lost, patient care will continue to decline. Professional literature emphasises that nursing science is believed to acknowledge only valid and reliable knowledge from empirical investigation. Not much effort is made to elaborate on the art of nursing. In the view of Chambers and Ryder (2016:19), a nurse must practice the art and science of the nursing role.

A key informant said that the nursing ethos, ethical principles and moral qualities support professional nurses to take the right action in the profession. Professional nurses' roles are strongly influenced by their affection for and connections with their patients. Therefore, their moral development, maturity, and self-care ensure sound moral reasoning and decision making (Östman et al 2019:26; Trobec & Starcic 2020:352). Acculturation and creating a nursing identity consist of norms, values and caring but require knowledge of the nursing ethos, characteristics, status of the profession, ethical principles and the application thereof in practice. Professional nurses are required to re-focus on the Code of Ethics for Nursing Practitioners during training and throughout their professional careers to establish professional discipline and personal growth.

4.3.2 Theme 2: Image of nursing

The data from samples A and B indicated that the nursing identity is comprised of the image of nursing associated with the categories; 'role models', 'nursing symbols', 'professional nurse traits', 'public image' and 'marketing and media'. Figure 4.3 depicts a summary of the theme image of nursing with the associated subcategories.

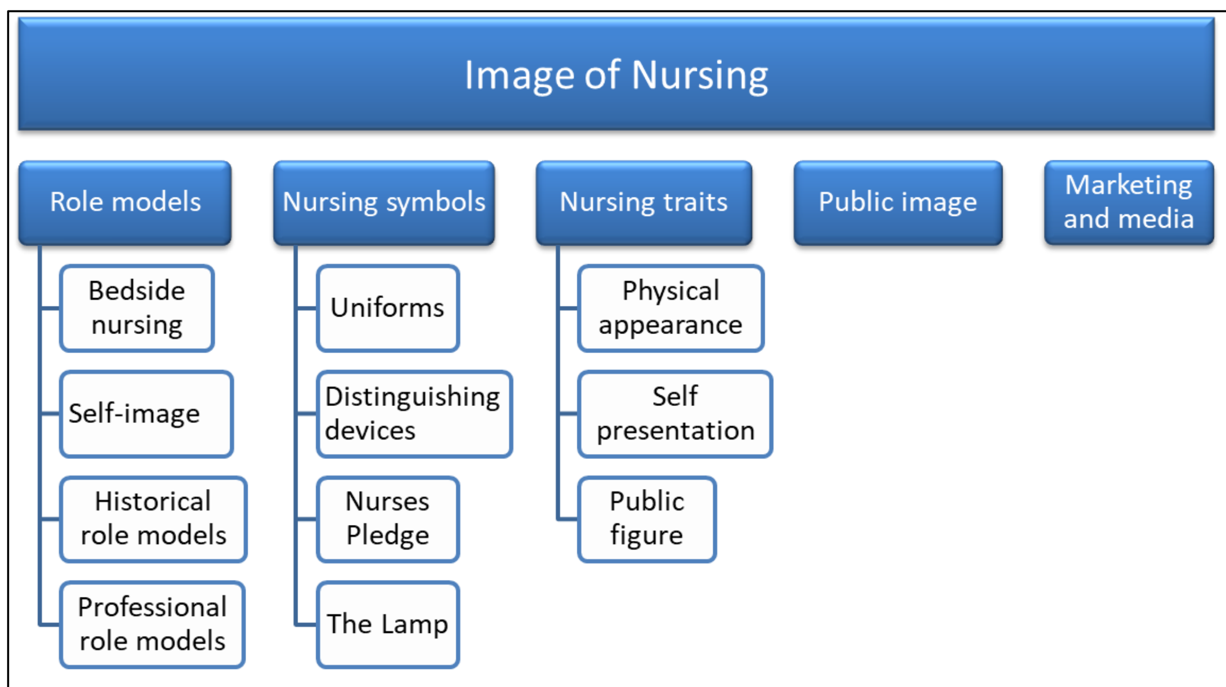


Figure 4.3 Summary of the image of nursing

Acculturation of nursing culture and nursing identity requires nursing role models. Historical role models and modern role models in clinical practice and bedside nursing socialise and acculturate professional nurses to act as ambassadors on all levels of nursing. In society, they gain status for the profession; determine and establish a positive nursing image and identity.

Professional nurses' visibility, participation at the bedside and frontline nursing, portrays professional values, and this image highlights scientific knowledge applied in a caring manner. This, in turn, influences the public's impression of nursing and subsequently builds and develops a positive nursing identity.

Symbols are a nursing heritage. Both the key informants and participants expressed an appreciation for the nursing heritage and symbols of the profession. They also stated that symbols provide an identity, communicate shared values, distinguish professional nurses from other professions and communities, and function for the greater good of society. The importance of keeping the nursing history alive and building the profession's future was mentioned. In order to cultivate new members, the use of symbols and identity is necessary and keeps existing group members on track. It establishes loyalty, prompts strong ethics, establishes and perpetuates tradition, instils confidence and builds support within a profession.

Key informants and participants believe that the nursing identity will emerge when professional nurses practice the Nurse's Pledge of Service. They declare and affirm that the lamp symbol is powerful and inspiring. An additional trait associated with the image of nursing is the physical

appearance of professional nurses. Ideal professional nurses portray a healthy diligent image, presentable, neat, tidy and hygienic. Furthermore, they act intelligent, have confidence and are always public figures whose private life accommodates their professional life. Leadership is required to support and guide professional nurses to adhere to professional behaviour. Individuals who are highly identified with their profession will view their own beliefs about the profession as self-defining and will perceive 'oneness' with their professional group (Caza & Creary 2016:7). There should be a minimal level of discord between personal values in private life and the professional values for healthcare practice. Furthermore, when certain values are a condition of a particular profession, these values must become integral to both personal and professional life (Baillie & Black 2014:14). Both key informants and participants expressed their desire to wear uniforms unique to the nursing profession to be able to portray a distinctive, positive image. According to Hallam (2012:52), uniforms, in particular, are heavily value-laden. Putting on the uniform is a traditional ideal of professional identity. Despite this, some professional nurses remain ambivalent about distinguishing devices.

Public perception is informed by what they read, see and experience in the nursing profession. Reality and the public image of nursing are disconnected. The greater public does not understand what professional nursing entails, and the nursing profession has a responsibility to correct long-standing, historically inaccurate stereotypes.

A structured and well-planned marketing campaign on a national level is crucial. Key informants and participants emphasised that a marketing strategy for the nursing profession is vital. This strategy must communicate the essence of nursing through all spectrums of marketing devices, such as radio, television talks, newspapers, social media and others, to target appropriate markets, such as nurseries, primary and secondary schools and the public. It is vital for nurse leaders and influential professional nurses to become visible in public and professional arenas at the international and national levels. The media is a vital and powerful medium to change public perceptions about nursing and can ultimately positively contribute to nursing identity. Godsey, Houghton and Hayes (2020:816) found that the public's views about the nursing profession are influenced heavily by the representation of nursing on television and that a negative or idealised portrayal of nursing can create a false image of the profession.

4.3.3 Theme 3: Institutional and organisational culture

The data from samples A and B indicated that the nursing identity comprising of *Institutional and organisational culture*, associated with the two categories, *external and internal drivers,* emerged from the interviews. Figure 4.4 depicts a summary of the theme of Institutional and organisational culture with the associated subcategories.

Figure 4.4 Summary of the institutional and organisational culture

Key informants admit that an organisation's external drivers can artificially direct professional nurses. Historically, measures of success in a career have often valued extrinsic factors such as status, remuneration and opportunity for further promotion. These positions require managerial skills and leadership abilities (King & Gerard 2016:179). Additional motivations are sometimes inappropriate in the placement of resources because of status, positions, and injudicious promotions. King and Gerard (2016:179) state that an exceptional clinical professional nurse will not necessarily be a good manager. (Chang & Daly 2015:310, 260). Participants stated that in the past few years, some professional nurses' focus on caring, compassion and calling values has diminished and shifted to the focus of earning money. There is nothing inherently wrong with professionals' wanting both altruism and profit (Beaton 2010:7).

Micro-management systems, business administration, and IT are external drivers that direct professional nurses' behaviour instead of allowing motivation within the professional nurse to direct their behaviour. One key informant mentioned that the corporate habit of promoting professional nurses to management positions removed role models from the bedside to perform administration tasks and left the impression that basic nursing care is an inferior task. Professional

nurses' perceptions and new efficient skills mix practices imply that bedside nursing is somehow 'beneath' the professional nurse and completely devalues what nursing is. Both key informants and participants acknowledged that organisations 'kill' professional nurses and move professional nurses away from the bedside with too many systems, audits, measurement tools, checklists, assessments, and financial constraints into positions that they are not necessarily equipped with.

Key informants insisted that competitive remuneration packages negotiated by professional nurses themselves are certainly an asset, but the work environment is just as important, if not more so. Participants stated that competitive remuneration strengthens the image, status and identity.

Interviewees acknowledged an explicit nursing culture. However, participants confirmed that different cultures in the private and public sectors exist. Public sector participants mentioned that professional nurses were 'forced' to break away from the traditional nursing culture. Furthermore, the major private hospital groups possess unique cultures. Key informants urged organisations to implement strategies to improve workplace culture and reduce negative influences.

Participants indicated that they urge leaders to maintain discipline and order in organisations and support middle-level leaders to uphold regulations and the Code of Ethics for Nursing Practitioners and discipline in clinical practice. Additionally, novice professional nurses focus on their rights and less on the needs and rights of patients. There is a lack of understanding and leadership to guide professional nurses in understanding and maintaining patient and human rights.

Participants said that government hospital healthcare users come from different backgrounds (usually rural and urban areas with a lower income and poverty) compared to private hospital healthcare users (with medical aid schemes and a higher income population). Care in public and private hospitals differs a lot. Government patients tend to be thankful for the nursing care they receive. Public perceptions about government hospitals are negative and perceive professional nurses as rude. Heavy workloads and a lack of equipment contribute to the negative attitude towards professional nurses in public hospitals. In private hospitals, professional nurses are perceived to listen and support where needed. Private patients are demanding and treat professional nurses as subordinates).

4.3.4 Theme 4: Nursing education

The data from samples A and B identified nursing education as a category of nursing identity. The associated categories *of educators* and the *education process* emerged from the interviews as

subcategories. Figure 4.5 depicts a summary of the theme of nursing education and the associated subcategories.

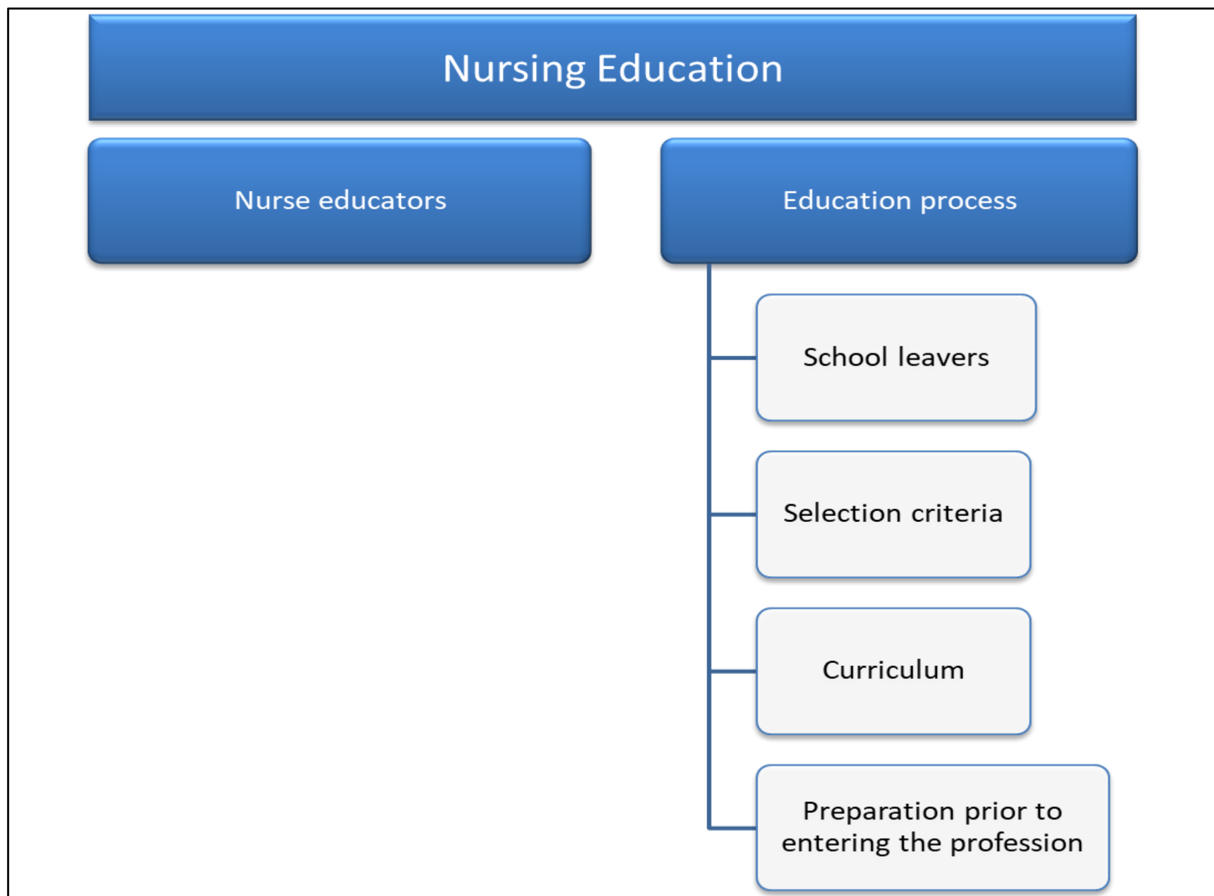


Figure 4.5 Summary of nursing education

Key informants unanimously agreed that there is a lack of leadership in South Africa, and not enough is being done to develop, sustain and strengthen leadership in this country. They also said that educators shape the profession, impact the nursing response to the country's health needs, and embrace social accountability. According to Donabedian (2003:138) and Goudreau and Smolenski (2014:300), "there is a social contract between society and the profession". Under its terms, society grants a profession authority over functions vital to itself and permits them considerable autonomy in the conduct of their own affairs. In return, the profession is expected to act responsibly, always mindful of the public trust. Self-regulation to assure quality in performance is at the heart of this relationship.

Key informants also emphasised the need to equip nursing educators and clinical facilitators to customise the nursing curriculum to attend to teaching gaps such as nursing identity, nursing history, social accountability, public speaking and professional image. Participants highlighted the necessity of clinical facilitators and educators being more visible at the bedside to transfer knowledge and the whole concept of an integrated and well-rounded mature professional.

Participants pointed out the vast differences in public and private sector training schools and training standards.

Key informants emphasised that neophyte professional nurses struggle to find, clarify and develop their own identity, sense of self, and value system. They can experience difficulty fully understanding their sense of responsibility in taking up the role of a professional nurse. They mentioned that nothing prepares an individual for what they are about to face when entering the nursing profession, taking care of patients from the cradle to the grave. Participants accentuated the distorted and false picture school leavers have of nursing and the psychological discomfort of novice professional nurses because of unpreparedness and immaturity to face cradle to death situations and the realities of work-related requirements.

Key informants and participants have strong opinions that appropriate selection criteria are vital. Participants believe that prospective candidates' life orientation, preparation and education should start at the school level.

4.3.5 Theme 5: Corporate governance

The data from samples A and B indicated that the nursing identity comprises corporate governance and the associated categories of *professional regulation, leader and leadership, political- and government influences, unions and private and public sectors*. Figure 4.6 summarises of the theme corporate governance and the associated subcategories.

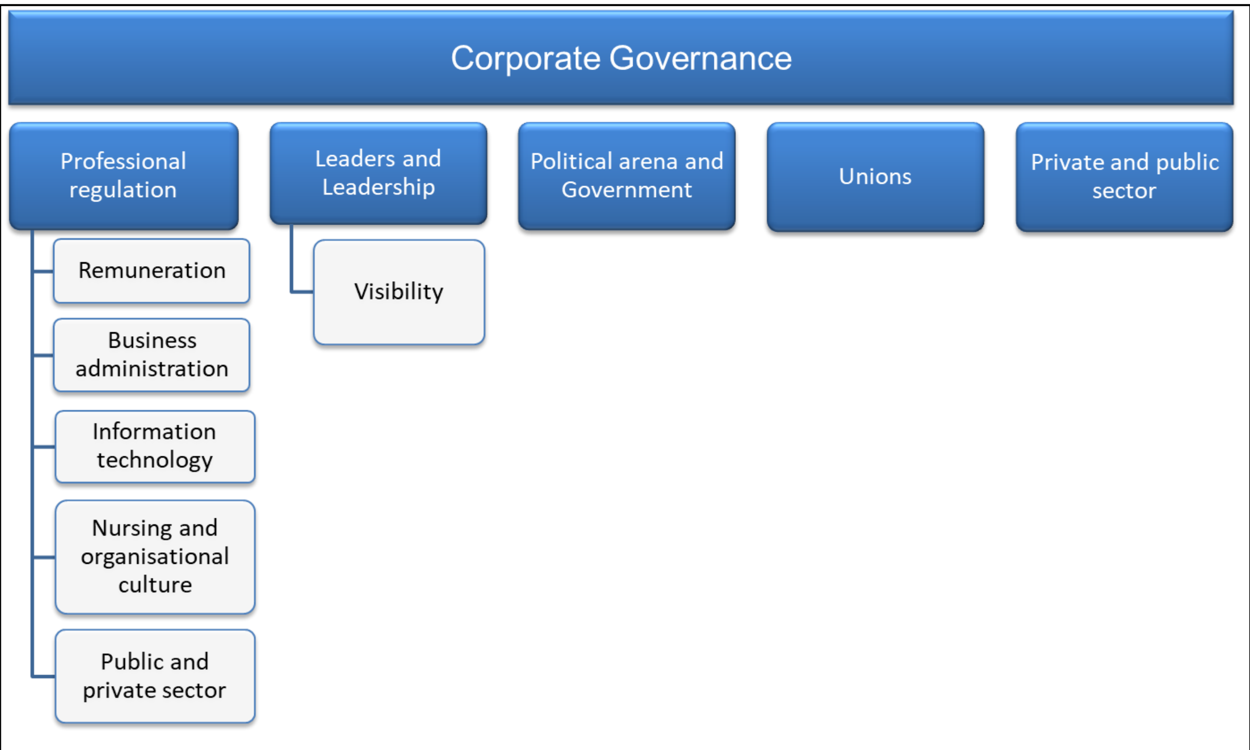


Figure 4.6 Summary of corporate governance

Key informants expect firm and strict discipline in the profession, proclaimed from the highest position in the country, regulated by a professional body and by professional nurses themselves. Furthermore, nurse leaders must position themselves nationally and become involved in strategic leadership. Professional nurses who reflect nursing values need to get involved in the policy process that makes decisions on which policies to adopt, which requires involvement in politics (Huston 2014:368). Nurse leaders have a key role in mentoring, supporting and developing future nurse policymakers (Shariff 2014:13).

They require regulatory body visibility, involvement and leadership when representing the profession. Nurse educators have an obligation to function as role models to others in active engagement in the political processes locally, regionally, nationally, and globally (Wittmann-Price et al 2016:311). Participants referred to professional nurses' misunderstanding of patient and nurses' rights because the constitution emphasises individual rights, highlighting the need for leadership intervention. They also shared their views about the role of SANC regarding strikes, union activity, and moral virtues that shape public views and affect the nursing identity. Leadership involvement and prominent publicity on all possible platforms are necessary. The negative effect of political interference on the nursing profession was emphasised, whilst participants wished to end the effect of undesirable political interference and contradicting policies.

4.4 SUMMARY

The key informants had concerns about the nursing identity and suggested that it receive more attention, be communicated to the profession, and form part of the curriculum. After that, it should be continuously reinforced.

The participants' knowledge and understanding of nursing identity are limited, considering that they are participants falling in the age groups of 28 to 55 years, with the majority between 50 to 55 years. It was evident during the interviews that participants did not give the 'nursing identity' concept much thought. This may be attributed to the fact that they are unit managers and administration focused since they are answerable to the Nursing Act, 2005 (Act No. 33 of 2005), contributing to the limited knowledge they portray about the nursing identity. Nursing unit managers moved away from the bedside, where they are supposed to apply their knowledge and supervise lower qualified nurses. The unit manager has more important things *than brood about a nursing identity* (italics mine). Lower qualified nursing personnel has now taken over this vital role.

The nursing profession's challenges that negatively affect the nursing identity are a lack of role models, leadership, respect for seniority, visibility of professional nurses, value changes in the profession and the issue of caring versus remuneration. Challenges in developing the nursing identity are an uncaring attitude of professional nurses in the workplace, the cohort of students, the lack of discipline, skills and knowledge of students, and their education and training that are questionable. It is the issue of personal culture versus professional and organisational culture and the challenge of unreliable media reporting and media fake news. The participants pointed out the importance versus the non-importance of symbols in the nursing profession. They highlighted the value attached to these in some cases and the lack of value in other cases.

Key informants and participants made suggestions to develop the nursing identity in the South African context. Finally, a literature control will be presented in Chapter 5.

CHAPTER 5

LITERATURE CONTROL

5.1 INTRODUCTION

A literature control aims to provide the researcher with an in-depth understanding of the subject concerned (Booth, Sutton & Papaioannou 2016:98). The usefulness and applicability of the qualitative phase of the exploratory sequential mixed methods design to the research objectives can be significantly enhanced if it is conducted based on a careful review of what is already known about the research topic. A mixed methods literature control allows greater richness and broader insight and exploring multiple facets of a topic (Heyvaert, Hannes & Onghena 2016:iv). Findings from phase I and the literature control were used to inform the quantitative phase to develop a structured questionnaire.

The themes that emerged in the qualitative phase (phase I) guided the literature control. The topics related to the nursing identity include nursing characteristics, the image of nursing, institutional and organisation culture, nursing education, and corporate governance.

The researcher conducted the literature control by using a select number of keywords to examine the online OVID and EBSCO host databases. The keywords and phrases that the researcher used were: 'professional nursing identity', 'nursing image', 'caring', 'nursing characteristics', 'professional socialisation', 'nursing symbols', and 'nursing culture'. References cited in various journal articles, reports, and other studies were used to obtain additional material. The initial date range investigated by the researcher ranged from 2012 to 2019. However, since this cut-off point produced only a limited number of sources, the researcher extended the investigation period to 19 years (2002 to 2021) in some cases, even earlier due to the research topic. The literature was limited to the past 16 years. All recent primary research articles relevant to this study were included in the review. The search was restricted only to articles and other references written in English.

Although there was a considerable amount of literature available on topics that emerged from phase I, such as caring, socialisation, and the image of nursing, the literature control brought up a limited amount of theoretically derived literature about professional identity in nursing. A few important studies relevant to this study were carried out in the middle and late 2000s and a limited amount early 1990s. These were included in the literature. Despite these limitations, the researcher selected and discussed all literature that would add value and depth of understanding to the topic that the researcher had set out to investigate in this study. Table 5.1 displays the topics that were conducted in the literature study.

Table 5.1 Topics and terms utilised for literature control

Literature study topics
NURSING CHARACTERISTICS (5.3) **Personal characteristics** (5.3.1) Professional etiquette (5.3.1.1) Integrated and well-rounded mature individual (5.3.1.2) Self-care characteristics (5.3.1.3) Self-image of professional nurse (5.3.1.4) **Professional nurse characteristics** (5.3.2) Professional values (5.3.2.1) Unique characteristics (5.3.2.2) **Characteristics of a profession** (5.3.3) Distinctive characteristics of a profession (5.3.3.1) History and South African acknowledgment of the profession (5.3.3.2) Nursing culture and subcultures (5.3.3.3) Professional identity (5.3.3.4) Professional boundaries (5.3.3.5) Position in relation to other professions (5.3.3.6) Oppressed profession (5.3.3.7) Nursing hierarchy (5.3.3.8) Science and art (5.3.3.9) Ethos and ethics [morality] (5.3.3.10)
IMAGE OF NURSING (5.4) Role models (5.4.1) Ancient images of nursing (5.4.1.1) Bedside role models (5.4.1.2) Symbols (5.4.2) Uniforms (5.4.2.1) Distinguishing devices (5.4.2.2) Nurse's Pledge of Service (5.4.2.3) The lamp (5.4.2.4) Nursing traits (5.4.3) Distinguishing professional nurses from another vocation or occupation (5.4.3.1) Physical appearance (5.4.3.2) Public figure (5.4.3.3) Public image and perceptions (5.4.4) Marketing (5.4.5) Public image (5.4.5.1) Visibility and voice of nursing (5.4.5.2) Nursing hierarchy (5.4.5.3) Media (5.4.6)
INSTITUTIONAL AND ORGANISATIONAL CULTURE (5.5) External motivation originating from the milieu (5.5.1) Internal motivation originating form within (5.5.2)
NURSING EDUCATION (5.6) Nursing educators (5.6.1) Nursing education process (5.6.2) School leavers (5.6.2.1) Selection criteria (5.6.2.2) Process prior entering the nursing profession (5.6.2.3) Nursing curriculum (5.6.2.4)
CORPORATE GOVERNANCE (5.7) Professional regulation (5.7.1) Accountability (5.7.2) Leadership (5.7.3) Political influence (5.7.4) Unions (5.7.5) Private and public sector (5.7.6)

5.2 NURSING IDENTITY

Although there is a limited amount of literature on professional nursing identity, less literature was available within the South African scenario.

5.2.1 Identity

In psychology, identity is identified as an individual's sense of self which is defined by a set of physical, psychological, and interpersonal characteristics. Identity involves a sense of continuity derived from one's body sensations; one's body image; and the feeling that one's memories, goals, values, expectations, and beliefs belong to the self. Also called personal identity (*Online American Psychological Association Dictionary* 2020, sv "identity''). Psychologists use the term "identity" to describe personal identities, individuality, or the idiosyncratic things that make a person unique and distinctive.

Vignoles (2017:289) defines identity as the qualities, beliefs, personality, appearance, and expressions that make a person (self-identity as emphasised in psychology) or group (collective identity as preeminent in sociology). Identities are inescapably both personal and social in their content and in the processes by which they are formed, maintained, and changed over time.

Sociology and anthropology refer to identity as the conception, qualities, beliefs, and expressions that make a person (self-identity) or group (social category or social group). Sociologists often use the term to describe social identity or the collection of groups memberships that define the individual. Individuals were drawn from personal attributes, social group membership, and work roles to assign meaning to who they are and what they do in the workplace (Vignoles 2017:289).

Pieces of the individual's actual identity include a sense of continuity, uniqueness from others, and affiliation with others (sense of belonging to a group). Affiliation" is defined as a relation of being closely associated or affiliated with a particular person, or a group that is closely connected with a larger group or person who joins with others to form a group (*Collins English Dictionary* 2018, sv "affiliation"). According to Fiske, Gilbert, and Lindzey (2010:1093), when personal identity is salient, a person's individual needs, standards, beliefs, and motives primary determine behaviour. In contrast, when social identity is salient and prominent, 'people perceive themselves as more interchangeable exemplars or typical example of a social category [such as a professional nursing group] than as unique personalities defined by their differences from others. Fiske et al (2010:1093) view a distinction between personal identity and social identity as critical.

5.2.2 Professional identity formation

Identity formation is the development of an individual's distinct personality. Professional identity formation is framed as a social identity and is viewed as a systematic way of evaluating, identifying, and organising the perception of self (Erikson 1968). Professional identity formation is a continuous process that begins with admission to the nursing programme and is expected to be one of the outcomes of the professional socialisation of nurses (Burkhardt & Nathaniel 2019:86). In becoming a healthcare professional, students develop various beliefs, values, norms, roles, and attitudes about the profession, which prepare them for their careers (Song 2016:37). It evolves and forms over time throughout one's professional career in a dynamic and fluid process where interacting relationships of education and practice lead to self-reflection, growth, and human flourishing (Cruess, Cruess & Steinert 2016:8). Professional identity is formed by group interaction in the workplace and relates to how people compare and differentiate themselves from other professional groups (Fitzgerald 2020:2). It helps students gain a realistic view of the profession by exploring the available alternatives and committing to some choices and goals. The process is consistent with the profession's history, goals, and Code of Ethics for Nursing Practitioners in 'distinguishing the practice of professional nurses from that of other healthcare providers' (Burkhardt & Nathaniel 2019:86). One of the variables in professional identity formation is an openness to change which is positively associated with a willingness to explore various options before settling on an identity (Perry 2011:50). Therefore, professional identity is shaped by how a person defines and views their professional role and the expectations and behaviours they possess (and adopt) when considering their professional role (Field, Duffy & Huggins 2013:19; Slay & Smith 2011:85). Professional identity has typically been associated with the professions' expectations of how professionals perform their roles, with the 'internalising of professionalism' being the ultimate aim of developing such an identity (Joynes 2017:133).

Professional identity is an attribute of a professional nurse initially acquired during nursing education. Therefore, nurse educators are important role models in acquiring a professional identity that will reflect the social importance attached to the nursing profession. Enhancing the professional image is possible when the professional values, mission, and philosophy are always present in the overall activities of professional nurses (Toncheva 2012:30).

Research on professional identity construction shows that individuals are active participants in forming their professional identity and that others in the social context play a more proactive role. Individuals engage in cognitive and behaviour identity work to establish self-views consistent with a professional image. This perspective offers an alternative and complementary view to the professional identification literature's focus on the role of professional and organisational agents in shaping the cohesion of professionalism (Wilkinson et al 2016:263).

5.3 NURSING CHARACTERISTICS

Additional literature on nursing characteristics will elucidate a better understanding of personal values, self-image, self-worth, self-concept, self-esteem, identity formation, caring, and calling that emerged from the interviews.

5.3.1 Personal characteristics

The term 'personal' derived from Late Latin 'personalis' is pertaining to a person, from Latin 'persona' (*Online Etymology Dictionary* 2001-2017b, sv "personal"; *Online Etymology Dictionary* 2001-2017c, sv "person"). The term 'personality trait' refers to relatively permanent characteristics of a personality and apparent features of a person which compel an individual to behave uniformly crossways different situations (Eldhose 2014:27). George Herbert Mead (1863-1931) claimed that the 'self' or 'person' is not present at birth but is only developed in social interaction with others, e.g. families and other social agents. Other influences could be family and upbringing, friends, peers, religion/belief systems, culture, media, education, and life experience (Baillie & Black 2014:4; Chalari 2016:45). Each person has a set of personal values shaped and internalised by beliefs, purposes, attitudes, qualities, and objects of a child's early caregivers from the society or culture in which one lives. Subsequently, develop a value system grounded in their culture and life experiences. Cultural identity is one's feeling of identity affiliation to groups or a culture (Al Banna 2017:169; Lumen Learning 2017:1). Identified culture, society, and personality are key antecedents of personal values (Baillie & Black 2014:4).

There is limited research exploring variance personality characteristics of professional nurses within clearly defined nursing speciality areas. Personality characteristics are deemed to play a part in an individual's occupational choice, with individuals preferring a profession or field of work that will satisfy their personal needs (Kennedy et al 2014:40). Employees who possess the personality characteristics best suited to the job are likely to improve workplace efficiency, job satisfaction, and staff retention (Kennedy 2015:8; Kennedy et al 2014:2, 3). Professional nurses' identity appears to evolve from a general caring and altruistic/philanthropic motivation to a set of values specific and differentiated values (Fagermoen 1997:441).

Ample literature refers to the strong connection between caring and innate nursing characteristics. Researchers and authors believe the concept of caring is intertwined with nursing, that nursing and caring are synonymous (Hayes & Tayler-Ball 2007; Leininger 1984:84; Watson 1985, 2005; Daly et al 2014:81). Watson says that caring involves wanting to care, intending to care, and actions that are caring by nature (Chambers & Ryder 2016:15). Literature brings out different opinions about caring.

Caring is threatened by innovative economic management, characterised by widespread cuts to services and staff reductions (Bell et al 2015:2, 3). Caring as a relationship cannot be reduced to a hierarchy of tasks and skills that one 'does (Chambers & Ryder 2018:19). Additionally, the whole evidence-based practice movement has been devaluing the complex interpersonal element of the caring components of nursing. The emphasis on evidence-based practice, outcomes-based practice, and quantifiable efficiencies has ultimately threatened the fundamental "caring" strengths of nursing identity and practice and the quality and safety agenda (Bell et al 2015:3).

Watson's (2011:46) caring theory allows nurses to return to their deep professional roots and values; it represents the archetype of an ideal professional nurse. According to Cara (2003:51), caring endorses professional identity within a context where humanistic values are constantly questioned and challenged. Upholding these caring values in daily practice helps transcend the professional nurse from a state where nursing is perceived as "just a job", to that of a gratifying profession. Song (2016:37) pointed out that students' perceptions of professional identity centred strongly on caring than competency. However, the caring philosophy of nursing contradicts this characteristic of some qualified nurses who seem to either not possess this characteristic of caring or have lost it (Traynor & Buus 2016:186). The two dominant reasons for nurses entering the profession were the 'opportunity for caring' and the 'vocation in life' (Eley et al 2012:1546; Mauk & Hobus 2019:205). For those professional nurses who emphasise intrinsic or altruistic reasons, caring is more closely aligned to helping than the other attributes of caring seen in literature, such as compassion or sharing (Wilkes 2015:259). Nursing literature describes the role of 'essentialist caring value' as important to the future of nursing. However, patient care as a component of professional identity – the degree to which caring is a part of nursing professional identity – has had relatively less attention in the contemporary nursing identity literature (Bell et al 2015:15).

According to O'Brien (2021:82), the term 'vocation', derived from the Latin word *vocare*, *to call*, refers to the relationship between Divine initiative and human response. O'Brien (2021:371) refers to either a professional nurse's calling or attraction to the work. Additionally, O'Brien (2021:1) concluded that when one sees nursing as a calling, one goes to this higher level, the vocation level, which has a spiritual dimension to the profession. Seventy present professional nurses committed to their profession and experienced their job as a calling, and had a deep understanding of the whole process of patients. According to the study results, the calling experience does not conflict with professional principles.

Additionally, O'Brien (2021:4, 371) concluded that professional nurses are 'hungry' for meaning in their work. The word *work* comes from the Greek word meaning *worship*. Nurses' work is a means of *worship.*

In a study by Eley et al (2012:1551), the two dominant characteristics were empathy and altruistic ideals regardless of other characteristics, including highly pragmatic and self-serving principles. Eley et al (2012:1551) pointed out that characteristics of nurses associated with key temperaments are reward dependence, cooperativeness- and self-transcendence temperament traits. Reward dependence temperament traits are caring, sensitive, socially dependent, and sociable. Cooperativeness traits are empathy, tolerance, compassion and support. Self-transcendence traits are spiritual, unpretentious, and fulfilled. These characteristics refer to professional nurses' predominant caring, compassion, and calling traits. O'Brien (2021:21, 29) declared that articles, nursing books, the history of nursing, and the lives of nurses like Florence Nightingale, who have contributed to nursing, keep nurses in touch with the meaning of nursing as a caring vocation. O'Brien (2021:21) stated, "I don't think that will change…I think nursing should always be a calling." Nursing should be a profession where you care for people. Leading by example, younger professional nurses will develop their nursing role into a caring vocation-oriented professional. Nursing is more than just a job. It is more than just a profession. You are dealing with people's lives. It is an emotional, caring field (O'Brien 2021:369).

According to *Merriam-Webster Dictionary* (2018), "compassion" is a sympathetic consciousness of others' distress and a desire to alleviate it. Compassion for others is undoubtedly a motivating factor for most that join the nursing profession. Research has shown that compassion can become part of self-identity and linked to self-image goals. Having compassion-focused self-identity goals was associated with feelings of closeness, connectedness, and social support (Crawford, Brown, Kvangarsnes & Gilbert 2014:3592).

Poor attitudes of professional nurses towards patients, doctors, and colleagues are well known in the South African context and have many sources, for example, management issues such as poor communication, lack of equipment, and poor management support.

5.3.1.1 Professional etiquette

The word etiquette derives from the French *étiquett*e 'prescribed behaviour', from Old French *estiquette* (little note), which birthed 'etiquet' (label, note) which led to 'ticket' *(Online Etymology Dictionary* 2001-2017a, sv "etiquette"). According to *Merriam-Webster Dictionary* (2017), "etiquette" is the customary code of polite behaviour in society or among members of a profession or group. Synonyms are protocol, polite behaviour, good manners, acceptable behaviour, code of behaviour, rules of conduct, and decorum. According to Pagana (2010:46), professional etiquette is more than good manners; and based on guiding principles of kindness, consideration, and common sense, professional etiquette helps form alliances and enhance established ones. It polishes one's communication skills and strengthens relationships with patients, families, and

colleagues. Pagana (2010:47-48) suggested guiding pointers of etiquette to be cultivated to the professional nurse; introduce oneself, have a confident and firm handshake, keep the conversation on track, watch body language, cultivate a positive work environment, dress professionally and present and portray a positive professional image. However, take into consideration cultural preferences and sensitivities. Professional etiquette is not optional for personal and professional success; it is critical for coming across as a polished, confident, professional nurse.

5.3.1.2 Integrated and well-rounded mature individual

According to *Encyclopedia.com* (2017), "well-rounded" originated in the 1870s and referred to a fully or broadly developed personality in all aspects, a well-balanced and entirely composed person having varied abilities and attainments. The perceptions of well-rounded individuals in the professional arena differ. However, the standard principle is the positive influence in the profession and society, with a matured understanding of the human condition and a sense of empathy and relatedness to others (Carlson 2016:1). Limited literature is available on developing a well-rounded or well-balanced matured person.

Emotional maturity is defined as how well one can respond to situations, control emotions, and behave in an adult manner when dealing with others. Emotional maturity is an effective determinant of shaping the individual's personality, attitudes, and behaviour into accepting responsibility, making decisions, teaming with groups, developing healthy relationships, and enhancing self-worth (Malkappagol 2018:10). Several brain areas critical for emotional life are among the slowest to mature. The frontal lobes-seat of emotional self-control, understanding, and artful response continues to develop into late adolescence, until between sixteen and eighteen. Young people must develop their capacity for empathy, abstract thinking and future time perspective when the close and dependent relationships with parents give way to more intense relationships with peers and other adults (Goleman 2020:226; Matheen 2011:1-2).

5.3.1.3 Self-care characteristics

While the literature to date has focussed on redressing a compassion and care deficit across the nursing discipline (Crawford et al 2014:3592; Dewar, Adamson, Smith, Surfleet & King 2014:1741; Scott 2014:177), they suggest that due consideration be given to its relationship to self-care and self-compassion in professional nurses. As a noted scholarly and practitioner of compassion, the Dalai Lama argues that: 'For someone to develop genuine compassion towards others, first he or she must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one's feelings and to care for one's own welfare (Mills, Wand & Fraser

2015:791). Caring for others requires caring for oneself. According to Sharma and Jiwan (2015:279), self-compassion is the ability to be compassionate to oneself. Without this ability, nurses might not be prepared to be compassionate to patients. Sharma and Jiwan (2015:279) conclude that it is essential for the nurses to experience compassion because it affects their decision making and actions contributing to excellence in the practice of nursing, and Neff (2003:85) and Sharma and Jiwan (2015:279) reported that without the ability of self-compassion, nurses might be ill-prepared to show compassion to those for whom they care.

Blum (2014:1) stated that self-care is imperative to personal health, sustenance to continue to care for others, and professional growth and promote health in practice. Attachment and connections based on relationships with patients are essential elements of care, and self-care is important in moral decision-making. Neff (2017:1) believes that self-compassion is an emotional skill that is an essential tool for treating oneself in a kind, compassionate way to ensure mental health for professional nurses. Emotionally intelligent nursing staff perform beyond the patients' expectations from service quality and affect consumer behaviour positively (Sharma & Jiwan 2015:279). By caring for oneself and fostering and developing self-worth, people find meaning, and it has a positive effect on mental health (Ackerman 2020:34; Crocker 2002:16). According to Richards (2016:198), self-care is vital and benefits both nurses and patients. This is further supported by Watson's (2011:42, 46) 'Theory of Human Caring', in which nurses' care for themselves and others is seen as being interdependent (Mills et al 2015:791). Watson is one of the few nursing theorists who consider not only the cared-for but also the caregiver. Promoting and applying caring values in nursing practice is not only essential to the personal health of nurses, but its significance is also fundamentally tributary to finding meaning in work (Cara 2003:51).

The importance of nurses' self-care has been well-documented, but the notion of nurses' self-discovery has been less so. For some, nursing is primarily a means of earning a living, and for others, it is a personal journey that remains a vocation and puts food on the table, with many dimensions: each of these is valid, and every nurse's path is unique (Carlson 2016:1).

Literature shows that services supporting nurses are rare, inadequate, fragmented, and not targeted to the needs. Debriefing is necessary to identify individuals who might need further assistance to cope (Hanna & Romana 2007:39; Johnson 2016:21; Harder, Lemoine & Harwood 2019:330). Nursing managers view debriefing as tangible support in an appropriate manner for nurses when they experience a difficult time in their work environment. This will help improve nurses' emotional and physical well-being and continue to provide high-quality patient care (Healy & Tyrrell 2013:37). Nursing is an emotionally demanding profession, and deficiencies in nurses' mental well-being, characterised by low vitality and common mental disorders, have been linked

to low productivity, absenteeism, and presenteeism (Perry, Lamont, Brunero, Gllagher & Diffield 2015:4). General health is a requisite for mental health. Organisations can significantly improve the performance of individuals and teams by implementing properly conducted debriefing sessions (Nestel, Kelly, Jolly & Watson 2017:159). Many nurses cope by distancing themselves from patients. Whilst this has implications for the therapeutic relationship, of greater concern is the dehumanisation of a patient by a profession that espouses humanistic care (Leyens 2014:167; Bain, Vaes & Leyens 2013:167; Maben, Adams, Peccei, Murrells & Robert 2012:83-84).

5.3.1.4 Self-image of the professional nurse

Merriam-Webster Dictionary (2021d) defines "self-image" as the opinion or idea of yourself, especially your appearance or abilities. *Oxford Living Dictionary* (2021) "self-image", the idea one has of one's abilities, appearance, and personality. Self-concept (the way we think about ourselves) can be used as an umbrella term, with self-image (the way we see ourselves), self-esteem (the way we feel about ourselves), and self-presentation (the way we present ourselves to others) as underlying concepts (Tajfel & Turner 1986:276; Worchel 1986:7-14). According to Reece and Reece (2016:92), high self-esteem is a powerful foundation for a successful personal and professional life. The Rosenberg Self-Esteem Scale is a widely used instrument tested for reliability and validity in many studies and is regarded as a useful tool for evaluating the level of self-esteem of individuals (Park & Park 2019:1992). Rosenberg (2015:5) conceives self-image as one's judgment of his/her self-worth and develops an attitude towards the self accordingly. Self-esteem is the negative or positive attitude individuals have of themselves (Rosenberg 1979). The Rosenberg Self-Esteem Scale (Rosenberg 1979), the most frequently used measure of self-esteem, essentially captures people's overall feelings of acceptance and respect (Rosenberg, Schooler, Shoenbach & Rosenberg 1995:141). The term 'attitude' is used broadly to include facts, opinions, and values regarding the self and a favourable or unfavourable orientation toward the self, which has great significance for mental health. Social factors, i.e., the influence of mass media, influence the public's opinions towards the profession (Rosenberg 2015:6, 292). Professional self-esteem is related to the value and worth of an individual attachment to the chosen career. Tabassum (2011:207) describes the same concept stating that "Professional self-esteem is an individual's self-esteem specifically regarding his or her professional position and acceptance in that professional role." Professional self-image impacts professional self-esteem (Gunawan, Aungsuroch, Sukarna, Nazliansyah & Efendi 2021:180; Sabanciogullari & Dogan 2017:1677). Professional self-development begins when students begin nursing education; continues throughout professional socialisation (Sabanciogullari & Dogan 2017:1677), and integrates professional knowledge, skills, attitudes, and values with their self-identity and behaviours (Fagermoen 1997:343; Gregg & Magilvy 2001:47). A strong self-concept contributes to the positive development of a professional self. Nurses with a strong sense of professionalism

self-provide high-quality nursing care, represent the nursing profession in the community and healthcare settings and help the nursing profession gain professional status.

Conversely, an insufficient professional self can lead to problems such as not having a voice in the professional field (Sabanciogullari & Dogan 2017:1677). Developing a positive professional self-concept is important for nurses and their patients, colleagues, and the profession (Johnson et al 2012:562; Sabanciogullari & Dogan 2017:1682). Sabanciogullari and Dogan (2017:1678) determined that professional training and personal self affected the development of the professional self. Fostering a stronger professional self-image among nurses contributes to their sense of value as care providers and indirectly reduces intended and actual turnover from the organisation and the profession (Chênevert, Jourdain & Vandenberghe 2016:84). Research has identified five factors that can enhance employees' self-esteem in any organisation; workers need to feel valuable, competent, secure, empowered, and connected (Reece & Reece 2016:92). Various studies have shown a significant relationship between nursing students' professional self-concept and willingness to stay in nursing (Sabanciogullari & Dogan 2017:1677).

Self-esteem is an essential parameter in developing one's personality and professional identity. Self-image or self-esteem is a relationship between a person's self-respect (what you think and feel about yourself) and self-efficacy (expectation of success) (Reece & Reece 2016:78). Nursing students are greatly influenced by nursing professional self-image. Statements to students by nurses in nursing units, such as, "I'm just a nurse, so I don't know," "Don't become a nurse …," or "You're too smart to be a nurse," all have potentially adverse effects on the nursing profession (Jeffreys 2012:186).

Another aspect, namely *self-worth,* is "the sense of one's value or worth as a person" (*Dictionary.com* 2017, sv "self-worth"). On the other hand, self-esteem reflects a critical personal evaluation of self-worth, of which, in nursing, peer groups are major influencing factors.

Self-concept, another personal characteristic, is the sum of a being's knowledge and understanding of the self, including physical, psychological, and social attributes, which can beinfluenced by the individual's attitudes, habits, beliefs and ideas. Self-concept and self-esteem depend on our choice of the reference group (a group that one belongs to by circumstances, such as the individuals' chosen profession, or even a group the person aspires to belong to (Walker et al 2012:28, 29). The nurse's professional self-image determines how the nurse provides nursing care and represents the nursing profession in the community and healthcare settings, developing the nursing profession's professional status (Sabanciogullari & Dogan 2017:1677).

Some nurses define being a nurse positively. In contrast, other nurses think of themselves negatively as mere doctors' assistants. A study found that nurses had a more positive image of themselves as compared with how they thought the public perceived nurses (Finkelman 2017:30-32). However, if nurses perceive their prestige as low and as not being appreciated, then they will feel victims and subordinate to other professions and will act out that self-image (De Vliegher, Milisen, Wouters, Scheepmans, Paquay, Debaillie, Geys, Okerman, Van Deuren & Dierckx de Casterlé 2011:30).

International literature determines that as nurses' ages increase, so does their professional self-development. Age and experience play an essential role in the positive development of nurses' professional selves. If professional self can be improved during nursing education and in the first years of working life, nurse retention rates can be increased (Sabanciogullari & Dogan 2017:1682). Many organisations support workers to build their self-esteem because they realise that low self-esteem affects workers' abilities to be productive and effective team members (Reece & Reece 2016:91).

5.3.2 Professional nurse characteristics

The etymology of the term *professional* derived from the Middle English (1150-1500) 'profes', an adjective meaning having professed one's vows, which itself derived from Late Latin *professus*, past participle of *profitēri* which means to profess, or confess, declare openly, testify voluntarily, pro means before, and *fatēri* to acknowledge (*Online Etymology Dictionary* 2001-2018a, sv "professional"). Thus, as people became more and more specialised in their trade, they began to 'profess' their skill to others and 'vow' to perform their trade to the highest known standard (*Merriam-Webster Dictionary* 2021b, sv "professional").

The origin of professional nurse traits started in the Nightingale era. To develop the character traits desired in a good ('ethical') nurse, students at Nightingale school fostered traits such as sobriety, honesty, loyalty, punctuality, organisational mindset, correctness, and elegance (De Araujo Sartorio & Pavone Zoboli 2010:687). Furthermore, their profession required them to be altruistic, gain patient trust, be loyal to physicians and base their decisions on the most rigorous justice. The behaviour of immoral nurses needed to be abolished if respectable ladies were to be recruited to care for the sick. Only then could nursing be suitable employment for educated women guided by science and morality (De Araujo Sartorio & Pavone Zoboli 2010:688).

Being a professional is making a public commitment to a high standard of performance, integrity, and public service. Although not always stated explicitly, there is an implied contrast between 'high standard of performance' and financial gain. Being a professional meant putting "doing good

work" and the "quality" of the work ahead of economic gain and the economic efficiency of work − it was not about the money. It was about the quality and integrity of work. This does not mean that professionals cannot be paid for their work. It means that being paid for this work is not a defining characteristic of being a professional. People framed by their analysis perceive themselves as being not only 'expert' but also virtuous (Husband 2016:49). Individuals draw from personal attributes, social group membership, and work roles to assign meaning to who they are and what they do in the workplace (Ashforth et al 2008:325; Caza & Creary 2016:4). As Caza and Creary (2016:4) explained, by constructing a professional identity, individuals can claim purpose and meaning for themselves and explicate how they contribute to society.

Nursing students feel that nursing does not have the appropriate social standing in society and is regarded by doctors as secondary servants. The main reason for most nursing dropouts claims a lack of social acceptance and the stress-laden atmosphere of nursing (Yazdannik et al 2012:180). Blaauw et al (2014:2), and Yazdannik et al (2012:180), stated that university education is the most critical approach to improving nurses' professional status. Occupational prestige is a way for sociologists to describe people's relative social class positions. It refers to the consensual nature of rating a job based on the belief of its worthiness. The term *prestige* itself refers to the admiration and respect that a particular occupation holds in a society. People seek association with their occupational superiors and avoid association with their inferiors. A highly developed division of labour characterises it into distinct occupational roles, and occupational role differentiation inherently gives rise to inequalities in power, privilege, and prestige (Tielman 2013:20, 28, 49).

A misconception about nursing exists in society due to fallacy in daily television shows (soapies), non-scientific image portrayals of nursing in the media, lack of social status for nurses, lack of appropriate relationships between peers, lack of professional attraction in society, and lack of nurses' family knowledge of the profession. There is a total lack of understanding of how thorough nursing training is, including science, microbiology, anatomy, physiology, sociology, psychology, and the like (Koutoukidis, Stainton & Hughson 2016:19).

Professionalism is considered a "value-oriented ideologically based construct" (Birden, Glass, Wilson, Harrison, Usherwood & Nass 2014:3). A nurse's professionalism is judged based on personal behaviours, appearance, and presentation, including positive attitude, compassionate patient interactions, professional responsibility, teamwork, and integrity. Professionalism needs to be taught as a subject of the nursing curriculum and not only transmitted by respected role models (Cruess et al 2016:26). Professionalism is not only a skill set in each occupation. It is a deep and profound 'something' that is exuded in the presentation of self (Goffman 1959:252, 261; Shulman 2016:80), dress, speech and standards of practice, high levels of integrity and trustworthiness, referred to as adhering to a Code of ethics (Husband 2016:49). Professionalism

is about specialised knowledge based on a Code of Ethics for Nursing Practitioners pertaining to the profession. Professionalism in nursing requires individual reflections on “social awareness and values, interpersonal and intrapersonal capacities”, and the necessary skills that promote insight that positively influence practice outcomes (Cleary & Horsfall 2013:675).

The inner identity of the individual is refracted through the [professional] socialisation a person receives. This refraction process influences and shapes how a person expresses themselves and understands the world (Frones 2015:3, 4). Professional socialisation is a lifelong journey that leads to the transition from marginal to full participation in a professional society. One of the most powerful influences of professional socialisation is interaction with fellow nurses (Berman, Snyder, Kozier, Erb, Levett-Jones, Dwyer, Hales, Harvey, Moxham, Park, Parker, Reid-Searle & Standly 2015:15, 16). Boundaries of behaviour are established (Berman et al 2015:21). Professional nurses are exposed to a long and intense socialisation period to increase their identification with the profession. It further involves processes guiding nursing students to make personal commitments and professional experience of being and develop a sense of self as members of their chosen profession (Skott 2018:469). Bridges (2018:293) mentions that professional socialisation enhances students’ sense of belonging, and professional identity underlies successful professional socialisation. This commitment leads to actions and attitudes that Black describes as “thinking like a nurse” (Black 2016:118).

Reaching the end of the nursing education process, integration of the person’s identity, professional, and professions is completed. Baillie and Black (2014:13) state that nurses’ values may still conflict with their professional values. Professional nursing values are defined by Masters (2020:149) as “beliefs or ideals that guide interactions with patients, colleagues, other professionals, and the public”. In addition to guiding nurses in their decision-making, professional nursing values also form the professional identity representating the nurse’s professional philosophy (Fagermoen 1997:434). These values begin to form during nursing school and continue to develop through interactions in the work setting (Costello 2017:6). While a list of comprehensive professional nursing values is not widely agreed upon, many of the values nurses should strive to hold are outlined within SANC Code of Ethics for Nursing Practitioners. The overriding concern in this situation is that professional ethics outweigh personal ethics in a professional setting (Black 2016:141).

Professional identity enables the person to say, “This is who I am as a nurse. This is what I am trying to do and be in the world” (Perry 2011:52). Haynes (1999:39) and Osteen (2013:423) argue that the profession should be “tolerant” of diverse opinions and beliefs regarding “some things, but not about its ideology”.

5.3.2.1 Professional values

Values are goals and beliefs that establish behaviour and provide a basis for decision-making (Poorchangize et al 2019:1). Professional values are acquired during socialisation into nursing from ethical codes, nursing experiences, teachers, and peers (Al Banna 2017:170). Global professional ethical codes reflect similar values and norms (Yeo, Moorhouse, Kahn & Rodney 2020:12). Personal ethics refers to the personal code of behaviour in dealing with others socially in everyday life. Professional ethics refers to the ethics that a person must adhere to standards or code of conduct set by people in a specific profession regarding their interactions in their professional life (Walker 2018:26).

Nursing is a profession rooted in professional ethics and ethical values, and nursing performance is based on those values. Core nursing values include altruism, autonomy, human dignity, integrity, honesty and social justice (Poorchangize et al 2019:1). Eastern nursing value systems identified eight attribute indicators of moral competence: kindness, compassion, sympathy, equanimity, responsibility, discipline, honesty, respect for human values, dignity and rights. China revealed essential professional values, namely altruism, caring, trustworthiness, dignity, responsibility for the development of the profession, autonomy, and justice. Overall, these values were in accordance with the International Council of Nurses (ICN) codes. All Chinese nurses practice the Chinese term "*shen du*", which means being self-disciplined and behaving ethically, even when not being supervised (Al Banna 2017:169). Iranian nurses recognise the observance of ethical values essential to patient care, such as maintaining patient privacy, practice integrity, professional commitment, human relationships, justice, honesty and the promotion of professional competence. The most important virtue for Japanese nurses who practice harmony is politeness, expressed by respect for others. By touching the hearts of the people concerned, the nurses created the outcome of goodness, peace and growth for all members in the place, not limited to 'the patient good'. Many studies done in different countries at different times agreed on the findings. Human dignity; respecting human dignity was the most common value indicated in review articles (Al Banna 2017:173).

Furthermore, a study in Israel revealed that three fundamental professional nursing values of human dignity, equality among patients, and prevention of suffering, personal values, honesty, responsibility and intelligence were rated first (Al Banna 2017:173). SANC (2013) Code of Ethics for Nursing Practitioners guides professional nurses and informs the public of the ethical and moral principles applicable to nurse practitioners in performing their duties.

Respect for individuals, including persons, families, and society, has been mentioned as an important nursing ethical value. Dignity respect has been defined with definitional traits as

consideration of innate human values, respecting patients' beliefs and preservation of their dignity and privacy during clinical procedures, communication with the patients, and understanding the patient's devotion to fulfilling clients' needs (Shahriari et al 2013:5). Shahriari et al (2013:5) argue that nurses should accept that people deserve respect and dignity.

Altruism is a common nursing value in various countries. Altruism is normally defined as love for other people and readiness to help others which contribute to their welfare (Pavlov & Markov 2016:41, 42). The principle of altruism, nurses should have a spirit of selflessness and helpfulness toward others (Al Banna 2017:173). A certain degree of altruism is expected in the true professional, a certain amount of selfless service (Fonseca 2017:5). The need for altruism and ethics to direct professional skills is so pressing because of the differential between the professional practitioner and the client.

Professional autonomy means having the authority to make decisions and the freedom to act on one's professional knowledge base (Farlex 2021a, sv "autonomy"). The term 'autonomy' comes from the Greek *autos* (meaning 'self') and *nomos* (meaning 'rule', 'governance' or 'law'). Autonomy refers to a person's ability, right, or power to make or exercise self-determining choice, to be 'self-governing' based on conscience (*Online Etymology Dictionary* 2001-2021, sv "autonomy"; Johnstone 2015:37; Rowe 2010:2226). Knowledge is power. Asymmetrical knowledge between the professional and the client gives the professional power over the client, hence their ethical responsibility (Beaton 2010:6). Autonomy in decision making; Independency in decision making is a value suggested in some studies as a nursing ethical value. Nurses have defined their traits as having the right of independence in decision-making and accepting or rejecting suggested treatments, interventions, or care. In addition, autonomy in decision making necessitates giving appropriate and adequate information to the clients and, if necessary, to their families. Autonomy in decision-making occurs when nurses let patients be informed, free, and independent to decide on the diagnosis, treatment, and prevention by giving them appropriate information (Al Banna 2017:172).

Precise and accurate caring has been indicated as a nursing ethical value. Based on this definition, this sort of care is precise, safe, appropriate, multidimensional, and kind care given to the patients by nurses. (Al Banna 2017:169). Responsibility has been defined as a nursing ethical value, with traits of commitment, feeling responsible for the duties toward patients, and respecting the patients' decision-making rights. Based on this definition, nurses are responsible for giving evidence-based care and are accountable for their actions and duties (Al Banna 2017:173). Human relationships are included as a nursing ethical value with traits of mutual respect, trust, and reliance accompanied by patients' confidentiality and privacy (Al Banna 2017:169). Sympathy has been indicated as a nursing ethical value with traits of understanding patients' and their family

needs and giving care based on fair communication. In some cultures, such as the Japanese, nurses share patients' physical and mental pains and sufferings (Al Banna 2017:173). Trust has been indicated as a nursing ethical value and is defined by traits of honesty in words and practice. Nurses should gain patients', their families and society's trust by doing their duties appropriately (Al Banna 2017:117).

Literature supports that compassion, expressive therapeutic touch and presence communication (how to make sure patients feel our caring) are characteristics of a professional nurse (Watson 2011:44, 76, 81; Leebov 2015:1). The nature of nursing requires the ability to communicate beyond physical means. Western science, psychology, and even nursing have dealt poorly with spirituality; it is either ignored or regarded as too religious, abstract, extreme, or controversial. When the nurse becomes heart-centred, she can resonate with the person at a heart and soul level (Helming, Barrere, Avino & Shields 2014:279, 281; Watson 2011:44, 76, 81). Intuition intelligence is seen as unconscious awareness of reasoning, a sixth sense, or gut feeling. It is used during nursing practice in clinical decision making. Knowledge and experience are the most influencing factors for intuition.

Expressive therapeutic touch is an expressive touch that plays a vital role in developing a therapeutic relationship and delivering person-centred care. If done sensitively and appropriately, touch can demonstrate compassion, empathy, and kindness and offer much comfort and support to patients and their families. However, the support worker needs to be mindful of the patient's wishes regarding touch (Stonehouse 2017:2).

According to Van Schalkwyk (2017:iv, 2, 3), it was identified that nurses enter the nursing profession due to altruism, and the most important part of nursing encompasses caring. Values indicate the nurse's behaviour, how patient care is provided, and ethical decisions made. It is found that political and social factors influence nursing practice. Recommendations include setting a clear value structure for nursing in South Africa.

5.3.2.2 Unique characteristics

A literature control was performed on the unique themes derived from the interviews, namely, aesthetics, the meaning of life and human wonder.

Aesthetic deals with sensory, emotional values such as pleasure and pain. The Platonic principle that 'good is beautiful' has linked ethics to the aesthetics of nursing care (Siles-González & Solano-Ruiz 2016:154, 155). Following this Platonic understanding of beauty as a prelude to

aesthetics, its connection to ethics is noticed as a discipline that studies morals and virtue (Frede 2017:1; Sawatsky, Beckman & Hafferty 2017:462; Siles-González & Solano-Ruiz 2016:155).

Feelings and emotions that develop during the clinical nursing practice are professionally significant. Beautiful and sublime moments occur during the nurse-patient interaction. The beautiful moments that generally occur in everyday life reflect the effects of a well-performed nursing art/act and give rise to 'beautiful' feelings (Siles-González & Solano-Ruiz 2016:155, 156).

The meaning of life as humanity perceives it derived from philosophical and religious contemplation and scientific inquiries about the purpose of human existence. Finding the meaning in life requires developing a personal philosophy and ideology and integrating the professional philosophy. A profession with a meaningful philosophy enables professional nurses to deal meaningfully with patients' pain, suffering and death (Geyer, Mogotlane & Young 2009:113). Frankl (2017:102), perhaps best known for his work, Man's Search for Meaning, argued that we have the capacity to choose our behaviour, but we also have the capacity to choose our meaning in life. Frankl's (2006) 'logotherapy' or 'meaning therapy' mentions three possible areas for meaning: in work (doing something significant), in love (caring for another person), and courage during difficult times (Frankl 2006:3, 111-115). Frankl (2010) suggested finding meaning in one of the following three ways: (a) in what we create or what we 'give' to the world through our careers (e.g. nursing) or perhaps our leisure (e.g. music); (b) in our relationships with others or with nature – what we 'take' from the world; and (c) in choosing our attitude toward 'suffering'. Courage and dignity in the face of disappointment, difficult situations, and death can give us meaning (Malloy, Fahey-McCarthy, Murakami, Lee, Choi, Hirose & Hadjistabropoulos 2015:1). Frankl (2020:59; 2014:78, 137) wrote that one might find meaning in life even when confronted with a hopeless situation. When facing a fate that cannot be changed, what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. Frankl's (2014:141) perspective is *not* denying grief and rage that spring from suffering and tragedy or "making the best of things" nor blithely suggesting that "everything happens for a reason." Frankl (2014:78, 106) encourages people to acknowledge their grief and rage and see suffering as an experience in which it is possible to find meaning. The nature of that meaning will be different for each person, even in response to the same tragedy. There is no one-size-fits-all meaning in life. Discovering meaning will be hard work. According to Pavlish and Hunt (2012:113), relationships, compassionate caring over time, identity, and a mentoring culture emerged from the interviews describing the nurses' sense of meaning, and ways through which meaning was fostered in their careers. Consistent with Frankl's belief in the power of relationships, the nurses' interactions with co-workers were a dominant theme across the conversations as a source of meaning. Nurse administrators are the key to

improving the quality of care by nurturing opportunities for nurses to find meaning and satisfaction in their work (Pavlish & Hunt 2012:113).

Watson (2011:1, 24, 46) views human life as a gift to cherish, a process of human wonder, awe, miracles, and mystery. An artist is as scientific as a scientist is artistic. Watson (2011:46) rejects methods ascribing an increasing degree of reality to numbers and information when at the same time the human need for meaning, aesthetics, wholeness, faith, inspiration, and a sense of wonder, mystery, and discovery is pushed further into the background. Human caring consists of values associated with deep respect for the wonders and mysteries of life and acknowledgement of the spiritual dimension of life. Human-to-human caring process and caring transaction that respond to the subjective inner world of the person in such a way that the nurse helps individuals find meaning in their existence, disharmony, suffering, and turmoil and promotes self-control, choice, and self-determination with the health-illness decisions. Many people find meaning and self-expression in their relationships with others and God (Watson 2011:49).

5.3.3 Characteristics of a profession

The term ‘profession’ derived from the Latin word ‘professionem’, ‘public declaration’, from the past stem of ‘profiteri’, declare openly, testify voluntarily, acknowledge, make public statement’ (*Online Etymology Dictionary* 2001-2018b, sv “profession”).

5.3.3.1 Distinctive characteristics of a profession

A profession is a concept that defines an occupation that requires extensive training, intense study and mastery of specialised knowledge. Usually, individuals holding the same profession meet in association with a Code of Ethics for Nursing Practitioners and a well-organised certification or licensing process (Parida 2021:1). The primary mission of professions is to serve and protect communities. Without a clear disciplinary orientation and foundation to guide the development of the profession, it is easy to lose the way. Without the foundation of knowledge, the nursing profession can easily be guided by a hospital culture and pressure to conform to medicalised, clinicalised views of humanity. The nursing profession, in recent years, with the rise of external crises of economics, management science, technology, medicalised, hospital-based practices and policies, has been detoured from its disciplinary foundation (Watson 2017:1, 2).

Beaton (2010:10) insists that professions require “social closure” to be a profession. They need to keep others out of the profession, sealing themselves into exclusive domains. In the public’s interest, those who do not have the prerequisite knowledge in their field are not licensed to practice a profession (Beaton 2010:13). Professionals are interested in protecting the integrity of

the work done in their profession. Professionals seek to exclude others to protect their profession and the public from unqualified and unethical practitioners. When professional's viewpoint supersedes public interest, a profession will lose its power, prestige, and profits if its faulty outlook is not corrected (Beaton 2010:13, 14). Osteen (2013:7) pointed out that education represents a formal learning trajectory established by the larger community of practice. Newcomers are brought into the professional community and begin a path of full membership and participation.

Professions enter into an economic, social, political and licensing contract (Beaton 2010:7, 11, 13) with society, and, in turn, society influences the development of the profession. Society and the professions interact in a symbiotic relationship that flourishes particularly well when the professions take a leadership role in being ethically devoted to serving the public good over and above their interest (Beaton 2010:16). Spada (2009:13) considers ethics to be of the first importance to the future of the profession. Professional ethics are paramount to building and maintaining public trust, even more than the high-quality provision of services. A real or perceived lack of ethical standards should be considered the most serious of threats. Professions are built on trust. Professionals are trusted to do the best the individual possibly can for a good outcome (or a member of occupation through maintaining a professional attitude in performing the work). Even if some patients are not cured, and some are lost, trust remains because of a basic faith in the selflessness (altruism) that is instinctively sensed as the essence of professionalism (Beaton 2010:19).

Freidson argues for maintaining exclusivity in professions, saying that it helps maintain the integrity of professional disciplines and keeps knowledge undiluted (Beaton 2010:19). The fourth Industrial Revolution involves novel competencies for humans and machines. Nurses and clinical team members will be impacted as the use of Artificial Intelligence and robots grows. Patients often confide in their healthcare practitioners, placing a great deal of trust. Nurses show empathy, compassion and care and may pick up certain psychological symptoms in their patients, that an Artificial Intelligence device may not be able to detect (Mohammed 2018:95, 94). There may be advantages to replacing the human element, such as stock control. Nursing schools and healthcare facilities will have to meet the educational needs and challenges that technology pose with proper education, coaching and leadership. Nurses need also to bridge the gap and join forces with tech companies to educate on the importance of the human perspective in patient care (Pompilio 2019:1).

5.3.3.2 History and South African acknowledgement of the profession

Significant historical figures of South Africa shaped the nursing identity, e.g. Sisulu, Searle and Kotzé. Their leadership on the international and national levels influenced the nursing image and

identity globally (SANC 2012; South African Nursing History Forum 2018; UNISA 2017:1). Henrietta Stockdale greatly contributed to South Africa becoming the first country to grant state registration to trained nurses in 1891, placing nursing on a professional footing. It provides the nurse with an acknowledged status within society; it confirms that the nurse has met a certain standard of education; it safeguards the public against those who have not completed training, and there is a control to ensure that those in the profession maintain the standards (Paton 2017:1).

The role of history in developing professional identity in nursing is well-known, and the discipline of nursing history research continues to flourish (Smith, Brown & Crookes 2015:341). Recognition of nursing excellence throughout its history in this country is honoured by many nursing organisations. Celebratory ceremonies developed since the inception of the profession in South Africa have been part of modern nursing's traditions. The power of ceremonial performances conveys the values of the professional nursing culture to individuals, groups, and the public. Ceremonies help nurses solidify their professional identity (Wolf 2013:150). According to Belle (2017:314), and Thistlethwaite and McKimm (2017:9), rituals, ceremonies, reading of oaths, clothing (e.g. wearing of a uniform, stethoscope) or titles are ways in which students and professionals are socialised into their profession and are significant to professional identity.

5.3.3.3 Nursing culture and subcultures

A culture contains sets of values, beliefs, and habits learned during socialisation, shaping ideas, perceptions, decisions, and how individuals act (Kroger & Marcia 2011:31-32, 50). Culture refers to learned patterns of behaviour, beliefs, and values shared by a particular group. The nursing culture shapes the nurse's unique belief system, which guides the nurse's thinking, decisions, and actions, and provides direction for interpreting and responding to illness and disability and healthcare. Effective nurse-patient relationships require professional nurses to be knowledgeable about every patient, irrespective of his cultural origin (Smeltzer et al 2014:802).

The term 'subculture' refers to specific and distinctive features for a group, encompasses all knowledge, beliefs, customs, and skills acquired by group members, and functions within a larger cultural group (Smeltzer et al 2014:156). The nursing profession is a subculture in the medical scenario (Yazdannik et al 2012:178). According to Huff, Kline and Peterson (2014:51), health promoters function within their personal and professional culture. Cultural frameworks originate from assimilating the practitioner's personal and professional culture – beliefs and values acculturate during professional training. The Code of Ethics for Nursing Practitioners governs the member's official conduct.

Nursing students become acculturated into nursing through education and experience, leading to enculturation into the profession. Enculturation refers to a learning process whereby students learn to accept and practice according to the culture of the nursing profession (McFarland & Wehbe-Alamah 2018:2). Watson (2011:46) established globally caring as a unique cultural attribute of nursing.

5.3.3.4 Professional identity

Professional identity is not hereditary, inborn or natural, but it forms by discussing, negotiating, especially in dominant-subordinate relationships, and integrating with historical conditions and in-group experience. Professional identity is the identification with a profession, exhibited by aligning roles, responsibilities, values, and ethical standards as accepted by profession (Goltz & Smith 2014:785). Professional identity includes acquiring insight into professional functioning and creating professional ideals and values (Yazdannik et al 2012:178). Professional identity is related to a person's professional roles in that profession. Professional identity is nurses' concept of nursing and functioning as nurses (Fagermoen 1997:434; Goodolf & Godfrey 2020:1). This identity includes an individual's experience and feeling of oneself as a nurse (self-concept) and others' image of that person as a nurse (social image) (Őhlén & Segesten 1998:720). Professional identity can be defined as attitudes, values, knowledge, beliefs, and skills common among a professional group (Yazdannik et al 2012:179).

In order to enhance the nursing profession, identity seeking becomes necessary. Researchers and authors attempt to define 'professional identity'. Giddens (2019:379) and Slay and Smith (2011:85) define professional identity in nursing as the individual's image of who they are as a professional, influenced by characteristics, norms, and values of the nursing discipline, resulting in individual thinking, acting, and feeling like a nurse. Professional identity is a subset of personal identity. Perry (2011:52) defines professional identity to mean a set of values, attitudes, skills and concepts which enable the person to say, "This is who I am as a [nurse]. This is what I am trying to do and to be in the world". Professional identity is dynamic. It changes over time as an individual interacts with significant others (e.g. mentors, supervisors, role models etc.), events (education, clinical training, etc.), and experiences. It is socially constructed through the individual bringing his or her personal identity into conversation with the relevant features of the profession, such as a Code of Ethics for Nursing Practitioners, standards of behaviour, etc. (Perry 2011:52). A professional self-concept is a prerequisite for the vocational development of the identity of a profession (Arthur 1995:328; Arthur & Randle 2007:60).

Nelson and Jackson (2003:2) and Perry (2011:54) elicited seven critical themes: knowledge, personal growth, experiential learning, relationships, accomplishment, and most importantly personal sacrifices to achieve professional identity and lastly, perceptions of the profession.

5.3.3.5 Professional boundaries

Professional socialisation and regulation and the Code of Ethics for Nursing Practitioners provide boundaries for professional nurses. Professional boundaries are the spaces between the nurse's power and the patient's vulnerability. Prescribed professional boundary guidelines establish appropriate limits to relationships that allow professional nurses best to serve the public during all professional nursing interactions, protect the patient's dignity, autonomy and privacy, and develop trust and respect. (Jones, Fitzpatrick & Rogers 2016:50; National Council of State Boards of Nursing 2014:4; Remshardt 2012:6).

Behaviour after working hours or outside work concerns the time for which the employer does not pay the employee when the employee is off work and does not act on behalf of the employer. Employees should behave outside work so that they do not disrespect the integrity of their work (Kaptein 2019:167). Employees should not behave outside work to bring moral discredit to their work and damage the trust of stakeholders in the employer or the employee. It is ethically permissible or desirable for employers to only speak positively about their organisation. *Outside-work behaviour* covers all behaviours of employees when they are not at work and not working for their employer in guidelines developed by University Rotterdam (Kaptein 2019:165). Several studies have pointed out the blurring of the lines between employees’ work and private life. Work and private have become more interwoven, and the distinction between work and private life has become less clear (Kaptein 2019:165, 167).

5.3.3.6 Position in relationship to other professions

Healthcare professionals bear an obligation toward one another (Jennings, Arras, Barret & Ellis 2017:194, 195, 206, 208; Wicker 2017:19). Society depends quite heavily upon the integrity of professions (Lepeley, Von Kimakowitz & Bardy 2017:172). All professionals are responsible for working across professional boundaries to provide the best patient care; they also need to understand these responsibilities in their job roles (Joynes 2017:146). Although medicine and nursing have an interdependent relationship, they are also distinctive from one another. Clinical medicine focuses specifically on diagnosing and treating diseases; nursing requires direct contact with patients daily. All aspects beyond medical treatment that are essential to a patient’s recovery and peaceful discharge from the hospital are performed by nurses (Zhu, Ren, Wang, Zhang, Yu, Duan & Han 2019:53).

5.3.3.7 Oppressed profession

Throughout centuries, nursing struggled to gain their rightful and deserved position in society. Although Florence Nightingale regarded nursing as an independent profession that was not subordinate but equal to the medical professional, the traditional role and image of nurses can be seen as the expressions of an oppressed group and, for a long-time seen as inseparable from the medical profession (Ten Hoeve et al 2014:295). In this case, the dominance of the oppressor, the physician, marginalises the oppressed group and may lead to low self-concept, leading to negative self-presentation (Huston 2014:312). A professional self-concept is a prerequisite for the vocational development of the identity of a profession (Arthur 1995:328; Arthur & Randle 2007:60).

The medical (male) dominance strongly influenced role development, image, and nurses' position (Ten Hoeve et al 2014:295; Hallam 2012:17). Previous studies show that nurses have always been strongly aware of their subordination to the medical profession and are still experiencing high dissatisfaction with their professional status. Several publications and presentations show the complicated relationship between nursing and medical professions in Western Europe, which is mediated by hierarchy and subordination (Ten Hoeve et al 2014:295).

According to Huston, because of negative and positive socialisation patterns and the distorted internalised perception, the oppressed group inadvertently perpetuates the process of oppression (Huston 2014:123; Wittmann-Price et al 2016:191). Oppressed-group behaviour includes many widely accepted characteristics such as feelings of inferiority, powerlessness, inequality, and self-doubt that perpetuate feelings of oppression (Dahlkemper 2017:291). In nursing, 70% of the workload comprises physical and psychological care, and 30% comprises medical treatment. Therefore, medicine and nursing are interdependent and mutually indispensable (Zhu et al 2019:54).

5.3.3.8 Nursing hierarchy

The SANC Nursing Act, 2005 (Act No. 33 of 2005), Section 30 (1-4) of Chapter 2, 2017, stipulates the different category nurses that may practice in South Africa, which is in line with the New Qualification Framework (NQF) Act 2008 (Act 67 of 2008) (DOH 2019:77). The categories of nurses in South Africa are trained according to the qualification framework in use; (1) registered professional nurses and midwives who train for four years, and (2) specialist registered nurses/midwives (SRN/M) who have one- or two-years post-RN/M training, (3) registered general nurse who train for three years, (4) registered nursing auxiliaries who train for one year. According

to the NQF Act 2008 (Act 67 of 2008), enrolled nurses who train for two years are phasing out (DOH 2019:76). Each category has a circumscribed role and a mandated scope of practice in the service, which are not interchangeable (Uys & Klopper 2013:1). Lower qualified nurses assist the workforce to have sufficient staff and support the professional nurses in South Africa. Higher rates of professional nurse staffing were associated with a 3-12% reduction in adverse outcomes, depending on the outcome (Uys & Klopper 2013:1).

5.3.3.9 Science and art

Florence Nightingale (1859) asserted:

> "Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said the finest of Fine Arts."

In the attempts to be scientific and advance as a profession and a discipline, nursing reached a junction that can lead in two directions. One path is traditional medical science, and the other acknowledges nursing as a human caring science. Scudder (2012:40) states that until the art of nursing is recognised as a necessary criterion for successfully completing of coursework. As important as passing an exam, students will likely continue to demonstrate behaviours that make them good technicians but not necessarily good nurses". Science alone leaves an empty space if the patient lacks trust in the nurse as a person or in her nursing practice (Peate & Wild 2018:140). Describing nursing as an art widens the perception of nursing as something of excellent quality, on the same level as a 'fine art'. The art of nursing is the quality the nurse brings to the bedside, presenting her personality to the patient showing empathy, demonstrating attention to detail and offering kindness, thoughtfulness, and skill.

5.3.3.10 Ethos and ethics [morality]

Ethos derived from the Greek language meaning 'character' or 'nature'. Ethos has a far broader meaning than ethics. Ethos is a combined study of nature, social foundations, philosophy, theories, roles, laws, history, ethics social relationships pertaining to nursing. It describes the characteristics or customs, spirit, morals, fundamental values and beliefs of nursing as a profession that gives direction to professional socialisation and professional nursing practice (Palmer 2014:2).

The philosophical way to understand caring ethos is that nurses care by defending patients' human rights, such as the right to life or access to healthcare (Declaration of the Council of Nurses 1998). Secondly, nurses care by promoting the good or best interests of others. They do so by presenting disease, relieving pain, comforting, rehabilitating, and advocating. Lastly, nurses care by living a good or moral life by embodying the virtues of compassion, sympathy, and empathy. They do not defend human rights and promote the best interest mechanically or dispassionately, but they do so from having feelings that identify with the other in need (Landman 2002:21).

Ethics focuses on the virtues and conduct of the nurse and seeks to address questions about morality (right and wrong acts). Morality and ethics deal with human relationships – how humans treat other beings to promote mutual welfare, growth, creativity and meaning as they strive for good over bad and right over wrong. Ethics of nursing include professional codes for nurses and are made explicit in the latest Ethical Code of the South Africa Nursing Council and the ICN. SANC Code of Ethics for Nursing Practitioners expects nurses always to observe and apply fundamental ethical principles in their interaction with healthcare users. Such ethical principles include but are not limited to beneficence, (social) justice, non-maleficence, veracity, fidelity, altruism, autonomy and caring (SANC 2021:4). These principles serve as a foundation for ethical practice applicable to nurses, patients and the SANC. Other ethical principles of nursing are honesty, truth, responsible action, love, self-control, and alleviation of pain and suffering. Ethical conduct requires that nurses respect each patient irrespective of their cultural values and beliefs. Nurses cannot exercise their rights without accepting the corresponding duties and responsibilities. Nursing Regulation R387 prescribes that nurses are legally responsible for their Acts and Omissions. This implies that nurses must exercise their rights responsibly because they are answerable (as stated in the Nursing Act) for all their actions (Pera 2011:170). As stated in the preamble of the ICN (2012) and SANC (2021) Code of Ethics for Nursing Practitioners have four fundamental responsibilities: "the promotion of health, the prevention of illness, the restoration of health and the alleviation of suffering". Ethical development in the professional world includes the social contract of the nursing profession with society. If an action fully measures up to the ultimate standards set by a given principle, it would judge the action to be 'correct' or morally right. In South Africa, this social contract takes the form of the Nursing Credo written by Searle (1968) (Meyer & Van Niekerk 2008:94).

LaSala and Bjarnason (2010:4) made the statement that nurses who consistently practice moral courage base their decisions to act upon the ethical principle of beneficence (doing good for others) along with internal motivation predicated on virtues, values, and standards that they believe uphold what is right, regardless of personal risk.

The image of a good ‘ethical’ nurse fulfils their duties correctly, and they are proactive patient advocates (De Araujo Sartoria & Pacone Zoboli 2010:687). According to Ten Hoeve et al (2013:298), nurses are prised for their virtues and not their knowledge.

Nursing is, by nature, a moral endeavour. Being a nurse is to be engaged in a practice with an inherent moral sense. Ethical nursing occurs when a good nurse (ethical nurse) does the right things. Being less than a good nurse implies a moral failing; with nursing being intrinsically a moral practice, this implies a bad nurse. Professional identity and actual status are formed by the good nurse ideal (Araujo Sartoria & Pacone Zoboli 2010:687).

According to Hem, Halvorsen and Nortvedt (2014:794), virtue ethics, as an ethical approach to cultivating a caring attitude, has been important historically and in modern textbooks of nursing ethics. Jones et al (2016:581) showed four characteristics of nurses in areas in which nurses are characterised as ethical and good practitioners: personal traits and attributes, technical skills and management of care, work environment and co-workers, and caring and caring behaviours.

A literature control yielded ten nursing ethical values: human dignity, privacy, justice, autonomy in decision making, precision and accuracy in caring, commitment, human relationship, sympathy, honesty, and individual and professional competency. The study showed that common ethical values are generally shared globally. However, in several areas, social, cultural, and economic status influences and religious beliefs on values result in a different definition of these values. The study revealed that based on the humanistic nature of nursing, common values in nursing protect human dignity and respect for the patients (Shahriari et al 2013:1).

Respect for individuals, their families, and society has been mentioned as an important nursing ethical value. Dignity and respect have been defined with definitional traits as consideration of human innate values, respecting patient’s beliefs and preservation of their dignity and privacy during clinical procedures, communication with the patients, and contains understanding the patients and devoting to fulfil clients’ needs (Shahriari et al 2013:5). Shahriari et al (2013:5) argue that nurses should accept that people deserve respect and dignity.

5.3.3.10.1 Morality

Ethics and morals have the same meaning. Although a Code of Ethics for Nursing Practitioners can guide actions in themselves, they are not sufficient for providing morally courageous care. Moral ideals are indispensable to transcend individual obligations and rights. Nurses’ moral commitment to patients and heir co-workers includes upholding virtues such as sympathy, compassion, faithfulness, truth-telling, and love. Personal characteristics that promote moral

courage in nursing are moral reasoning skills, nurturing personal ethic of care, and enhancing professional and cultural competence (Johnstone 2015:10, 44).

Moral principles commonly used in discussions on ethical issues in nursing and healthcare include the principles of autonomy, non-maleficence, beneficence and justice (Johnstone 2015:37). Morals and morality describe the 'must' and 'ought to' of social behaviour, whereas ethics are the 'why' and the 'wherefore' of morals. Morality is an essential characteristic of a professional nurse that requires moral development. Kohlberg (2016:1; 1963:277) stated that an individual's moral development is according to three levels: pre-conventional, conventional, and post-conventional. Pre-conventional (pre-moral) stage based on initial moral maturity is egocentric, subjective, and obedient to authority. The pre-conventional level of moral development may be displayed by the new and inexperienced nurse practitioner who practices from an egocentric perspective, obedient to the professional's rules and the organisation she works for, which may compromise ethical behaviour (Mathibe-Neke 2015:6; Summer 2001:926). Maturity develops with recognition of others and reciprocity. The conventional level is reasoning based on social rules and norms, including good interpersonal relationships and maintaining the social order. At the post-conventional level, there is mutuality and the ability for abstract reasoning. Furthermore, the patient's personal and illness self, the nurse's personal and professional self, and the moral interaction/discourse requires a 'considerateness' of each other. 'Considerateness' communicative actions from both patient and the nurse are validated with a sense of fulfilment based on Kohlberg's moral maturity of communication (Mathibe-Neke 2015:6; Summer 2001:926).

5.3.3.10.2 Advocacy

Nurses fail to advocate for their patient's despite being more experienced. Nurses felt they had to give in and not confront doctors. Professional nurses sometimes lack the knowledge and the skill to be persuasive enough (lack of assertiveness and confidence). Powerlessness, fear of conflict, lack of autonomy, lack of power to make decisions, and lack of support on the part of the institution are the main barriers to patient advocacy. Nurses should try to find ways to overcome the barriers hindering them from playing their role in patient advocacy. Hierarchical structure, status (medical dominance) in the workplace and type of culture has been reported to create an obstruction and be potentially detrimental to patient care (Cawley & Mcnamara 2011:150; Josse-Eklund, Jossebo, Sandin-Bojo, Wilde-Larsson & Petzall 2014:673; Ware, Bruckenthal, Davis & O'Conner-Von 2011:30). Nursing advocacy boosts the nursing profession and elevates patient care. Knowledge, talent and drive may steer professional nurses into a greater advocacy position.

5.4 IMAGE OF NURSING

Identity is distinguished from image or persona, terms used interchangeably to refer to the impressions people believe they convey to others. People enact personas that convey qualities they want others to ascribe to them, for example, qualities prescribed by their professional roles, such as judgement, business acumen, competence, creativity, and trustworthiness (Ibarra 1999:765). Image is part of a profession. It is the way the profession appears to other disciplines and the public. Image affects recruitment of students, the public's view and ultimately, the profession's identity (Godsey, Houghton & Hayes 2020:816).

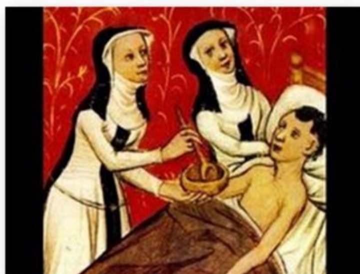
5.4.1 Role models

A role model is a person looked to by others as an example to be imitated. They possess qualities others would like to have, and others try to emulate. They make others want to be better at what they do. They inspire, motivate, and encourage others to try harder to be better nurses or educators (Johnson 2015:297). Yazdannik et al (2012:180) postulate that the professional socialisation process requires role models for neophytes to obtain an appropriate [nursing] identity.

5.4.1.1 Ancient images of nursing

Nursing, at once the oldest occupation of women, laid the foundation from which the nursing profession has developed to its structure of today. To fully understand the nursing identity, a brief historical background will give a picture of the profession.

In Roman civilisation, the church had status, and religious women and men performed philanthropic work (altruism), took leadership and provided care (image) (Theofanidis & Sapountzi-Krepia 2015:794, 795). During the *Middle Ages*, A.D. 500-1400, the patriarchal society and the Roman Catholic Church condemned female healers and women were considered inferior to men, but nuns and nurses were well respected (Burkhardt & Nathaniel 2019:11). During the *Renaissance period* (1500-1700), the rich in those societies paid nurses who took care of the sick at home (status). Hospitals were established where poor, illiterate women cared for the sick (Theofanidis & Sapountzi-Krepia 2015:796). During the *Classical period* (1730-1823), nursing schools were established (status, education). Florence Nightingale (1820-1910) forever changed nursing. Nightingale was described as attractive, slender and graceful, very charming and possessing a radiant smile. She established her image as the 'Lady with the


Medieval Hospitals [Anno Domini]

Lamp' symbol, which was how she was described in a poem by Longfellow in 1857 (Klainberg & Dirschel 2010:25) (status, altruism, education). Although the status of female nurses was slightly elevated by Nightingale's teachings and the formation of formal nursing schools, nurses were still victims of strong subjugation by male physicians in the workplace throughout the decades (male domination, education, skills) (DeLaet 2020:300, 301).

World War I (1914-1918); when war broke out in 1914, nurses were needed to staff the medical units. A small portion of nurses qualified as professionals (South African History Online 2017:1). Lower-level nurses included girls from middle-class families (status, altruism) primarily. Men considered women unfit for participation in war and discouraged their involvement in the front lines (status, oppression, men domination) (Theofanidis & Sapountzi-Krepia 2015:795). *World War II* (1939-1945); at the dawn of World War II, nurses were removed from their familiar hospital environment and placed at the bedsides of wounded soldiers, responsible for treatment decisions for the first time (Theofanidis & Sapountzi-Krepia 2015:795) (education, status, role). The image of nursing can be traced back to the beginning of humankind, and outstanding achievements improved the evolution of the nursing image.

5.4.1.2 Bedside role models

Those who advance in nursing leadership gradually move further away from direct bedside care to administrative tasks. There is a need to implement strategies that improve the retention of bedside nurses (Duru 2020:52). The most experienced nurses need to return to the bedside. Ward sisters and matrons have become more involved in the administration, and clinical skills are lost. This is a national issue (Nazarko 2016:1). A professional gave reasons for leaving bedside nursing (Allnurses blog:2017). She wrote the following:

> "I hate nursing … Your emotional, physical and mental health will suffer along with your family life. I have finally decided to leave the bedside and I've never felt so happy. I went into nursing with the intention for helping people... All my intentions were quickly shut down when I started working on the floor. We deal with some unappreciative, sarcastic, rude, egotistical… There is no care in nursing just bottom-line concerns."

Nurses are leaving the bedside because nursing is demanding and getting harder. People are getting sicker, and nurses are getting fewer. Required documentation is becoming lengthier, and the time a nurse can spend enjoying the bedside is getting shorter. The knowledge and accreditations required are becoming more as medical advances are made, and the time spent tweaking technology issues, and glitches that arise sadly slows one down rather than making life

easier (Gowen 2016:1). Experienced and competent nurses are leaving in droves, and novice nurses are teaching novices nurses at the bedside (Kyer 2017:1).

5.4.2 Symbols

In modern society, symbols connect the profession to its historical roots and provide the philosophical basis and point out a certain ideology since they seek meaning in life (Catalano 2019:25, 26). Symbols communicate shared values and identity to cultivate new members and denote a cohesive group. It can establish loyalty, prompt strong ethics, establish and perpetuate the tradition, instil confidence, build support within a group, and establish strong characters. Rituals may bond group members through communal experience (Bolman & Deal 2013:258, 261).

Intangible symbols shape thoughts, emotions, and actions. According to Bolman and Deal (2013:225), symbols cut deeply into the human psyche (Freud 1899, 1980) and tap the collective unconscious. Symbols are essential ingredients of organisational cultures. Manifested as a group's images, rituals, and symbols convey values and meaning. Manifested as a group's images, rituals, and symbols reflect the group dynamics (Bolman & Deal 2013:225). Symbolism's most significant contribution to identity is to emphasise likeness and respect for diversity while building a solid and sound collective. Symbols that are culturally specific and associated with pain are usually the symbols that have the most potential to separate or unite people. According to Gibas and Dębska (2016:50), symbols and nursing traditions are important in shaping nurses' professional identity in the education system. Cultivating traditions and symbols of nursing is necessary, including oath-taking, awarding ceremonies, uniforms etc.

5.4.2.1 Uniforms

The nursing uniform can be traced back to religious orders when nuns and monks wore the uniform of their order or sect when providing nursing care. The earliest reference to uniforms in nursing was 1867, which required a standard uniform for nurses and believed the nurse had to have a respectable and competent outward appearance as both an individual and as a member of a respected occupational group (O'Donnell, Chinelatto, Rodrigues & Hajau 2020:1, 2). The uniform symbolised caring, professional competence, and unquestionable moral character (Mangum, Garrison, Lind & Hilton 1997:39). Florence Nightingale revisited the nursing uniform and brought a military influence. She wanted nurses to be represented as clean and neat and distinguished as 'lady' nurses. White has traditionally been the colour of nursing uniforms and dates to the wearing of white by servants (O'Donnel 2020:2). Historical representations of nurses as stereotypes, including the nurse as angel and handmaiden, have been depicted. Therefore, when a nurse is seen in a white uniform, it responds to the perception of the nurse's experience,

competence, social status, and professionalism based on the uniform (O'Donnel 2020:2). Nurses' attire has been a particularly powerful symbol of their professional identity (West 2019:279). The assumption that white uniforms distinguish nurses from other workers is a myth since the identical dress has long been adopted by workers of allied healthcare professionals (West 2019:339).

According to SANC (2016), a professional dress code, including professional identification devices and identification badges, is mainly to maintain the professional image of the nursing profession. According to Desta et al (2015:1, 2), uniforms are thought to hold personal significance for those who wear them and act as powerful symbols representing the professional's identity and image. Uniforms need to balance a professional and modern image while retaining an appreciation for nursing's heritage. This will project a realistic image to the public and help nurses form a positive professional identity.

5.4.2.2 Distinguishing devices

Distinguishing devices are the epaulettes and badges that indicate the capacity or capacities in which the wearer is registered or enrolled. Each of the different devices (or different coloured devices) indicates a category of practice. Only qualified nurses, midwives, and accoucheurs who are registered or enrolled with SANC may wear the applicable distinguishing devices. Amongst the public, devices have become a well-known symbol that the wearer is a professionally qualified nursing or midwifery practitioner who can be trusted to provide top-quality healthcare (SANC 2020b).

5.4.2.3 Nurse's Pledge of Service

The ethics and principles that each professional nurse pledges to uphold always are embedded within the words of the Nurse's Pledge of Service. The Nurse's Pledge of Service binds nurses to act in the best interest of their patients and their profession. According to White et al (2015:6, 7), professional nurses pridefully recite the Nurse's Pledge of Service. Nursing scholars recommended a change in leadership approach within nursing that combines visible, ethical leadership with the participation of front-line nurses to uphold the Nurse's Pledge of Service, which emphasises a 'practice what you preach' approach. The effectiveness of a ritual is dependent upon those who participate in it. In the participation of the meaning of the ritual, one is moved to become a more committed person. Rituals with an understanding strengthen groups and, reinforce social structures such as hierarchies and allow new behaviours to emerge (Boykin, Schoenhofer & Valentine 2013:68, 69).

5.4.2.4 The lamp

The nursing lamp is a device that has provides a continuous source of light since 10 000 BC. The lamp and oil have been used as religious symbol and often represents the eternal flame that dispels darkness and evil. It also symbolised the enlightenment that accompanies knowledge (Catalano 2019:25, 26). The enlightenment was to take humans from the primitive dark ages, past and beyond the renaissance, into rational-cognitive awareness. Light represents very high energy; light is clarity; light illumines; light is energy. Light is love, compassion, understanding and caring (Paderes 2017:1).

The lamp was first introduced as a symbol for the nursing profession at the time of Florence Nightingale. In our modern society, globally, the nursing lamp is a significant symbol of the ideals and selfless devotion of Florence Nightingale and signifies the knowledge and learning that graduates attained during their years in the nursing programme. It also symbolically carries the brightly burning lamp of their care and devotion as they minister to the sick and injured in the nursing practice (Catalano 2019:26-27).

Postmodern/transpersonal nursing is about ‘relighting the metaphorical lamp’ through meaningful rituals that help nursing reintegrate, reconnect and provide continuity to its wholeness. This wholeness that has been wounded during nursing’s modern era passing on nursing’s caring and healing light. Through a ritual that a community heals itself, ensouls itself, enlightens itself and brings forth opportunities to celebrate and let go, to begin anew, celebrating a remembering of the light and dark cycles of evolution, change and continuity. The candlelight imprints the archetypal memories of past, present, and future, collecting and gathering them, bringing order to nursing’s evolution across time and space (Paderes 2017:1).

5.4.3 Nursing traits

Nursing traits that refer to distinguishing nurses from another vocation or occupation, physical appearance, and professional nurses being public figures.

5.4.3.1 Distinguishing nurses from another vocation or occupation

Consumers may not recognise that they are interacting with a nurse or think someone is a nurse who is not (Godsey, Houghton & Hayes 2020:818). Patients often think they interact with a professional nurse and likely do not, but with staff from other vocations or occupations. Patients interact with many staff members, and there is little to distinguish one from another so those

patients may refer to most staff as nurses. This does not mean that the public does not value nurses; quite the contrary (Meiring 2013:19).

5.4.3.2 Physical appearance

Our bodies are important determinants of our identity and self-esteem. Several articles, blogs and papers were published in recent years about overweight and obesity in nursing (Walker et al 2012:34). The prevalence of overweight and obesity among nurses in South Africa is significantly higher than other healthcare professionals. It harms nurses' health and hampers the effectiveness of nurses' health promotion role (Goon et al 2016:147; Kyle, Neall & Atherton 2016:133). Perry et al (2015:4) stated that nurses would have better mental health if they had better general health, fewer sleep problems or eating disorder behaviour. Crocker (2015) from the *Daily Mail online* wrote that victims of the nursing profession declare that obesity interferes with their ability to do their job, results in poor self-image and projects an unconvincing example to the public. Most nurses confessed to an unhealthy lifestyle. The Royal College of Nursing and NHS England acknowledged the growing obesity problem in the profession. The University of Maryland's School of Nursing found that 55% of female nurses were obese due to lifestyle (Katrandjian 2012:1). Professional nurses have the responsibility to care for themselves because looks and professional appearance matter. It tells the world about their professionalism (Sorrentino, Remmert & Wilk 2016:18). It builds positive self-esteem and subsequently reflects that nurses care about their patients. General appearance and hygiene are indicators of nursing identity. Professional nurses must continue to portray themselves as healthy healthcare professionals.

The Nurse and Peter
(servant to Juliet's nurse)

Poets, literature and classic dramas displayed the image of nurses in many ways throughout the centuries. Two significant examples from the Renaissance and the romantic period narrate the nursing identity of these eras. In the classical drama *Romeo and Juliet,* written by William Shakespeare (1595) during the Renaissance (1400-1600), nurse Angelica was significant. (Leveen 2014:122, 178, 315, 366; Shake-speare 1595:1).

During the Romantic period (1780-1910), Charles Dickens novel *Martin Chuzzlewit* (1843-44) portrayed the image of a nurse by the Dickens's grotesque character Sarah

Sarah [Sairey] Gamp

Gamp was illustrated as the drink-sodden midwife who was so popular with Victorian readers that it took Florence Nightingale's efforts in the Crimea to steer the public perception of nurses away from the Gamp stereotype (*Encyclopaedia Britannica* 2021).

The British author Charles Dickens novel, Oliver Twist describes the nurse of the time as "… a pauper old woman, who was rendered rather misty by an unwonted allowance of beer …" (Dickens 2008:2) It was therefore imperative that the image of nursing should change. These examples demonstrate the struggle nursing experiences with the profession's image and identity. Florence Nightingale placed great emphasis on attracting women from higher social and educated classes (Nightingale 2020:1).

5.4.3.3 Public figure

The image of nursing is the profession's concern as a whole and requires individual nurses to act in response. The image of nursing is undoubtedly influenced by broad concerns, such as content in television, film, or advertising. However, much of the image of nursing comes from the day-to-day personal contact that the public has with nurses and that the nurse has with other healthcare professionals in the workplace (Godsey, Houghton & Hayes 2020:185). According to Griffith and Tengnah (2017:46), a professional nurse must act in a manner worthy of a nurse – at work, public, and private lives. Every time a nurse says to the family, friends, or the public that he or she is a nurse, the nurse represents the profession (Gunawan et al 2021:180). The principal aim of holding nurses accountable for their actions is to ensure that nurses always behave professionally. SANC (Nursing Act, 2005 (Act No. 33 of 2005)) guides nurses in their professional and ethical behaviour. Individual nurses should consider critically assessing actions that might impact the image of nursing. This includes what one says about work in one's personal life; one's response to questions such as 'Why didn't you go into medicine?'; speaking enthusiastically about being a nurse; how one presents oneself; the importance of nonverbal' and verbal communication (Godsey, Houghton & Hayes 2020:816).

5.4.4 Public image and perceptions

The public image of nursing is a critical barometer how the profession is valued in society (Masters 2020:115). Additionally, the public's perceptions are shaped by what nurses portray in public and the media (Godsey, Houghton & Hayes 2020:817). Most public members would describe nursing stereotypes as *nice, hardworking*, or *caring,* and sometimes use *ethical* and *honest.* Other stereotypes are also used, dressing in a white uniform, altruistically devoted to caring, etc. Typical

job functions would be identified as making beds, handing out pills, emptying bedpans, helping doctors and so forth (Huston 2014:328). Public perceptions about the nursing profession are mixed and even contradictory. This public image confusion is that old stereotypes of nurses as overbearing, brainless, sexually promiscuous, and incompetent women are perpetuated, as are images of nurses as caring, hardworking, altruistic, and selfless. Labelling, for example, the public's perception in earlier centuries that nurses represent paupers [Sairey Gamp]. These opinions or perceptions cause negative labelling of nursing. According to Hirsch (2015:169) and Crossman (2017:1), labelling posits that people tend to identify and behave in ways that reflect how others label them, causing negative repercussions since others are biased against the labelled person or group. The public views of nursing and nurses are typically based on personal experiences with nurses, leading to a narrow view of a nurse often based only on a brief personal experience (Godsey, Houghton & Hayes 2020:816).

5.4.5 Marketing

Advertising, marketing and the media play an essential role in influencing the image of nursing. The marketing strategies should encourage the desired social identities because they guide people's behaviour. When the public identifies with a social group with a well-defined, positive image, they tend to select the group (Champniss, Wilson & Macdonald 2015:1).

In South African nursing is not a topic well-covered in the lay press. Negative articles dominated, mainly in national publications and press with large circulations focusing on strikes and unprofessional behaviour/nursing neglect.

Nurses are not inclined to promote or market their profession to the public or other professions. The policy on the marketing of nursing is inadequate. Among proposed steps to improve the marketing of the nursing profession include promoting the image of nursing by the individual nurse in the course of her or his daily activities, the formulation and implementation of policies and programmes to promote the image of nursing at the organisational level and drawing up a long-term programme to promote and market the professional status of nursing at the national level (Kagan et al 2015:368).

mproving the public image of nursing requires a structured and well-planned marketing campaign is indispensable. Kagan et al (2015:373) found that nurses reported relatively low levels of engagement in the promotion or marketing of the profession. In the context of the nursing image, many people [referring to the public] do not know about the education required to become a professional nurse and to maintain knowledge or about the variety of educational entry points into nursing that leads to the professional nurse qualification (Godsey, Houghton & Hayes 2020:817,

818). Despite the positive comments of the South African public about nurses, 43.6% of respondents indicated that they would want their children to become nurses (Meiring 2013:3). Despite the growing need to improve the image of the nursing profession to increase public support and the recruitment of new nurses, the issue of promoting or marketing the profession is not receiving proper attention (Kagan et al 2015:374). Training parents, peers and teachers enhance students' choice of careers (Mtemeri 2017:75, 79, 87).

5.4.5.1 Public image

According to Morris-Thompson, Shepherd, Plata and Marks-Maran (2011:683), the public holds a stereotypical understanding of the profession. This is consistent with Takase et al (2006), who also find that nurses have a negative perception of the public image of nursing (Balaam 2017:268). According to Ten Hoeve et al (2013:295) and Balaam (2017:50), professional nurses need to increase their visibility to improve the public image and obtain a stronger position in healthcare organisations. This could be realised by ongoing education and a challenging work environment that encourages nurses to stand up for themselves. Furthermore, nurses should use strategic positions and professionalism to show the public what their work entails. Self-concept and professional identity influence the public image. This public image is predominantly based on misconceptions and stereotypes, which find their origins in the distorted image of nurses in the media (Balaam 2017:255). Ten Hoeve et al (2013:298) considered the public image of nursing and nurses' self-concept and professional identity. They explored 18 relevant studies, finding that the public view of nursing is "diverse and incongruous and influenced by nursing stereotypes". The public, they claim, does not "always value the skills and competencies nurses have acquired through education and innovation". This, they argue, is "partly self-created by nurses due to their invisibility and their lack of public discourse" (Ten Hoeve et al 2013:295). Such a position apportions some of the blame for the public's negative opinion of nurses, on nurses.

Inaccurate portrayals of nursing affect recruitment into the profession. This reflects the findings of Hereford (2005), Cullen (2012) and Weaver et al (2013), who found that student nurses believe that the representations of nurses in the media affect public opinion, which in turn, may affect recruitment.

5.4.5.2 Visibility and voice of nursing

According to Buresh and Gordon (2013:13, 72), nurses' voices and visibility are essential for the image of the nursing profession. Studies of the visibility of nursing in the news media from the 1990s found the largest segment of the healthcare profession to be virtually missing from coverage of healthcare (Balaam 2017:107; Buresh & Gordon 2013:16). Nurses have been silent

and invisible about what they do and how they do it. External and internal factors have affected the nurse's voice and this silence. According to Godsey, Houghton & Hayes (2020:818, 818), these external factors are the historical role of the nurse as a handmaiden (not an independent role) and the hierarchical structure of healthcare organisations (which often limit the role of nursing in decision making). Other external factors are the authority and directives of physicians (limit the independent role of nurses), hospital policy (limited nursing actions) and the threat of disciplinary or legal action or loss of a job (might limit a nurse when they need to speak out on behalf of the patient, e.g. advocate the patients' needs). Nurses who can deal with internal factors can be more visible and less silent about nursing. The internal factors to consider are role confusion, lack of professional confidence, timidity, fear, insecurity and a sense of inferiority. Frontline nurses portray and promote an accurate image of the profession and are critical thinkers (Godsey, Houghton & Hayes 2020:810).

According to Ten Hoeve et al (2013:295), the public image of nursing is diverse and incongruous. This image is partly self-created by nurses due to their invisibility and lack of public discourse. Nursing derives their self-concept and professional identity from their public image, work environment, work values, education and traditional social and cultural values. Studies indicate that the portrayal of nurses in the media might give a clue as to how their public image is perceived (Ten Hoeve et al 2013:295). These studies show that the public image of nurses does not always match their professional image. Nurses are not depicted as autonomous professionals, and the public is unaware that it is a theory-based and scholarly profession (Ten Hoeve et al 2013:295). The International Council of Nurses focused on leadership for the theme 'Nurses: A Voice to Lead' to promote the need for the nursing voice to be heard and demonstrate how nurses are already taking the lead in many projects worldwide. As the largest group of healthcare professionals, nurses have an important voice; they need to speak out to ensure respect and a greater understanding of the profession (Hughes 2017:83).

5.4.5.3 Nursing hierarchy

The proliferation of lower qualified nurses has lowered the image of nursing, as the public is not aware of the different grading and simply regards all as 'nurses' (Southall 2016:151). No literature could be found regarding the public's knowledge about different nursing qualifications. Zerwekh and Garneau (2020:200) suggest using opportunities to educate the public on what nurses genuinely do. Nursing has continued to show a general lack of knowledge of the public regarding the role of nurses (Zerwekh & Garneau 2020:200).

Generally, too, there are significant generational differences in attitudes: older nurses are deemed to be more 'caring', while younger ones are more concerned with 'getting the job done'. In turn,

the declining status of nursing results in a lower standard of recruits and a resultant drop in work ethics (Southall 2016:151).

5.4.6 Media

Journalists consistently overlook nurses as sources in health news stories. It has been that way for decades, even as nurses increasingly reach higher levels of education (Thew 2018:1). Gunawan et al (2021:182) said that nurses must develop the skills of presenting themselves in and to the media and take responsibility for moving from silence to voice". A robust strategy for empowering nursing is to employ the media to create a stronger, more powerful image of nursing, for example, by writing opinion-editorial pieces and letters to the editor for the local newspaper. The media plays a part in perpetuating the stereotype of the nurse as angels of mercy and sexy nurse (Balaam 2017:26, 27, 44) and transmit a distorted image of nurses, depicted as the doctor's shadow (Balaam 2017:44; Kemmer & Silva 2007:191; Ten Hoeve et al 2013:298).

What the media portrays as a nursing image and the actual profession or career is are vastly different. Godsey et al (2020:817,818) found that most nursing students view the images of nursing seen on television as misleading and incorrect and made for poor role models because of the negative stereotyping depicted in the television roles. They concluded by confirming that the images of the doctor's handmaiden and the sex symbol continue to be propagated by the media. They suggested that students want a more visible, accurate and realistic portrayal of nursing represented on television so that the public is more informed of the skilled, intelligent and assertive modern nurse working in healthcare today (Balaam 2017:44). Rosenberg (2015:12) mentions that socially significant sources of influence, i.e. mass media such as radio and television, may influence attitudes towards the profession but rarely toward individuals. More recent images of nursing portray more autonomy and intelligence of nurses, yet old concepts persist. Most TV shows continue to downplay the role of nurses and reinforce outdated stereotypical images of the profession (Godsey et al 2020:816). The vital and diverse role that nurses actually play in delivering healthcare is virtually absent in the news media (Balaam 2017:50).

5.5 INSTITUTIONAL AND ORGANISATIONAL CULTURE

According to the *Oxford Lexico Dictionary* (2021), an "institution" is a large and important organisation that is influential in the community, e.g. college, hospital, or a bank. According to Stefanou (2016:290), "institutions" are constant, valued, recurring patterns of behaviour that govern the behaviour of individuals within a given community. "Organisation" refers to a group of people who work together in a structured way for a shared purpose, e.g. a business

(*BusinessDictionary* 2017, sv "organisation"). External motivation originating from the milieu such as remuneration, organisation culture and work environment will be discussed in this section.

5.5.1 External motivation originating from the milieu

According to Olajide et al (2020:494), work environment, satisfaction with supervision, satisfaction with salary, interpersonal relationships and organisation and administration policy are external (extrinsic factors) drivers and achievement, recognition, responsibility and advancement and work schedule and workload are internal drivers (intrinsic factors) that influences nurses' job satisfaction. Candlin and Sarangi (2011:552) stated that the evolving identities of nurses are affected by social and institutional changes which impact the practices of nursing care, e.g. administrative restructuring, time at the bedside and promotion. Emerging literature explores the impact of organisational and personal factors related to nurses' work motivation without determining whether these factors affect nurses' work motivation intrinsically or extrinsically (Baljoon, Banjar & Banakhar 2018:277). A study conducted by Daneshkohan, Zarei, Mansouri, Maajani, Siyahat, Ghasemi and Rezaeian (2015:153) showed that nurses' essential motivational factors were equality (in pay and promotion opportunities), appreciation/recognition and manager support.

5.5.1.1 Remuneration

There is nothing inherently wrong with professionals' wanting both altruism and profit (Beaton 2010:7; Freidson 2013:1; O'Riordan 2019:4). According to Walden (2015:1) and Olajide et al (2020:494), salary is undoubtedly an asset, but the work environment is just as important if not more. Nursing students emphasised that nursing was not attractive because of the type of work nurses do, the lack of decision-making opportunities and earning less money than what would be ideal for a career (Wilkes et al 2015:260). International studies reveal that the foremost reasons for strikes in the public-health sector are poor working conditions and low salaries that nurses receive, lying behind the falling status of nursing (Pera & Van Tonder 2020:146; Southall 2016:151).

5.5.1.2 Organisation culture

Organisational culture is a system of shared assumptions, norms, values, beliefs, vision and philosophy, which govern how people behave in organisations. Organisational culture can be defined as a set of specific behaviours, rules or norms (i.e. behavioural norms), which members believe they should adopt to survive and work within such an organization. These shared values strongly influence the people in the organisation and dictate how they dress, interact with each

other, and perform their jobs. Every organisation develops and maintains a unique culture, which provides guidelines and boundaries for the behaviour of the organisation members (Chang & Daly 2015:46; Maheshwari 2019:195). Organisational culture is the way in which members of an organisation relate to each other, their work and the outside world in comparison to other organisations and many ways like organisation identity (Altinbasak-Farina & Burnaz 2019:28; Zeqiri & Alija 2016:20). According to Olajide et al (2020:494), work environment, satisfaction with supervision, satisfaction with salary, interpersonal relationships and organisation and administration policy are external (extrinsic factors) drivers to motivate nurses.

5.5.1.3 Work environment

Nurses' work environment affects the patient experience of the quality of care in which the nurses are challenged to use their expertise, skills and clinical knowledge. Positive interpersonal relationships strengthen common goals, a sense of belonging, and group collaboration, creating a positive working environment. Structured groups are guided by the socialisation that takes place in the organisation, the relationship between individuals, their co-workers, and the environment of the organisation in which they work ultimately influences work-related behaviours. Thus, individuals' perception of belonging and connection to others in their workgroup (i.e., social identity) also may be associated with how they perceive their congruence with the work environment (Haslam, Reicher & Platow 2020:128). Organisations should implement strategies to improve workplace culture and reduce negative influences such as bullying, which has negative consequences on employees' mental health and well-being, and hence on the performance of the organisations (Montoya-Reyes, Mendoza-Munoz, Jacobo-Galicia & Cruz-Sotelo 2022:131). Professional identity and job satisfaction are important factors affecting nurses' intention to leave the profession, and therefore a positive environment and increased job satisfaction should be created (Sabanciogullari & Dogan 2015:1076).

5.5.1.3.1 Technology

Healthcare professionals have variously charged medical technology with the dehumanisation, depersonalisation, and objectification of patients and nursing care: that is, depriving patients of their individuality, subjectivity, and dignity as human beings and separating nurses from their mission to care (Busch, Moretti, Travaini, Wi & Rimondini 2019:461). Watson (2016:91) argues that technology is not necessarily opposed to humanised care but complements nursing care. They encourage the relationship between humane care and technology. Robotic Intelligent Nursing Assistant (TRINA), a remote-controlled robot can perform about 60% of predefined nursing tasks. The robots are viewed as assistants that can help nurses at the bedside. Robots

will never totally replace nurse's role in patient care; providing touch and establishing relationships with patients are cornerstones of the nursing profession (Nancy 2019:32).

5.5.2 Internal motivation originating from within

According to Olajide et al (2020:494), achievement, recognition, responsibility and advancement and work schedule and workload are internal drivers (intrinsic factors) that influence nurses' job satisfaction. According to Slettmyr and Schandl (2017:376), nurses must balance the nursing paradigm as a vocation, where altruism has a natural place, with the perception that the profession is salary work like any other. A study conducted by Zarei et al (2016:2249) indicated that intrinsic factors such as career development, autonomy, good leadership and relationship with colleagues were essential determinants of nurses' motivation as they tend to increase nurses' sense of belonging, self-achievement, self-confidence and value.

5.6 NURSING EDUCATION

Nursing education is a specialist field that focuses on the education and training of undertaking undergraduate and or postgraduate nursing programmes.

5.6.1 Nursing educators

Literature is riddled with education models and characteristics of educators. What is obvious is that educators and clinical facilitators must have competencies, portray professional behaviour, be role models, and encompass interpersonal attributes (Wittmann-Price et al 2016:105, 139). Ministries of health, regulatory bodies, healthcare professionals and communities (as recipients of the education outcomes) must be involved and support educators with the education of nurses (WHO 2016:5). Nursing literature provides ample literature to demonstrate that being an expert clinician does not provide an educator with the skill set needed to become a successful teacher. Literature also confirms that educators are an invaluable resource to move the profession forward, with the condition that educators and clinical facilitators are mentors, role models, and visionaries (Wittmann-Price et al 2016:3). Essential qualities of nurse leaders and educators include having competence, confidence, courage, creativity, collaboration, and promote a positive organisational culture, articulating a vision, and adapting to changing landscapes to take the profession forward and establish a positive nursing identity (Wittmann-Price et al 2016:292, 337).

It is the initial responsibility of nurse academics to help students learn the traditions and history of professional nursing. The sense of professional identity begins with students understanding the cultural context of the profession; their appreciation can be facilitated (Sonday, 2021:49).

Educators and administrators of nursing programmes have prolonged contact with students, and this opportunity serves their implicit agenda of sharing and transmitting the nursing culture, the chief value of which is respect for human dignity. They are also the first filter for the professional. The philanthropist Benner made significant recommendations after a thorough historical review of nursing education; use teaching to integrate knowledge into the practise setting, decrease the division between the classroom and clinical knowledge, emphasise clinical reasoning and multiple ways of thinking along with critical thinking and focus on the formation of professional identity along with socialisation (Wittmann-Price et al 2016:26).

5.6.2 Nursing education process

For this study, the nursing process consists of school leavers, selection criteria prior to entering the nursing profession and the nursing curriculum.

5.6.2.1 School leavers

According to WHO (2020:64), the global shortage of the nursing workforce will reach 5.7 million by 2030. Worldwide there is declining interest in nursing as a career choice by school leavers. In South Africa, several factors have been speculated as playing a significant role in school leavers' lack of interest in nursing. Anecdotal evidence has shown that the supply of nursing recruits is not adequate to meet the demands. There is no evidence of school leavers' perceptions of nursing as a career of choice in the South African context. Thought, school leavers recommended improving salaries and conducting of campaigns in schools to promote nursing among learners (Nibagwire 2019:3). Examples of information available to prepare prospective students to choose nursing as a first-choice career can be seen on EduConnect (Fundiconnect 2018:1).

High school student wants a secure, stable and respected career with many varied opportunities. Nursing was not attractive because of the type of work nurses do, the lack of decision-making opportunities and earning less money than what would be an ideal career. The reasons for starting nursing were being able to help and care for people, which included personal reasons and ideals defined as altruistic (Wilkes et al 2015:259, 260).

Misperception (Önder, Önder, Kuvat & Taş 2014:389) and unrealistic expectations of nursing among middle and high school students is a major problem for the nursing profession's future (McKelvy 2018:47; O'Donnell 2011:54). Middle school students interested in nursing need clarification of the nursing role. Middle school students, if not properly exposed to the career during their formative years, may choose another career or may not have enough time for adequate nursing school preparation (Williams 2017:1).

Perceptions held by school students about the nursing profession influence their choice of nursing as a career. It could be a well-planned strategy to change high school students' perception of nursing and its career perspectives (Sharma, Kumar & Meena 2017:16). Middle school (age 11 to 16 years) programmes that shed a positive and accurate light on the role of nursing as both competent and caring may dispel misconceptions and increase the likelihood of students choosing nursing as their ideal career and completing nursing school (Degazon, Ben Natan, Shaw & Ehrenfeld 2015:57; Kukkonen, Suhonen & Salminen 2016:67). Middle school awareness would allow students to determine if nursing is their first choice and prepare accordingly. This is important because students who choose nursing as their first choice for a career are twice as likely to complete their nursing programme (Wilkes et al 2015:260). Two studies found less motivation to succeed in nursing in students who default to nursing after they are unable to pursue their ideal career choice (Kukkonen et al 2016:73).

A positive image of nurses, the impact on family and relatives, perception of nursing as a career, knowing a nurse personally, good salary with job security are some of the factors that influence students to consider nursing as their career (McKelvy 2018:50; Önder et al 2014:398; Wilkes et al 2015:260). The research of Önder et al (2014:399) and Rossiter, Foong and Chan (1999:464) indicated that students acquainted with a nurse show higher intention to pursue nursing as a career. Family, friends and relatives in the profession played an important role in influencing participants' career selection (Mooney, Glacken & O'Brien 2008:385; Önder et al 2014:399).

The public's image of nursing affects the decision to choose it as a life profession (Maor & Cojocaru 2017:71). That means the more positive its image, the greater the chances that more students will choose nursing as a career (Ben Natan & Becker 2010:308). The public does not recognise the role of nurses. It is perceived as helping doctors, as not having the ability to make independent decisions, as people who mainly meet physical needs accompanied by feminine skills. There is a gap between the work nurses do and the work of nurses as seen by the public (Hoeve, Jansen & Roodbol 2014:295). In light of this gap, it is important to examine and identify what motivates students to choose nursing as a life profession despite its non-prestigious image.

5.6.2.2 Selection criteria

Professional nurses in South Africa are vocal about the problems of student selection and the suitability of applicants (Rispel 2016:2). A great deal of research has been done on various factors relating to student selection, such as academic and non-academic predictors of success among student nurses (Armstrong & Rispel 2015:5) and motives for entering nursing (Cilar, Spevan, Trifkovič & Štiglic 2020:1). According to Baillie and Black (2014:35), there are calls for an

assessment of the personal values of people recruited to healthcare courses, the idea being to select people with appropriate value systems for healthcare professions. Although nursing uses a specialised knowledge base, has autonomy and control over its work, requires specialised competence, regulates itself, possesses a collegial subculture and has public acceptance, nursing fails to have standardised education criteria for entry into the profession (Hood 2014:15). There is a concern that a low university entry score for nursing may giva the public a false impression that being a nurse does not require much intelligence. This negative impression leads to such stereotypes that nurses are doctors' assistants and take orders without questioning (Sridevy & Prassanna 2010:53).

Several career development theories exist. Parsons' theory analyses the idea of matching careers to talents, skills and personality. According to Holland's theory, people choose to work in an environment similar to their personality type. Bandura's Social Cognitive Theory entails watching what others do, and the human thought process influences the career we choose. Literature and research, including those mentioned above, have identified that individual, situational and environmental variables all play a pivotal role in influencing career choice (Liaw, Wu, Chao, Lim & Tan 2017:66; Wilkes et al 2015:259). According to Kolar, Mijatovic, Todorovski and Babić (2018:56), many nurses indicated that they had chosen this profession because of their mothers' influence or their mothers had been nurses; others selected nursing as a limited career option. Furthermore, Malloy et al (2015:2) stated that regardless of their original impetus to select nursing as a career, there was nearly unanimous agreement that it had become a commitment to compassionate care over time.

5.6.2.3 Process prior entering the nursing profession

A curriculum related to preparation for facing events in nursing can help nursing students lessen the thought of escape (Tseng, Wang & Weng 2013:161). The emotional demands of the nursing profession are well recognised. The graduate nurse turnover can range from 20% to more than 40%, implicatomg a significant financial loss. The adjustment in professional identity can impact self-confidence, impair the development of the new role, and influence decisions to remain in the job and the profession within the first year of clinical practice for new nursing professionals (Twine 2017:56). New professional nurses need additional support and education as they transition from students to practising clinicians. Transition programmes have shown value by retaining more than 75% of new graduates beyond two years (Hofler & Kendal 2016:133). Self-confidence, autonomy, and role identity were identified as consistent factors to assist in role transition. It has proven to contribute to patient outcomes and reduced healthcare costs when novice nurses are prepared for their new role (Twine 2017:54, 55). Three major topic areas were revealed in a literature control search: role transition (Chang & Daly 2015:8, 11, 73; Hofler & Kendal 2016:133;

Kaihlanen, Lakanmaa & Salminen 2013:418), perception of preparedness (transition begins during the education phase and extends into the postgraduate nursing professionals phase, lack of preparation for the new role (Chang & Daly 2015:11, 153), and perceived challenges (autonomy, organisational support and communication with leadership) (Dillon, Dolansky, Casey & Kelly 2016:173; Faraz 2017:26; Twine 2017:54, 55). Role development is a key aspect of a successful transition (Twine 2017:56). Establishing role identity as a nursing professional, developing professional relationships, and having effective mentorship emerged as key issues influencing the transition process.

5.6.2.4 Nursing curriculum

Building the professional nursing identity requires a study programme that leads to an academic qualification for professional nurses consisting of the desired study subjects. The ultimate purpose is to create learning opportunities that build students' professional knowledge, skills, values, and identity. Stellenberg (2018:1) found the top contributors to the civil claims to be a lack of knowledge (75%) and insufficient training (52%). Professional identity involves internalising core values and beliefs integrated throughout the education programmes consistent with the professional's history and code of ethics (Fitzgerald 2020:1; National League for Nursing 2010:68). Al Banna (2017:173) stated it is preferable to put the philosophy of nursing in the curriculum of nursing lectures for students to have adequate knowledge regarding nursing values. Field et al (2013:2) and Fitzgerald (2020:24) suggested introducing professional identity and identity theory into student education. Nursing schools must educate future nurses on assessing their self-care needs and modifying their behaviours, both while in school and their future professional lives (Cordier & Cordier 2015:26).

5.7 CORPORATE GOVERNANCE

Corporate governance is the system of rules, practices and processes by which a company is directed and controlled and essentially involves balancing the interests of a company's many stakeholders, such as shareholders, management, customers, government and the community (*Investopedia* 2017, sv "corporate governance").

5.7.1 Professional regulation

In South Africa, SANC upholds professional and ethical practice for nurses in terms of the curriculum, the scope of practice, the Code of Ethics for Nursing Practitioners and continuing professional development (Duma 2012:1; Singh & Mathuray 2018:134). According to literature (UNISA 2017:1), South African nursing legends and distinctive leaders influenced and changed

the nursing profession by establishing a regulatory body and tertiary education. Professional regulation serves as a form of quality control guaranteeing a certain level of competence of practitioners and services and a certain legitimacy to nurses by recognising their place within the country's health structure (SANC) (Duma 2012:1; Singh & Mathuray 2018:134). A regulatory body constantly responds to national and international changes in legislation and policies. Nurses and midwives in both public and private health and education institutions have a role assist SANC in regulating the nursing profession and protecting the public (Duma 2012:20). As referred to above, the Nursing Act provides for disciplinary control of the profession by SANC. This strives to ensure that the ethical practice of nursing is primarily intended to protect the public. It attempts to protect the nursing practitioner and the interests of the public so that the trust between the public and the profession is maintained (Singh & Mathuray 2018:134). A self-regulating profession is dynamic and responsive to the national regulations and developments affecting the practice and education of nurses and midwives, including the country's health needs. Autonomy and self-regulation are the authentic hallmarks of a mature profession.

5.7.2 Accountability

Accountability requires leaders to accept responsibility for expected outcomes. Until responsibility is taken, the individuals are victims. Being a victim is the exact opposite of being a leader. Victims are passive and are acted upon. Leaders are active and take the initiative to influence the outcome.

5.7.3 Leadership

Rispel and Bruce (2015:119) echo this concern regarding the lack of leadership in South Africa and refer to the lack of staffing norms, sub-optimal governance by both SANC and the National Department of Health, and poor cooperation between government departments, notably Health and Higher Education. The absence of an adequate leadership pipeline has been a key challenge in nursing today (Cremo & Bux 2017:2, 3; Sherman & Pross 2010:1; Sverdlik 2012:383). The development of future leaders is a vital obligation for nurse leaders. Without intentional guidance, formal coaching, and role modelling, many nurses may decide against becoming a leader based on what they see in the practice environment (Dyess, Sherman, Pratt & Chiang-Hanisko 2016:1).

5.7.4 Political influence

Globally, there has been an increased emphasis on nurses' involvement in health policy and health systems development. Progress in this area is illustrated by an increasing number of nurses elected as political office-bearers and appointed to national and international boards.

According to Huston (2014:366), nursing leadership in politics is crucial in empowering nurses in the policy-making process to transform policy at all levels of the profession. In South Africa, the Ministry of Health has underscored the essential role of nurses (Rispel & Bruce 2015:120). Nursing is a profession in peril, which requires significant attention and revitalisation. A common finding is the importance of leadership, governance and management from three important policy actors: the national government, the nursing council, and the national nursing association (Armstrong & Rispel 2015:4, 5). Huston (2014:369) and Milstead (2017:54) stated that politics is an activity that is central to developing policy that protects the well-being of society. Therefore, nurses must understand how politics drives policy decisions and have the necessary skills and competencies to care for society, regardless of their institution or organisational affiliation. Nurses should become involved in the political system to develop the profession (Milstead 2017:12). Rispel and Bruce (2015:122) said professional nurses must be strengthened to participate in policy development.

5.7.5 Unions

Within the parameters of the legislation in South Africa, in line with the provisions of the Labour Relations Act (LRA) (section 213) of 1995 (Republic of South Africa Government 1996: s23(2)(c)), all employees have a constitutional right to embark on strike action, provided that correct procedures have been followed and the employees are not employed in essential services (Pera & Van Tonder 2020:145). SANC (2011) is a regulated professional body guiding the work of healthcare workers in South Africa. SANC stipulates that nurses are entitled to rights in line with the Constitution of the Republic of South Africa (the Republic of South Africa Act 108 of 1996) and the relevant labour legislation, provided that they exercise such rights without putting the life or health of patients at risk (Pera & Van Tonder 2020:145). Professional nurses stated that strike action somehow affected the profession’s image, and they were aware of the ethical code that binds them within the profession. Strike actions have a negative effect on the image of the government [organisation] as a fair employer (Pera & Van Tonder:146, 147).

Nursing unions are formed to provide nurses with a resource to deal with the profession’s issues and problems (Farham 2018:605; Pera & Van Tonder 2020:143). As a country, we are used to strikes, and sadly we are used to violent protest action. Healthcare is a universal right. Meiring (2013:53) mentioned the industrial action, particularly the nursing strike in the public sector in June 2007, had a detrimental effect on the health services as the public viewed the striking of members of an essential service in an extremely negative light. The ICN supports nurses’ right to strike in extreme situations - when negotiations go nowhere (Pera & Van Tonder 2020:146). According to Pera and Van Tonder (2020:144), when nurses feel de-professionalised and dehumanised, and their pleas appear to fall on deaf ears, a vicious circle of demoralisation is set

into motion. Pera & Van Tonder (2020147, 148) stated that South Africans [public] are dissatisfied with how healthcare workers conduct strikes. South Africans would be more inclined to support healthcare workers in their endeavours if strikes occurred in a manner that posed less risk to patients. Many nurses feel that participating in industrial action runs contrary to nursing ethics and damages to the profession's status.

5.7.6 Private and public sector

The private nursing colleges have come in for harsh criticism from the Democratic Nursing Organisation of South Africa (DENOSA) for the quality of training. Zwane, DENOSA chairman, accused the colleges of putting profit ahead of the quality of training. These colleges seemed to take large numbers of students, which contributed to the poor quality of training provided (Dhlomo 2015:1). DENOSA believes that the private sector employer is conservative, loyal and professional, and the public sector does not receive the attention they deserve. For example, they are underfunded, understaffed, have an intolerable work environment and deliver sub-optimal care (Pera & Van Tonder 2020:144).

5.8 SUMMARY

This chapter was devoted to examining what the literature has to say about the professional nursing identity in terms of the five themes and used to inform the development of a structured questionnaire in the next phase. The components discussed were inferred from the data from phase I. The literature control is firstly guided by the concept of professional nursing identity and secondly from the items generated for the data collection of phase I. Chapter 6 discusses the data obtained from the quantitative phase II of this study.

CHAPTER 6

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS OF PHASE II

6.1 INTRODUCTION

This chapter aims to present the results and analysis of the quantitative phase II of the research study.

The results are presented by reporting and discussing biographical data and the five themes related to the professional nursing identity.

The researcher used description and inferential statistics. To label the strength of the association, the following was assumed; for absolute values of r, 0-0.19 is regarded as very weak, 0.2-0.39 as weak, 0.40-0.59 as moderate, 0.6-0.79 as strong and 0.8-1 as a very strong correlation (Hair et al 2016:104, 213). A detailed discussion on the methodology followed is provided in Chapter 2.5.2. The data are presented as composite frequencies in tables, figures and bar graph charts, with supporting descriptions. Literature references are limited because literature control was done in phase I (Chapters 3 and 4) and literature control in Chapter 5. The data presented are grouped according to the five themes of professional nursing identity, as explained in Chapter 3, Table 3.1 and Chapter 4, Table 4.1 and are in the same sequence as the questionnaire. Phase II employed a structured questionnaire from the findings of phase I and the literature control findings. The research questionnaire collected quantitative data using a Likert-type scale, open-ended questions related to the five themes informed by the literature study and qualitative data collected. These five themes are statistically grouped according to their scale reliability and labelled according to the characteristics of the subsets in each construct. Pertaining to the structured scale measures, internal consistency reliability of the five themes and the effect of the biographical properties of the respondents were established. Of the 320 professional nurses canvased, 272 responded and completed the questionnaire. During data cleaning of these 272 questionnaires, 18 had to be disregarded due to errors and incompleteness. The final sample size was 254 (100%). The sample size for each item is indicated with a ‘n’ and percentages were calculated on the sample size of each item.

6.2 DEMOGRAPHICAL DATA

The first section of the questionnaire deals with the demographical data on a personal level, such as age, gender and marital status and after that, on a professional level, namely education, registration with SANC, employment status, employer or workplace, years of work experience as

a professional nurse, nursing qualifications, highest academic qualification and membership of the Nursing Colleague Facebook Group described in Chapter 2. Figure 6.1 presents the demographical data describing the sample characteristics. All respondents were registered with SANC.

6.2.1 Age group distribution

The age group distribution of the respondents (n=254) is depicted in Figure 6.1.

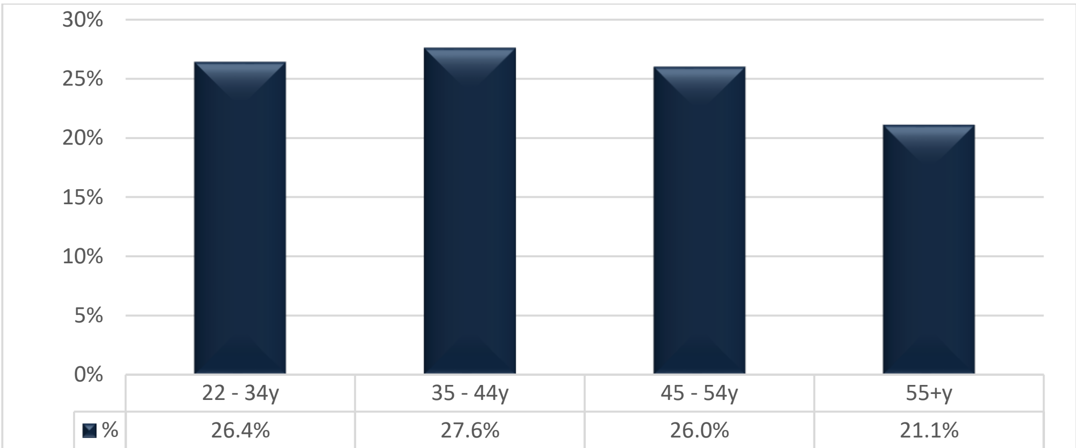


Figure 6.1 Age group distribution (n=254)

The data revealed an almost even distribution of the respondents' ages according to the age group categories. The age group of 55 years and older was slightly less. According to SANC statistics, the age distribution of Professional nurses/Midwives in South Africa shows that 47.0% of professional nurses are above 50 years, and 53.0% are 49 years of age and less (SANC 2021). SANC's age distribution statistics reflect the challenge of a profession with an ageing workforce.

6.2.2 Gender distribution

Figure 6.2 and Figure 6.3 depict the respondents (n=250; 100%) gender distribution. The data revealed that the largest portion, 90.4% (n=226), were females, and the minority, 9.6% (n=24), were males. These characteristics of the total population of the professional nurses registered with SANC was 156 392, of which 88.7% (n=138 681) were females, and 11.3% (n=17 711) were male professional nurses (SANC 2020a). In this study, the age range for both genders was very similar to that of SANC. The ages ranged from 22 and 69 years, with a mean of 44.1, median of 44.0 years and 10.75 standard deviation (SD). Figure 6.2 depicts the professional male nurse age distribution.

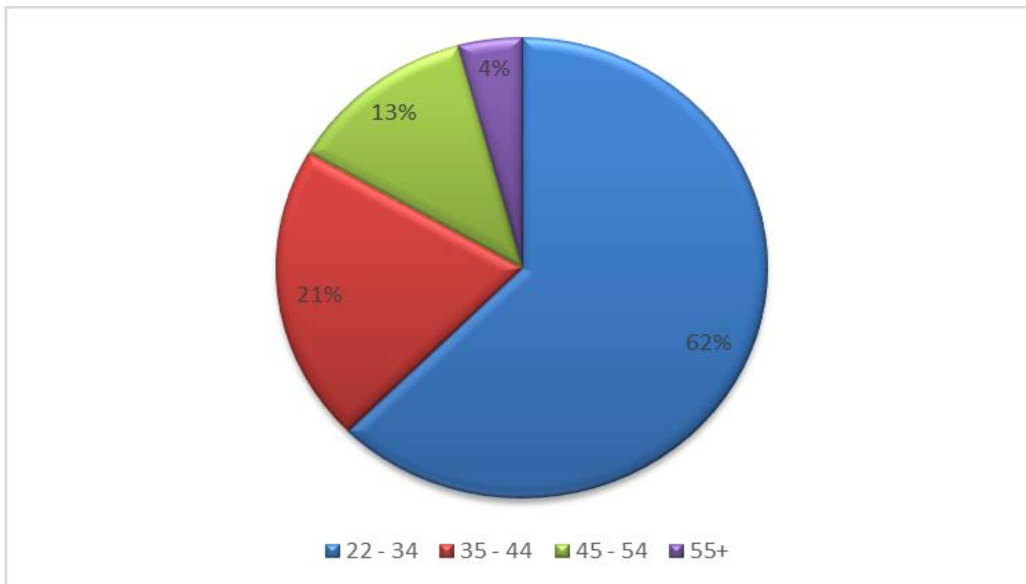


Figure 6.2 Male respondents age group distribution (n=250)

Figure 6.2 indicates that the majority (n=15; 62.5%) of the male respondents (n=24; 100%) were in the age group 22 to 34 years whereas from the female respondents (n=226; 90.4%), the majority (n=127; 56.2%) were from the age group 35 to 54 years. The data shows the growth of younger men entering the nursing profession, and less so for female professional nurses as an ageing group. SANC statistics showed a growth of 2 171 male professional nurses from 2017 to 2019 (SANC 2004-2019). Nursing is traditionally a female-dominated profession and aims to allow more men to create a gender-balanced nursing workforce.

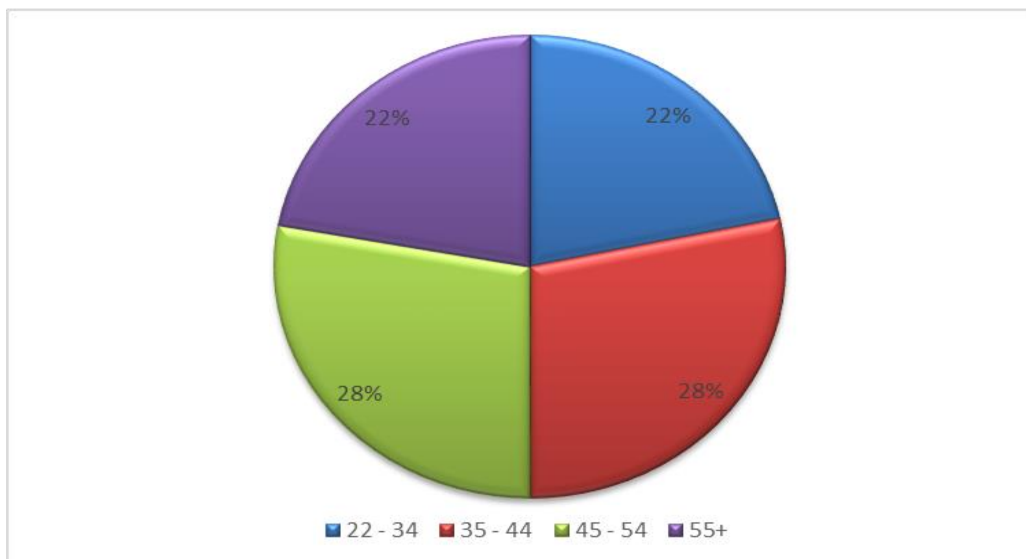


Figure 6.3 Female respondents age group distribution (n=250)

The older age group is sufficiently mature to provide guidance and assistance with the professional socialisation of nursing students and novice professional nurses and display their professional identity.

6.2.3 Marital status

In item 3, the respondents (n=246; 100%) indicated their marital status as depicted in Table 6.1.

Table 6.1 Marital status (n=246)

Marital status	n	%
Married/A member of an unmarried couple	145	58.9
Divorced/Widowed/Separated/Never been married	101	41.4
Total	**246**	**100.0**

Of the respondents (n=246; 100%), 54.5% (n=134) were married, 4.5% (n=11) were members of unmarried couples, 10.2% (n=25) divorced, 3.7% (n=9) widowed, 0.8% (n=2) were separated and 26.4% (n=65) have never been married. The highest divorce rate was 44.0% (n=11 of 25) in the age group 45 to 54 years. Most widows, 55.5% (n=5 of 9), were 55 years and older. There is limited literature available on professional nurses' family responsibilities. It requires further research to determine the impact of the profession's demands on professional nurses' family life.

6.2.4 Education

Respondents indicated the highest school grade they completed, as depicted in Table 6.2.

Table 6.2 Education (n=252)

Highest school grade	n	%
Grade 10	3	1.2
Grade 11	0	0.0
Grade 12	249	98.8
Total	**252**	**100.0**

Of the 252 (100%) respondents, the results indicated that 98.8% (n=249) of them had a national senior certificate. However, in the ages 45 to 54, 4.6% (n=3) of respondents had a grade 10 certificate and 95.4% (n=62) a grade 12. In recent years, a national senior certificate has been required to study nursing. The data indicated that most respondents had a good foundation in studying the art and science of nursing to enable them to work closely with medical doctors who expect professional nurses to be qualified to perform complex scientific nursing tasks. According to Rispel (2015:15), the level of training enhances workforce performance and the professional status of nurses, which influences the image and identity of nursing.

6.2.5 Employment status

In Table 6.3, the respondents indicated their job positions in the profession. A total of 248 (100%) answered this item.

Table 6.3 Employment status (n=248)

Position at work	%
Professional nurse in practice	73.0
Manager	23.0
Educator	3.2
Retired	0.8
Total	**100.0**

The data showed that 73.0% (n=181) of the respondents worked as professional nurses in clinical practice, where they directly influenced nursing students and novice professional nurses. From the respondents, 23.0% (n=57) held managerial positions. Respondents in academic positions were 3.2% (n=8) of the population, and their ages were from 45 years and older. Table 6.4 depicts the gender of the respondents in their different work positions.

Table 6.4 Gender (n=251)

Dominant position at work	Male		Female	
	n	%	n	%
Professional nurse in practice	22	91.7	159	71.3
Manager	2	8.3	54	24.2
Educator	0	0.0	8	3.6
Retired	0	0.0	2	0.9
Total	**24**	**100.0**	**223**	**100.0**

The majority of professional male nurses were in clinical practice. They did not hold academic positions, and very few were managerial positions compared to their female colleagues, possibly because the men are still a young population growing professionally.

6.2.6 Institution or organisation

Respondents named the institution or organisation where they worked, as portrayed in Table 6.5. A total of 250 (100%) answered this item.

Table 6.5 Institution or organisation (n=250)

Working place	n	%
Private	241	96.4
Government	8	3.2
University	1	0.4
Total	**250**	**100.0**

Most respondents, 96.4% (n=241) were from the private sector, 3.2% (n=8) from government hospitals and 0.4% (n=1) from universities. These results indicate the number of government professional nurses who worked in private hospitals when collecting data for the study.

6.2.7 Work experience

The respondents (n=249; 100%) indicated their years of active work experience as professional nurses, depicted in Table 6.6.

Table 6.6 Work experience (n=249)

Years of work experience	n	%
0-7 years	60	24.1
8-16 years	62	24.9
17-29 years	61	24.5
30+ years	66	26.5
Total	**249**	**100.0**

There was an almost equal distribution of each age group and years of work experience. The mean was 18.7, median 17.0 and SD 12.41. The minimum was less than a year, and the maximum was 46 years of actively working in clinical nursing practice.

6.2.8 Nursing qualifications

Table 6.7 shows the nursing qualifications of the respondents.

Table 6.7 Nursing qualifications (n=254)

Qualification	Nursing qualification	%
Basic qualification	General nursing	100.0
	Midwifery	60.6
	Community health	35.8
	Psychiatry	35.8
	Administration	21.7
	Education	12.2
Post-basic qualification	Trauma	12.6
	Critical care	12.2
	Theatre technique	8.3

The respondents (n=254; 100%) indicated their basic and post-basic nursing qualifications. General Nursing, Midwifery, Community Health, Psychiatry, Administration and Education are considered basic qualifications in South Africa. However, General Nursing is the minimum requirement to become a professional nurse. After completing the minimum requirements, a professional nurse can obtain a post-basic qualification.

All respondents had a general nursing qualification which was the minimum criteria for participating in the study. Of the 254 respondents, 60.0% (n=154) held a midwifery qualification. Of the 60.0% (n=154) respondents with a midwifery qualification, aged between 22 to 44 years, 40.9% (n=63) held a midwifery qualification versus 59.0% (n=91) between the ages of 45 years and older. The post-basic qualifications that were most prevalent, were Trauma 12.6% (n=32), Critical Care nursing 12.2% (n=31), Education 12.2% (n=31) and Theatre technique 8.3% (n=21). The least prevalent post-basic qualifications were Neonatology 3.1% (n=8), Emergency care and Oncology both 2.0% (n=5) and Occupational health 1.6% (n=4). Respondents with Orthopaedic, Paediatric and Primary healthcare qualifications were 1.2% (n=3), Ophthalmology and Medical Law 0.8% (n=2), and lastly, Advanced Midwifery and Palliative care 0.4% (n=1) each. According to Caza and Creary (2016:4), professional identities show the type of work individuals do and often signify which advanced training and skills one possesses. The results reflect the role categorisation of the professional nurse study population. Personal identity is interrelated to the professional nurse's role choice, which allows identification with a group that fits the individual's personality (Mavor et al 2017:250).

6.2.9 Highest academic qualification

In Table 6.8, the respondents indicated their highest academic qualification after school.

Table 6.8 Highest academic qualification after school (n=245)

Highest academic qualification	**n**	**%**
Diploma in Nursing	175	71.4
Baccalaureus Degree in Nursing	47	19.2
Honours Degree in Nursing	10	4.1
Master's Degree in Nursing	11	4.5
Doctorate Degree in Nursing	1	0.4
MBA	1	0.4
Total	**245**	**100.0**

Of the 245 (100%) respondents, 71.4% (n=175) had a diploma in nursing, 19.2% (n=47) held a Baccalaureus degree, 4.1% (n=10) an Honours degree, 4.5% (n=11) a Master's degree, 0.4% (n=1) a Doctorate degree, and 0.4% (n=1) MBA degree.

6.2.10 Nursing Colleague Facebook

Respondents (n=252; 100%) indicated their Nursing Colleague Facebook Group membership. The majority of the respondents that participated in the study, 75.8% (n=191), were not members

of the Nursing Colleague Facebook group. The group's purpose is for professional nurses to debate and philosophise about the nursing profession. The group consisted of approximately 6300 members.

6.3 NURSING CHARACTERISTICS

The nursing characteristics section examined the factors that influenced and shaped the professional nursing identity and how it manifested in the profession. The questionnaire (Annexure M) provided data on the respondent's personal and professional characteristics and the characteristics of the nursing profession.

6.3.1 Career choice

This section provides data on the respondents' understanding of the extent to which role models had influenced a decision to choose nursing as a career.

The questionnaire allowed respondents to list the role models who influenced their decision to choose nursing as a career. A total of 254 (100%) responded to this item. The respondents could select more than one item on the questionnaire. Table 6.9 depicts the role models that influenced the career choice of respondents before they entered nursing school.

Table 6.9 Influential role models in career choice (n=254)

Role model influence	n	%
Mother	112	44.1
Know someone in nursing	80	31.5
Expose to nurses in hospital/clinic	71	28.0
Fathers	61	24.0
Friend	47	21.7
Historical figures	53	20.9
Brothers/sisters	31	19.3
Aunt/uncle	55	18.9
Grandparents	49	18.5
Niece/cousin/nephew	48	12.2

Of the respondents (n=254; 100%), 44.1% (n=112) indicated they were influenced by their mothers. Twelve per cent (n=30) of the respondents were neutral regarding their mothers' influence. According to the literature, the nurses chose nursing because their mothers were nurses (Malloy et al 2015:2). Most male respondents, 60.0% (n=15 of 25), were not influenced by their mothers. Fathers' influence on all the respondents was 24.0% (n=61) and had more influence in the age groups 35 to 44 years, 27.1% (n=19 of 70) and 55 years and older, 33.3%

(n=17 of 51). An acquaintance (n=80; 31.5%) in nursing and exposure to nurses in a hospital or clinic (n=71; 28.0%) were the role models that had the most significant influence on the decision to choose nursing as a profession. A respondent made the following comment:

> "When I was in school there was a nurse in the community, she was so passionate about her job. When someone was sick everyone used to go to …" QME24

Friends' influence on the respondents was 21.7% (n=55). The most significant impact was 30% (n=21) in the age groups 35 to 44 years.

Further analyses showed that of (n=254; 100%), 20.9% (n=53) of respondents were influenced by historical figures. Of the respondents in the age group 22 to 34 years (n=67; 100%), 22.4% (n=15) and in the age group 35 to 44 years (n=70; 100%) 31.4% (n=22) were influenced by historical figures. Of the respondents in the age group 45 to 54 years (n=66; 100%) 16.7% (n=11) and the least influence were in the age group 55 and older, where only (n=51; 100%) 9.8% (n=5) were influenced by historical figures.

Figure 6.4 depicts the age group distribution of respondents (n=254; 100%), indicating the influence of brothers and sisters on the respondents' decision to choose nursing as a career.

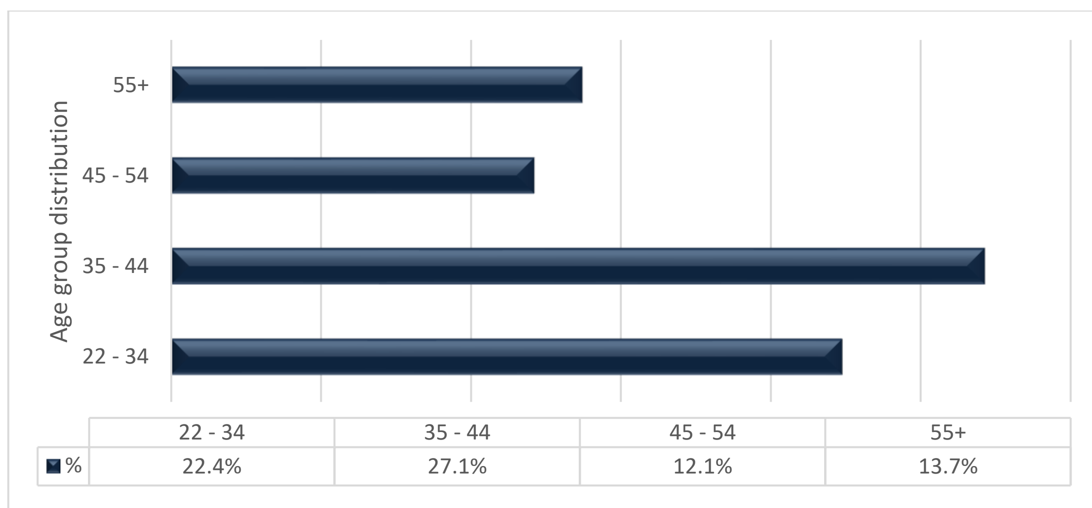


Figure 6.4 Siblings influence in career choice (n=254)

Siblings (brothers and sisters) influenced 19.3% (n=49) of respondents. The influence of siblings was greater in the younger age group than in the older group, as depicted in Figure 6.2. Aunts and uncles (18.9%; n=48) also influenced respondents.

Grandparents influenced 18.5% (n=47) of the 253 (100%) respondents who answered this item. In the 35 to 44-year age group (n=70; 100%) their influence was 30.0% (n=21 of 70) of the

respondents. Nieces and cousins influenced 12.2% (n=31) of the respondents. Respondents indicated that religion played a major role in their career choice. As respondents stated:

> "My passion that the Lord Jesus gave to me for nursing." QG159

> "I know that God called me." QZ95

The influencing factors, as described above, is valuable information for the marketing of the profession. Parsons' theory analyses the idea of matching careers to talents, skills and personality. In contrast, Holland's theory shows that people choose to work in an environment similar to their personality type. Bandura's theory entails watching what others do and the human thought process influencing career choice.

Respondents had the opportunity to indicate the reason(s) for choosing nursing as a career. The item was answered by 252 (100%) respondents. Figure 6.5 shows the various reason(s) for choosing nursing as a career.

Figure 6.5 Reasons for choosing nursing as a career (n=252)

The respondents could choose more than one option on the continual 5-point Likert scale with the various agreement options. The higher the average percentage, the more influence the item had on the respondent choosing nursing as a career. The respondents indicated that the most important reason for choosing nursing as a career was to help sick people, which aligns with what

is found in the literature (Wilkes, Cowin & Johnson 2015:259). A respondent made the following comment:

> "I have the patience in me that makes me want to help sick people." QEM32

Figure 6.6 shows the age group distribution of respondents (n=252; 100%), indicating that they wanted to help sick people and therefore chose nursing as a career.

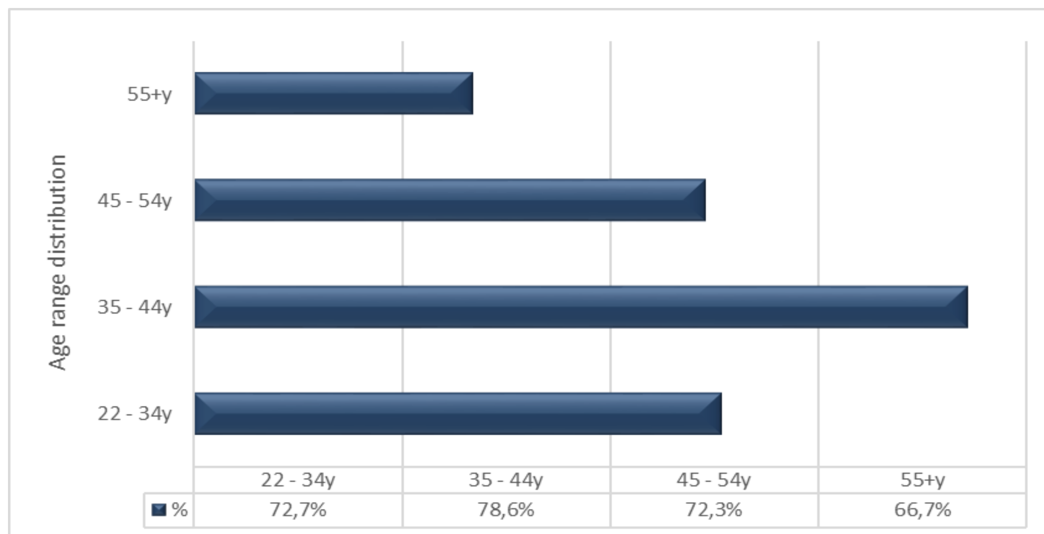


Figure 6.6 Age group distribution of respondents wanted to help sick people (n=252)

Of the 70 (100%) respondents aged 35 to 44 years, 78.6% (n=55) felt they wanted to help sick people. The age groups of 22 to 34 years (72.7%; n=48 of 66) and 45-54 years (72.3%; n=37 of 47) had similar views on this item.

Table 6.10 reports the Spearman correlation between the item that measured the 'wanted to help sick people' and other items on the questionnaire.

Table 6.10 Wanted to help sick people (n=256)

Career choice	Item	Spearman correlation coefficient	Effect size
Wanted to help sick people	Needed a job	-0.061	-
	Nursing fits my personality	0.432*	Moderate
	Want to work in a hospital/clinic environment	0.398*	Weak
	Positive image of nursing	0.369*	Weak
	Idyllic view of nursing	0.356*	Weak
	Choosing nursing career reason - I had a role model	0.244*	Weak
	I reacted to a calling which motivating me to do my work	0.170*	Very weak

*Correlation is significant at the 0.05 level (2-tailed).

A Spearman's rank-order correlation determined the relationship between wanting to help sick people and other reasons for choosing nursing as a career. There is a moderate correlation between the desire to help sick people and the personality that fits nursing ($r_s(256)=0.432$). The results indicated that a personality type wants to help sick people, and that will be helpful when selecting nursing students. The two dominant reasons for professional nurses entering the profession were the 'opportunity for caring' and a 'vocation in life' (Eley et al 2012:1546). There is a weak response from respondents that wanted to work in a hospital/clinic environment ($r_s(256)=0.398$), positive image of nursing ($r_s(256)=0.369$), idyllic view of nursing ($r_s(256)=0.356$), and role model ($r_s(256)=0.244$). There is a very weak correlation between wanting to help sick people and a response to a calling that motivates a respondent to do the work. The data shows a negative correlation between wanting to help sick people and needing a job.

The second highest reason for choosing nursing as a career was an interest in the science and art of nursing. Figure 6.7 displays the age group distribution of respondents interested in the science and art of nursing.

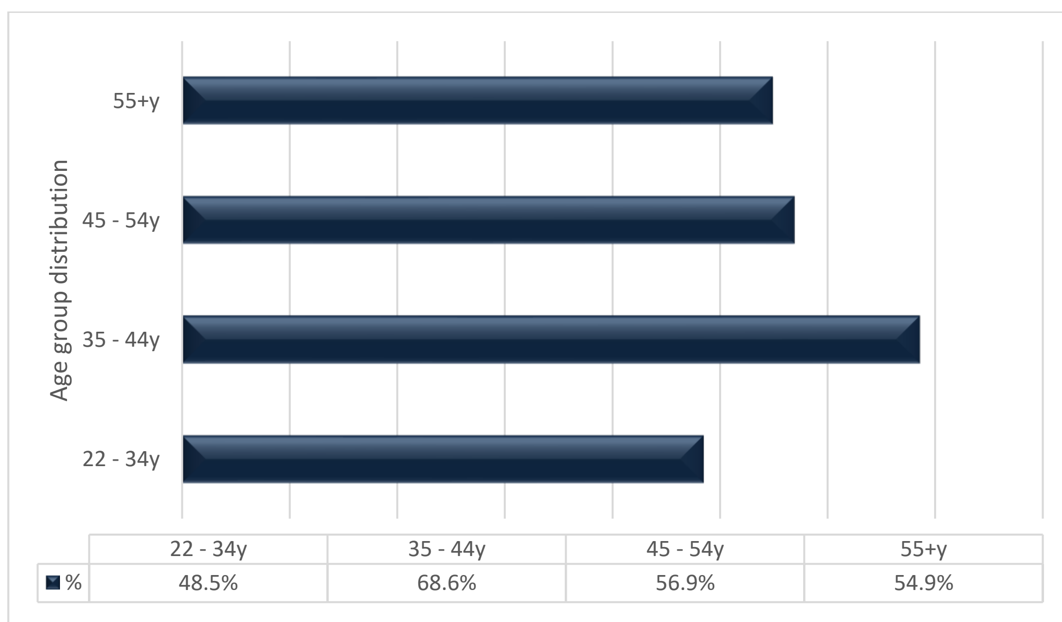


Figure 6.7 Age group distribution of respondent interested in science and art of nursing (n=252)

Respondents, 252 (100%), answered the item indicating an interest in the science and art of nursing. As many as 57.5% (n=145) (mean 3.42, median 4.00, SD 1.32) chose nursing based on their interest in the art and science of nursing. Of the 70 respondents from 35 to 44 years, 68.6% (n=48) showed the most interest. Table 6.11 reports the Spearman correlation between the interest in the science and art of nursing and other items on the questionnaire.

Table 6.11 Science and art of nursing (n=252)

Career choice	Item	Spearman correlation coefficient	Effect size
Interest in the science and art of nursing	Positive image of nursing	0.389*	Weak
	Wanted to work in a hospital/clinic environment	0.375*	Weak
	Nursing fits my personality	0.347*	Weak
	Idyllic view of nursing	0.340*	Weak

*Correlation is significant at the 0.05 level (2-tailed).

Spearman's rank-order shows a weak correlation between the science and art of nursing and items positive image, work in a hospital/clinic environment, fits the personality and idyllic view of nursing.

The third highest reason for choosing nursing as a career was that nursing fits the respondent's personality. Table 6.12 portrays the Spearman correlation between the item nursing fits their personality and other items on the questionnaire.

Table 6.12 Personality fit (n=252)

Career choice	Item	Spearman correlation coefficient	Effect size
Nursing fits my personality	Idyllic view of nursing	0.495*	Moderate
	I wanted to help sick people	0.432*	Moderate
	Positive image of nursing	0.410*	Moderate
	Interested in the science and art of nursing	0.432*	Moderate
	I wanted to work in a hospital/clinic environment	0.382**	Weak
	Had a role model	0.327*	Weak
	Varied opportunities	0.322*	Weak

*Correlation is significant at the 0.05 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed).

Of the 252 (100%) respondents, 55.6% (n=140) (mean 3.4 and 4.0 median; SD 1.33) indicated that personality fit was the reason for choosing nursing as a career. More females than males showed that nursing suited their personality (55.8% versus 44.2%).

There is a moderate correlation between item nursing fits a personality and items idyllic view of nursing (r_s(256)=0.495), wanted to help sick people (r_s(256)=0.432), positive image of nursing (r_s(256)=0.410) and interested in the science and art of nursing (r_s(256)=0.432). There is a weak correlation between nursing fits a personality and items wanted to work in a hospital/clinic environment (r_s(256)=0.382), having a role model (r_s(256)=0.327) and varied opportunities in the profession (r_s(256)=0.322). According to Mavor et al (2017:250), in social identity, group members may be more likely to associate and identify with a group that fits their personality. The

professional nurse's personal identity is interrelated to the role of the professional nurse in the nursing profession. The choice of a reference group may be determined by how they see him or herself. Still, equally the group members can influence how the person sees themselves, how self-worth is evaluated and the resultant behaviour (Walker et al 2012:28). The researcher suggests that these items be included in a marketing strategy that might attract prospective students. The fourth highest reason for choosing nursing as a career was the idyllic view of nursing. Table 6.13 portrays the Spearman correlation between their idyllic view of nursing and other items on the questionnaire.

Table 6.13 Idyllic view of nursing (n=252)

Career choice	Item	Spearman correlation coefficient	Effect size
Idyllic view of nursing	Positive image of nursing	0.590**	Moderate
	Fits my personality	0.495*	Moderate
	I wanted to work in a hospital/clinic environment	0.410**	Moderate
	Wanted to help sick people	0.356*	Weak

*Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).

Of the 252 (100%) respondents, 50.4% (n=127) (mean 3.2, median 4.0 and SD 1.29) made the decision because of the idyllic view of nursing. Of the 25 male respondents, 53% (n=13) indicated they chose nursing because of the idyllic view of nursing and from the 113 female respondents, 50% (n=226). One respondent did not indicate a gender. The moderate items are typically associated with the ideal image of the nursing profession. However, there is a weak correlation between helping sick people.

The fifth highest reason for choosing nursing as a career was to work in a hospital/clinical environment. Table 6.14 reports the Spearman correlation between the item wanted to work in a hospital/clinic environment and other items on the questionnaire.

Table 6.14 Work in a hospital/clinic environment (n=252)

Career choice	Item	Spearman correlation coefficient	Effect size
Wanted to work in a hospital/clinic environment	I wanted to help sick people	0.498*	Moderate
	Positive image of nursing	0.416*	Moderate
	Idyllic view of nursing	0.410*	Moderate
	Nursing fits my personality	0.382*	Weak

*Correlation is significant at the 0.05 level (2-tailed).

Of the respondents (n=252; 100%), 47.6% (n=120) (mean 3.2, median 3.0 and SD 1.33) wanted to work in a hospital/clinical environment. There is a moderate correlation with items, wanted to

help sick people (r_s(256)=0.498), the positive image of nursing (r_s(256)=0.416), and the idyllic view of nursing (r_s(256)=0.410) and a weak correlation with the item nursing fit their personality (r_s(256)=0.382). Professional identity in nursing involves the individual and group dynamic of the professional within the environment in which the person works and the group's position in society. Social Identity Theory aims to specify and predict the circumstances under which individuals think of themselves as individuals or as group members (Ellemers 2020:1).

The sixth reason for choosing nursing as a career was the positive image of nursing. Of the respondents (n=252; 100%), 43.7% (n=110) (mean 3.1, median 3.0, SD 1.28) made the decision based on the positive image, of which the majority were female. Bandura's Social Cognitive Theory entails watching what others do and the human thought processes that influence career choice and the group dynamic of the profession.

The seventh reason was the varied opportunities that nursing offers. Of the 252 respondents, 37.7% (n=95) (mean 2.82 and median 2.50, SD 1.38) decided based on the opportunities that nursing offers. According to Wilkers, Cowin and Johnson (2015:260), studies of entering and ongoing nursing programmes have highlighted that nursing is a respected career with broad opportunities.

The eighth reason was that a role model influenced the respondent's nursing career choice. The data indicated that 32.5% (n=82) (mean 2.7, median 2.0, SD 1.38) of 252 respondents had a role model(s) before entering nursing school. Spearman's rank-order correlation shows no moderate correlations but a weak correlation with having a role model and items positive image (r_s(256)=0.399), idyllic view of nursing (r_s(256)=0.346) and nursing fits my personality (r_s(256)=0.327.

Furthermore, 29.4% (n=74) of 252 respondents chose to nurse because they needed a job (mean 2.5, median 2.0, SD 1.38). Of the 252 (100%) respondents only, 251 indicated their gender. Of the 251 (100%) respondents, 27,0% (n=61 of 226) were female and 40% (n=10 of 25) male. Statistics show that 33.3% (n=22 of 60) aged 22 to 34 and 37.1% (n=26 of 70) in the age group 35 to 44 years chose nursing as a career because they needed a job. In the older age group 45 to 54 years 18.5% (n=12 of 65) and 55 years and older 27.5% (n=14 of 52) needed a job. Respondents expressed that the younger professional nurses focus on earning money and that nursing is just a job. The largest number of respondents chose nursing for other reasons.

Only 11.9% (n=30) of the (252; 100%) respondents selected a scholarly course (university or academic institution for learning) as influencing their choice of nursing as a career, and only 8.7%

(n= 22) selected marketing and career expos as having had an influence. The results thus show that expos are not a driver in choosing nursing as a career.

Literature has identified that individual, situational and environmental variables play an essential role in influencing career choice (Liaw et al 2017:66; Wilkes et al 2015:259). Nursing was chosen as a career for a variety of reasons. Responses to general comments being solicited identified additional reasons for choosing nursing as a career. These included earning a salary while studying and school subjects not permitting the study of medicine at the university. However, once they started nursing, they fell in love with the profession. Some of the respondents mentioned that they were not financially able to pay for their studies and therefore chose nursing as a career as study support was available.

6.3.2 Self-image and professional image

Questionnaire responses provide an understanding and view of the respondents' self-image and professional image.

Self-image

The respondents (n=254; 100%) had the opportunity to reflect on their views about themselves (self-image). The questions in the questionnaire were based on the Rosenberg self-esteem scale, which is a valid quantitative tool for self-esteem assessments (Park & Park 2019:1992). The scale measures global self-worth by measuring positive and negative feelings about the self. The self-image was based on their view of their worth and satisfaction with themselves. The respondents could choose one option on the continual 5-point Likert scale with the various agreement options. The respondents' views of their self-image measured at 92.5%, showing that they are satisfied with themselves and regard themselves as persons of worth (n=235). The data indicated that 95.7% (n=243) of the respondents (mean 4.6, median 5.0, SD 0.76) regard themselves as persons of worth, and 89.4% (n=227) (mean 4.3, median 5.0, SD 0.81) are satisfied with themselves. The female self-image is 93.4% positive and slightly higher than their male colleagues, 88.0%. A respondent expressed a view about personal value and self-worth (professional image) as follows:

> "I see myself a person with self-worth. My career is my life." QEM24

Figure 6.8 displays the age group distribution of the respondents who reported their views on self-image.

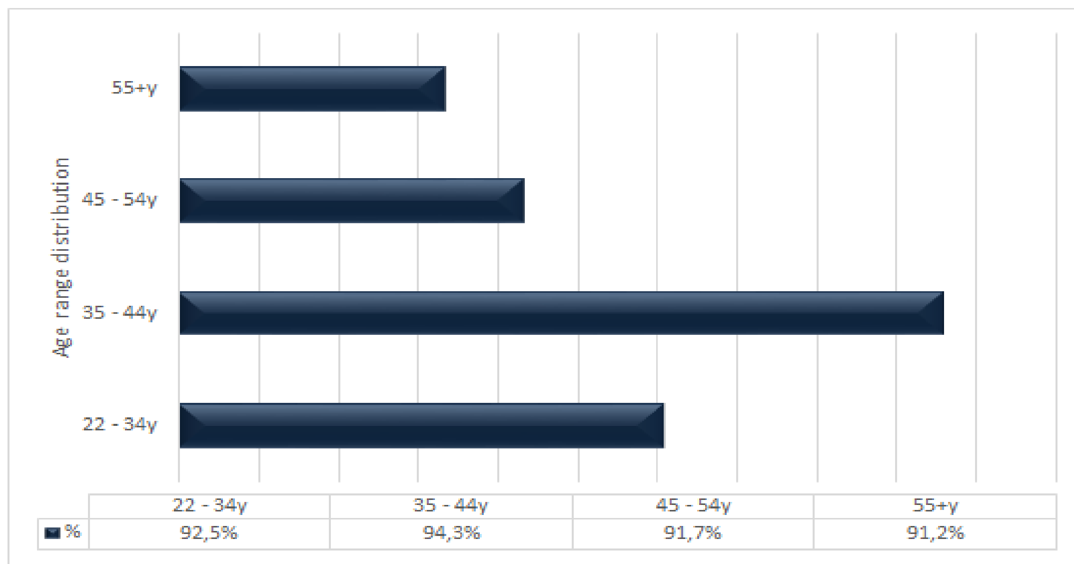


Figure 6.8 Age group distribution for self-image (n=254)

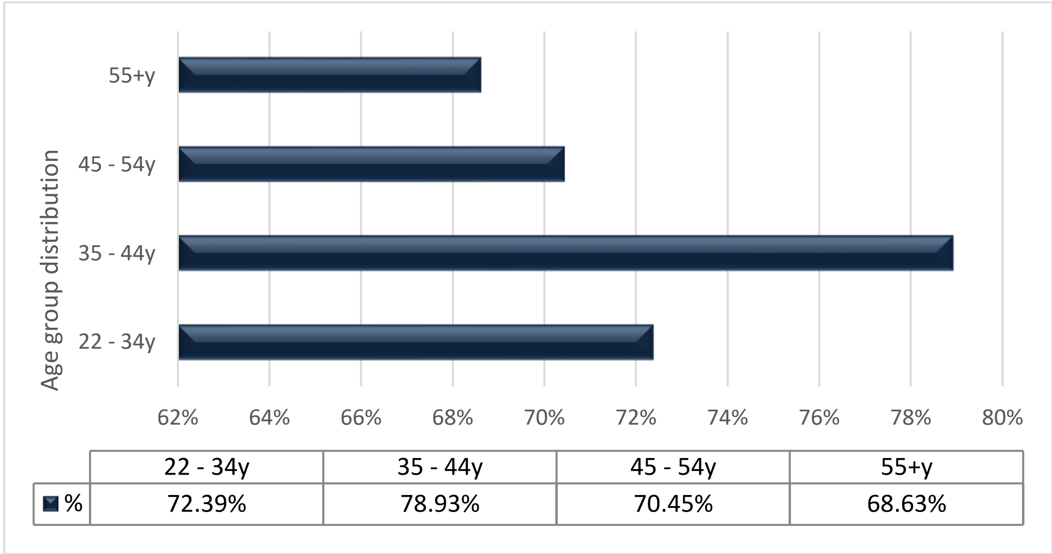
Figure 6.8 shows that the younger age group, 22 to 44 years of age (93.4%), had a better self-image than the 45 and older group (91.4%). According to Ten Hoeve et al (2013:302), the public image of professional nurses is a mirror of professional nurses' perceptions of self. However, 23.2% (n=59) of the 254 (100%) respondents indicated that they feel useless at times. There is a weak negative correlation between feeling useless and satisfied with themselves (r_s(258)=-0.383). According to Sabanciogullari and Dogan (2017:1677), self-esteem plays a role in developing the professional self. Personal identity must balance the need to identify with the chosen reference group and with the need to be a unique individual (Tajfel 1982; Walker et al 2012:28).

Of the respondents (n=254; 100%), 68.9% (n=175) showed compassion towards themselves when encountering personal shortcomings rather than hurting themselves with self-criticism. The Spearman correlation shows a weak correlation between the items compassion towards oneself and finding the nursing profession to suit their personality (r_s(258)=0.330). According to Social Identity Theory, self-concept underlies the development of the professional self (Sabanciogullari & Dogan 2017:1677). The Social Identity Theory of Tajfel and Turner (1986) argues that the self-concept (the way we think about ourselves) of an individual or a group (e.g. professional nurses) is derived from the perceived image of the group by society.

Professional image

Respondents (n=254; 100%) had the opportunity to respond to their sense of value and self-worth as a professional nurse (professional image). The respondents were asked to rate the profession as; part of their self-image, containing the attributes of an ideal profession, a prestigious profession, and suitably in line with personality. A total of 72.9% (n=185) (4.1 mean, 4.2 median, SD 0.75) of respondents expressed that they feel valued and have a sense of self-worth as

professional nurses. According to the social identity theory, professional and personal identities are inextricably connected (Kroger & Marcia 2011:31) and complement each other (Walker et al 2012:28). Identity formation is a lifelong social process. Professional values are acquired during socialisation into nursing (Al Banna 2017:169). Tabassum (2011:207) described the same concept “professional self-esteem is an individual’s self-esteem specifically regarding his or her professional position and acceptance in that professional role.” Figure 6.9 depicts the age distribution of respondents’ views about their professional image.



	22 - 34y	35 - 44y	45 - 54y	55+y
%	72.39%	78.93%	70.45%	68.63%

Figure 6.9 Age distribution for professional image (n=254)

Figure 6.9 shows that the professional image is the highest (78.9%; n=55 of 70) in the age group 35 to 44 years, with a gradual decline in the older age group 45 years and older (68.3%; n=35 of 52).

With further investigation of the professional image, 92.5% (n=235) (mean 4.3, median 5.0, SD 0.80) of the 254 respondents indicated that the nursing profession is part of who they are. Table 6.15 reports the Spearman correlation between the item’s professional image and nursing characteristics.

Table 6.15 Professional image (n=254)

Professional image	Item	Spearman correlation coefficient	Effect size
My profession is part of who I am	**NURSING CHARACTERISTICS**		
	Self-image		
	I regard myself as a person of worth	0.390*	Weak
	I am satisfied with myself	0.328*	Weak
	Professional image		
	The profession has the attributes that fulfils their ideal profession	0.620*	Strong
	I find my profession to be suitable for my personality characteristics	0.593*	Moderate
	The nursing profession satisfied my personal needs	0.459*	Moderate
	Integration of the professional nurse into the nursing profession		
	Personal identity and professional identify integration	0.452*	Moderate
	Personal and professional values are in line	0.410*	Moderate
	Identify with the nursing profession		
	Consider it important to be associated with the nursing profession	0.443*	Moderate
	I want to associate with the nursing profession	0.345*	Weak
	I identify with the distinctive characteristics of the nursing profession	0.424*	Moderate
	Role after working hours		
	I represent the image of nursing after working hours	0.390*	Weak
	The profession has the right to hold me accountable for inappropriate behaviour after working hours	0.390*	Weak

*Correlation is significant at the 0.05 level (2-tailed).

There is a strong correlation between the items nursing profession as part of who the professional nurse is and attributes of the nursing profession that fulfils their ideal profession, which is statistically significant (r_s(258)=0.620). There is a moderate correlation with the nursing profession being suitable to their personality (r_s(258)=0.593) and satisfying their personal needs (r_s(258)=0.459). There is a moderate correlation between the professional that is part of the professional nurse and the integration and identification with the nursing profession. In terms of considering it important to be associated with the profession is moderate (r_s(258)=0.443) in comparison with a weak (r_s(258)=0.345) correlation that professional nurses want to associate with the nursing profession. Research is required in this area. There is a moderate (r_s(258)=0.424) correlation identifying with the distinctive characteristics of the nursing profession and a weak correlation with self-image and the role after working hours.

Of the 254 respondents, 82.3% (n=209) (mean 4.0, median 4.0, SD 0.89) said that the profession has the attributes of an ideal profession. Table 6.16 displays the Spearman correlation between attributes that fulfil the respondent's ideal profession and items of nursing characteristics.

Table 6.16 Attributes of the ideal profession (n=258)

Professional image	Item	Spearman correlation coefficient	Effect size
The profession has the attributes that fulfils their ideal profession	**NURSING CHARACTERISTICS**		
	Self-image		
	I regard myself as a person of worth	0.377*	Weak
	I am satisfied with myself	0.341*	Weak
	Professional image		
	The profession is part of who I am	0.620*	Strong
	I find my profession to be suitable for my personality characteristics	0.668*	Strong
	Nursing satisfied my personal needs	0.559*	Moderate
	Integration of the professional nurse into the nursing profession		
	Personal identity and professional identify integration	0.463*	Moderate
	Personal and professional values are in line	0.416*	Moderate
	Identify with the nursing profession		
	Consider it important to be associated with the nursing profession	0.537*	Moderate
	I want to associate with the nursing profession	0.377*	Weak
	Identify with the distinctive characteristics of the nursing profession	0.424*	Moderate
	Professional etiquette		
	Introduce myself with confidence	0.347*	Weak
	Project a particular initial impression when meeting patients, families and doctors	0.308*	Weak
	Moral development and maturity		
	I uphold the laws, rules and the obligations of my duties of the profession	0.318*	Weak
	Role after working hours		
	I represent the image of nursing after working hours	0.420*	Moderate
	The profession has the right to hold me accountable for inappropriate behaviour after working hours	0.440*	Moderate
	IMAGE OF NURSING		
	Nursing symbols		
	Epaulettes makes me feel proud at work	0.317*	Weak
	The lamp gives nursing a professional identity	0.374*	Weak
	INSTITUTIONAL AND ORGANISATIONAL CULTURE		
	Internal and external drivers		
	Dress code (external driver)	0.307*	Weak
	Reacted to a calling (internal driver)	0.341*	Weak

There is a strong correlation between the nursing profession attributes that fulfil the professional nurse's view of an ideal profession and the professional image, which is statistically significant. There is a moderate correlation between the ideal professional and satisfying personal needs. The professional image consists of the profession that is part of the professional nurse ($r_s(258)=0.620$) and suits their personality ($r_s(258)=0.668$).

The results also show a moderate correlation with the integration of the professional nurse into the nursing profession ($r_s(258)=0.463$). The ideal profession correlated moderately with the requirement to integrate personal and professional identity ($r_s(258)=0.463$) and values ($r_s(258)=0.416$).

With the item of identifying with the nursing profession, the results show a moderate correlation with the distinctive characteristics of the profession ($r_s(258)=0.424$), and those professional nurses consider it important to be associated with the nursing profession. The data show a weak correlation that professional nurses want to associate with the nursing profession ($r_s(258)=0.377$) ($r_s(258)=0.424$).

Lastly, there is a moderate correlation with the image of nursing after hours ($r_s(258)=0.440$). There is a weak correlation that professional nurses want to associate with the nursing profession, professional etiquette, moral development and maturity, nursing symbols, and internal and external drivers.

The respondents also had the opportunity to express their views on the profession's prestige. Of the respondents (n=254; 100%), 30.3% (n=77) (2.7 mean, 3.0, median, SD 1.21), indicated that the nursing profession today appears prestigious. The prestige of the profession is an area that requires additional research. Stated below are concerns raised by respondents who experienced a high level of dissatisfaction with the prestige of the profession:

> "… but nursing doesn't receive the prestige it deserves." QZ90

> "… run. People treat us like doormats." QEM23

The data showed a gradual decline in the prestige of the nursing profession the older the professional nurse gets. Thirty-five per cent (n=24) of the 67 respondents in the age group 22 to 34 years, 35.7% (n=25 of 70) in the age group 35 to 44 years experience the nursing profession as prestigious. The more mature professional nurses were, the less they found the nursing profession prestigious. The data showed that 28.8% (n=19 of 66) in the age groups 45 to 54 years and 17.56% (n=9 of 52) in the age group 55 years and older experience the nursing profession

as prestigious. Restructuring of nursing education might be influencing factors to improve the status. This area requires additional research.

There is a moderate correlation between the item profession's prestigious appearance and the item's desire to be associated with the nursing profession ($r_s(258)=0.551$) and the appreciation of the nursing profession by society ($r_s(258)=0.419$). There is a weak correlation with the importance to be associated with the nursing profession ($r_s(258)=0.369$). Surprisingly, the data point to a weak correlation between the nursing profession's prestigious appearance and the selection criteria ($r_s(254)=0.351$) as well as the recruiters who should select the type of personality best suited to the profession ($r_s(254)=0.351$). The data show a weak statistical correlation between the prestigious appearance of nursing and the level of status of other health professions.

The questionnaire allowed respondents (n=254; 100%) to respond to whether the nursing profession suits their personality. Of the respondents, 86.6% (n=220) (mean 4.1, median 4.0, SD 0.87) found the nursing profession suits their personality.

Table 6.17 displays the Spearman correlation between the nursing profession suitable for personality and nursing characteristics, the image, and institutional and organisational culture.

Table 6.17 Profession suitable to personality (n=254)

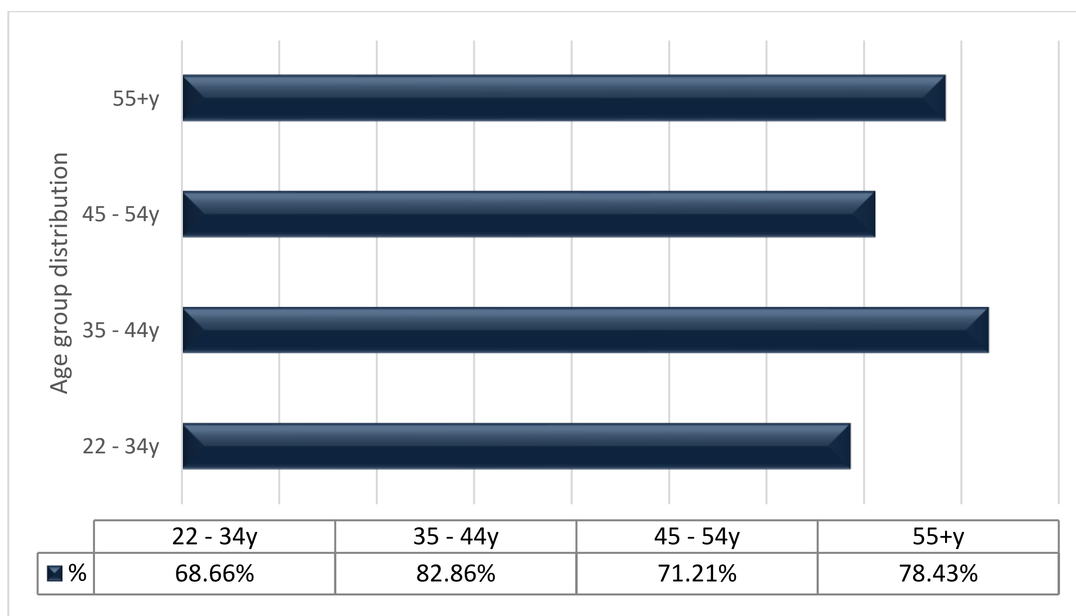
Professional image	Item	Spearman correlation coefficient	Effect size
I find my profession to be suitable for my personality characteristics	**NURSING CHARACTERISTICS**		
	Self-image		
	I regard myself as a person of worth	0.319*	Weak
	I show compassion towards myself *	0.330*	Weak
	Professional image		
	The profession is part of who I am	0.593*	Moderate
	Nursing profession has the attributes that fulfils my ideal profession	0.668*	Strong
	Nursing satisfied my personal needs	0.605*	Strong
	Integration of the professional nurse into the nursing profession (professional socialisation)		
	Personal identity and professional identify integration	0.494*	Moderate
	Personal and professional values are in line	0.450*	Moderate
	Identify with the nursing profession (group identity)		
	Consider it important to be associated with the nursing profession	0.474*	Moderate
	I want to associate with the nursing profession	0.341*	Weak
	Identify with the distinctive characteristics of the nursing profession	0.430*	Moderate
	Professional etiquette		
	Introduce myself with confidence	0.315*	Weak
	Project a particular initial impression when meeting patients, families and doctors	0.336*	Weak
	Role after working hours		
	I represent the image of nursing after working hours	0.356*	Weak
	The profession has the right to hold me accountable for inappropriate behaviour after working hours	0.405*	Moderate
	IMAGE OF NURSING **Nursing symbols**		
	Epaulettes makes me feel proud at work	0.330*	Weak
	INSTITUTIONAL AND ORGANISATIONAL CULTURE		
	Internal and external drivers		
	Reacted to a calling (Internal driver)	0.379*	Weak

*Correlation is significant at the 0.05 level (2-tailed).

In the age group of 35 to 44 years (n=70; 100%), 92.9% (n=65), the respondents found the nursing profession suitable for their personality. There is a strong correlation between a suitable profession for the respondent's personality and the professional image. The professional image consists of the nursing profession, which has the attributes that fulfil the ideal profession ($r_s(258)=0.668$), the nursing profession that satisfies their personal needs ($r_s(258)=0.605$), which is statistically significant. These influencing factors should be considered for marketing purposes

and support selection criteria to benefit the nursing profession. There is a moderate correlation between the profession being suitable for a personality and the profession being part of who the professional nurse is (r_s(258)=0.593). Integration of the professional nurse into the profession consists of personal and professional identity and value integration, which show a moderate correlation with the profession being suitable for the professional nurse's personality (r_s(258)=0.494). Identifying with the nursing profession (group identity) shows a moderate correlation with considering it important to associate with the profession r_s(258)=0.430-0.474) and the distinctive characteristics of the profession r_s(258)=0.430) except for a weak correlation with professional nurses who want to associate with the nursing profession. Lastly, the profession has the right to hold a person accountable for inappropriate behaviour after working hours that brought the profession's reputation into disrepute (r_s(257)=0.405). There is a weak correlation between a suitable profession and self-image, professional etiquette, wish to associate with the nursing profession, role after working hours, nursing symbols and internal and external drivers in organisations.

Of the 254 respondents, 75.2% (n=191) chose the nursing profession because of the nursing characteristics that satisfied their personal needs to nurse. Figure 6.10 portrays the age group distribution indicating that nursing satisfies their personal needs.



	22 - 34y	35 - 44y	45 - 54y	55+y
%	68.66%	82.86%	71.21%	78.43%

Figure 6.10 Age groups distribution for nursing satisfy personal need to nurse (n=254)

Figure 6.10 shows that 82,9% (n=58) (n=70; 100%) of the younger age group 35 to 44 years has a better professional image than others. Wilkinson et al (2016:263) mention two different approaches to professional identity. Firstly, how all individuals view themselves vis-à-vis their profession, and the second approach understands the content of the meaning of professional identity – creating their professional image. Individuals are active contributors to the formation of

their professional identity. Individuals engage in cognitive and behavioural identity work to establish a self-view that is more consistent with their image of being members of a particular profession (Wilkinson et al 2016:267). Professional identity is to identify with the nursing profession exhibited by an alignment of roles, responsibilities, values, and ethical standards as accepted by the profession (Goltz & Smith 2014:785).

The data indicated a difference between self-image and professional image (mean 0.3, median 0.25, SD 0.82). It is significant as the respondents' self-image is slightly higher (mean 4.4, median 4.7, SD 0.68) than the professional image (mean 4.1, median 4.2, SD 4.13). Table 6.18 reports the Spearmen correlation between the item professional image such as nursing that satisfied personal needs and nursing characteristics and the institutional and organisational culture.

Table 6.18 Nursing satisfies personal needs (n=254)

Professional image	Item	Spearman correlation coefficient	Effect size
Nursing satisfied personal needs to nurse	**NURSING CHARACTERISTICS**		
	Professional image		
	The profession is part of who I am	0.459*	Moderate
	Nursing profession has the attributes that fulfils my ideal profession	0.559*	Moderate
	If find my profession suitable for my personality characteristics	0.605*	Strong
	Integration of the professional nursing into the nursing profession (professional socialisation)		
	Personal identity and professional identify integration	0.520*	Moderate
	Personal and professional values are in line	0.361*	Weak
	Identify with the nursing profession (group identity)		
	Consider it important to be associated with the nursing profession	0.501*	Moderate
	I want to associate with the nursing profession	0.323*	Weak
	Identify with the distinctive characteristics of the nursing profession	0.366*	Weak
	Role after working hours		
	I represent the image of nursing after working hours	0.356*	Weak
	The profession has the right to hold me accountable for inappropriate behaviour after working hours	0.352*	Weak
	INSTITUTIONAL AND ORGANISATIONAL CULTURE		
	Internal and external drivers		
	Dress code (external driver)	0.321*	Weak
	Reacted to a calling (internal driver)	0.418*	Moderate

*Correlation is significant at the 0.05 level (2-tailed).

There is a strong correlation between nursing as a career that satisfies personal needs and suits the respondent's personality ($r_s(258)=0.605$), which is statistically significant. There is a moderate

correlation with a professional image regarding the profession that is part of who the professional nurse is and with the nursing profession with ideal attributes. The data show a moderate correlation between the personal needs of the professional nurse and identity integration (professional socialisation) and the importance of associating with the profession (group identity) and responding to a calling. There is a weak correlation with the alignment of personal and professional values, the need to associate with the profession, identifying the professions' distinctive characteristics (group identity), role after working hours and institutional and organisational culture, and external drivers such as a dress code.

6.3.3 Integration of the professional nurse into the nursing profession

This section deals with the integration of the professional nurse into the nursing profession. The data showed that 86.6% (n=220) of the 254 respondents indicated that they are integrated into the nursing profession. Integration of the personal (who I am) and professional identity (what I do) of the professional nurse can present themselves favourably in both personal and professional worlds. The data resulted in a mean of 4.1, median of 4.0 and SD of 0.88.

According to Archer (2000:249; 2013:304), "Being" is a person's sense of themselves; it is an individual's core internal identity. "Doing" (role identity) is how an individual portrays his or her sense of self in the professional world. Archers' social theory states that "Doing" develops out of "Being."

Table 6.19 depicts the correlation between personal and professional identity integration, nursing characteristics and nursing image. The integrated professional nurse integrates self-image (who the person is) and professional image (what the person does).

Table 6.19 Identity integration (n=258)

Integration	Item	Spearman correlation coefficient	Effect size
My personal identity (who I am) and professional identity (what I do) are integrated	**NURSING CHARACTERISTICS**		
	Self-image		
	I regard myself as a person of worth	0.309*	Weak
	I am satisfied with myself	0.314*	Weak
	I show compassion towards myself when encountering personal shortcomings, rather than hurting myself with self-criticism	0.345*	Weak
	Professional image		
	The profession is part of who I am	0.452*	Moderate
	Nursing profession has the attributes that fulfils my ideal profession	0.463*	Moderate
	If find my profession suitable for my personality characteristics	0.494*	Moderate
	Nursing satisfied personal needs to nurse	0.520*	Moderate
	Integration of the professional nursing into the nursing profession (professional socialisation)		
	Personal and professional values are in line	0.397*	Weak
	Identify with the nursing profession (group identity)		
	Consider it important to be associated with the nursing profession	0.521*	Moderate
	I want to associate with the nursing profession	0.424*	Moderate
	Identify with the distinctive characteristics of the nursing profession	0.397*	Weak
	Moral development and maturity		
	Uphold the laws, rules and the obligations of the duties of the profession	0.309*	Weak
	Role after working hours		
	I represent the image of nursing after working hours	0.391*	Weak
	The profession has the right to hold me accountable for inappropriate behaviour after working hours	0.421*	Moderate
	IMAGE OF NURSING **Nursing symbols**		
	When I wear epaulettes, I feel proud - at work	0.378*	Weak
	The lamp gives nursing a professional identity	0.409*	Moderate

*Correlation is significant at the 0.05 level (2-tailed).

There is a moderate correlation between the personal and professional identity of the integrated professional nurse and the items professional image and identified with the nursing profession, except to identify with the distinctive characteristics of the profession and the right of the profession to hold professional nurses accountable for inappropriate behaviour after working hours. Lastly, there is a moderate correlation between the integrated professional nurse and the lamp symbol. There is a weak correlation between the integrated professional nurse with self-image, which refers to themselves as a person of worth, being satisfied with themselves and showing compassion when encountering personal shortcomings. There is a weak correlation

between the integrated professional nurse and the item personal and professional values that are in line with the distinctive characteristics of the nursing profession, moral development and maturity, and representing the image of nursing after working hours and the wearing of epaulettes. A respondent said:

> "It is always important to belong to a professional group …" QZ94

Of the respondents (n=254; 100%), 89.8% (n=228) (mean 4.36, median 5.0, SD 0.83) indicated their values are in line and integrated with the values of the nursing profession. A comment made by a respondent revealed an understanding of personal and professional identity integration. A respondent expressed the following:

> "I am proud to be a nurse. My religion and my values in life makes nursing a very satisfactory profession." QZ94

Table 6.20 reports the Spearman correlation between integrating of personal and professional values and professionalism, advocacy and autonomy.

Table 6.20 Personal and professional value integration (n=254)

Integration	Item	Spearman correlation coefficient	Effect size
Personal values are in line with the values of the nursing profession	**NURSING CHARACTERISTICS**		
	Professionalism		
	The physical appearance of the professional nurse in her uniform should radiate professionalism	0.355*	Weak
	CORPORATE GOVERNANCE		
	Advocacy and autonomy		
	When I have the opportunity, I have the courage to advocate for patients to the treating doctor	0.322*	Weak

*Correlation is significant at the 0.05 level (2-tailed).

There is a weak correlation between integrated values (personal and professional), professionalism, advocacy and autonomy. A respondent expressed a perception about the values of professional nurses:

> "What a joke – I might have personal values of honesty etc. but question a lot of other professional nurses." QEM23

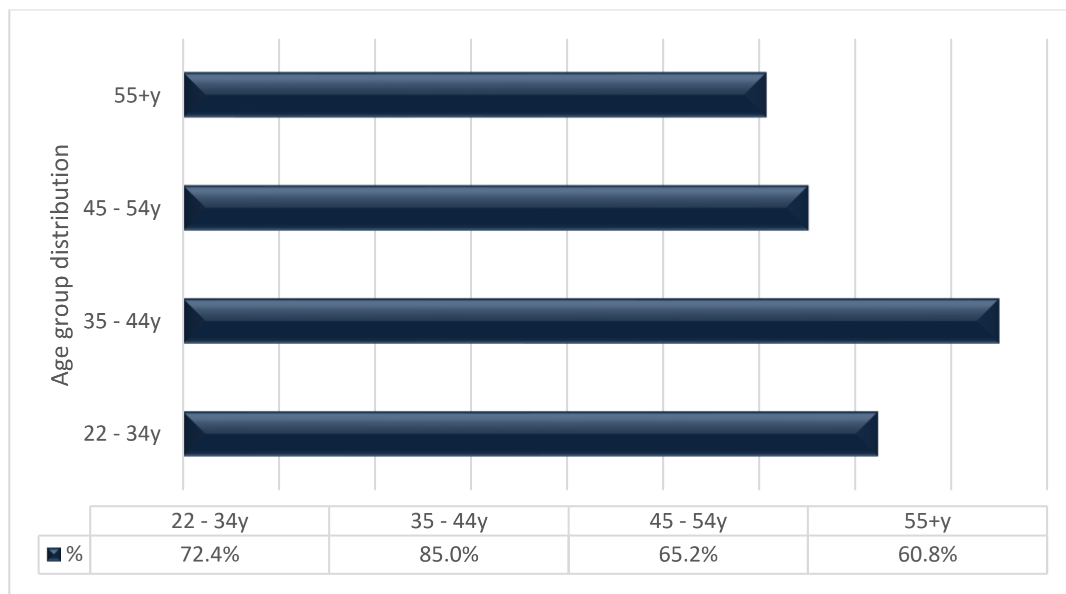
According to personal identity and Social Identity Theory, personal identities reflect traits or characteristics that may feel separate from one's social and role identities or linked to some or all

of these identities (Leary & Tangney 2012:503; Owens, Robinson & Smith-Lovin 2010:477, 478). The professional nurse's personal identity is interrelated to the role of the professional nurse in the nursing profession (Wilkinson et al 2016:260).

6.3.4 Identify with the nursing profession

In this section, the data showed respondents' understanding of identifying with the nursing profession. This section, more specifically, deals with the respondents (n=254; 100%) association with the nursing profession. Secondly, identifying with the distinctive characteristics of the nursing profession, and lastly, the respondents' agreement that professional nurses are a unique professional group. Baillie and Black (2014:13) state that nurses' values may still conflict with their professional values. However, professional ethics outweigh personal ethics in a professional setting (Black 2016:141).

This item highlights to what extent the professional nurse considers it important to associate with the nursing profession. Of the 254 respondents, 79.5% (n=202) (mean 4.0, median 4.0, SD 0.93) considered it important to be associated with the nursing profession, although 63.8% (n=162) (mean 3.6, median 4.0, SD 1.14) of the respondents wanted to associate with the nursing profession. The average result showed that 71.7% (n=182) (n=241; 100%) (mean 3.8, median 4.0, SD 0.93) of respondents identified with the nursing profession. Figure 6.11 portrays the age group distribution of respondents who identified with the nursing profession.



	22 - 34y	35 - 44y	45 - 54y	55+y
%	72.4%	85.0%	65.2%	60.8%

Figure 6.11 Age group distribution of respondents' identification with the nursing profession (n=254)

The data displayed in Figure 6.11 indicates that 78.7% (n=108 of 137) of the younger age group between 22 to 44 years and 63.0% (n=74 of 117) of the 45 years and older age group identified with the nursing profession. The professional identity formation process develops the sense of oneness with a profession. The identity that is out of balance with the professional identity sometimes arises during the professional identity formation process (Goltz & Smith 2014:785). Table 6.21 depicts the Spearman correlation between identifying with the nursing profession (consider it important to be associated with the nursing profession), nursing characteristics, nursing symbols, institutional and organisational culture and nursing education.

Table 6.21 Consider associating with the nursing profession (n=254)

Identify with the nursing profession	Item	Spearman correlation coefficient	Effect size
Consider it important to be associated with the nursing profession	**NURSING CHARACTERISTICS**		
	Professional image		
	The profession has the attributes that fulfils the ideal profession	0.537*	Moderate
	I find my profession to be suitable for my personality characteristics	0.474*	Moderate
	I choose the nursing profession because nursing satisfied my personal needs to nurse	0.501*	Moderate
	Integration of the professional nurse into the nursing profession		
	Personal identity and professional identity integration	0.521*	Moderate
	Identify with the nursing profession (group identity)		
	I want to associate with the nursing profession	0.630*	Strong
	Identify with the distinctive characteristics of the nursing profession	0.441*	Moderate

*Correlation is significant at the 0.05 level (2-tailed).

There is a strong correlation between considering it important to be associated with the nursing profession and wanting to associate with it, which is statistically significant (r_s(258)=0.630). There is a moderate correlation with, considering it important to be associated with the nursing profession and the items, attributes of an ideal profession, the profession that is suitable for personality characteristics, the profession satisfies the personal needs of the professional nurse and lastly, integration of personal and professional identity. Table 6.22 reports the Spearman correlation between items to identify with the nursing profession (the desire to be associated with the nursing profession), nursing characteristics and institutional and organisational culture.

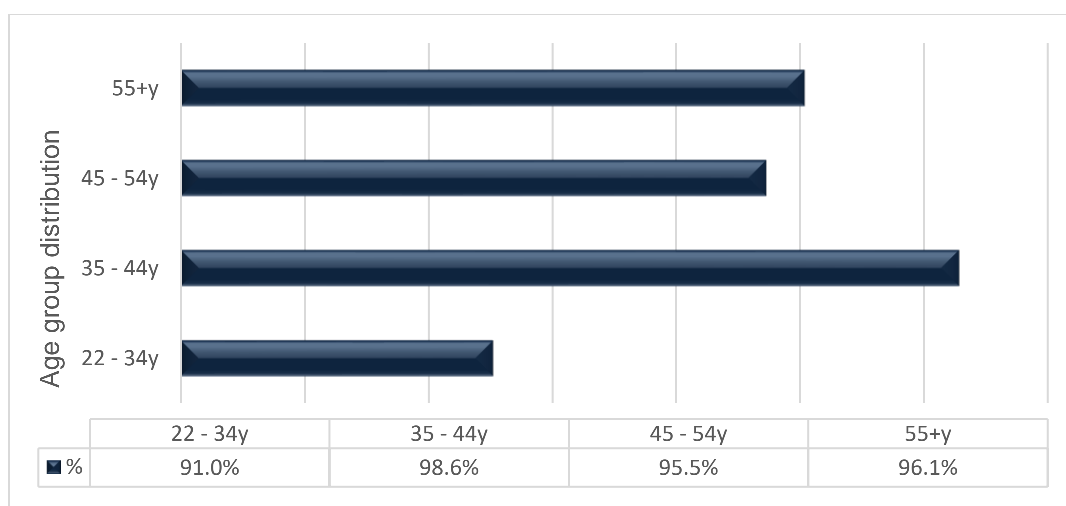
Table 6.22 Want to be associated with the nursing profession (n=254)

Identify with the nursing profession (group identity)	Item	Spearman correlation coefficient	Effect size
Want to be associated with the nursing profession	**NURSING CHARACTERISTICS** **Professional image**		
	Profession today appears prestigious	0.551*	Moderate
	Integration of the professional nurse into the nursing profession		
	Personal identity and professional identity integration	0.424*	Moderate
	Identify with the nursing profession (group identity)		
	Consider it important to be associate with the nursing profession	0.630*	Strong

*Correlation is significant at the 0.05 level (2-tailed).

There is a strong correlation between wanting to be associated with the nursing profession (groups identity) and considering it important to be associated with the nursing profession, which is statistically significant ($r_s(258)=0.630$). There is a moderate correlation with items identified with the nursing profession, the prestigious appearance of the nursing profession ($r_s(258)=0.551$), and the integration of the professional nurse with the profession.

Respondents had the opportunity to indicate to what extent they identified with the distinctive characteristics of the nursing profession, such as empathy and altruism. Of the 254 respondents, 95.2% (n=242) (mean 4.41 and median 4.0) indicated that they identified with the distinctive characteristics of the nursing profession. Nursing is a profession rooted in professional ethics and ethical values that include altruism, autonomy, human dignity, integrity, honesty and social justice (Poorchangize et al 2019:1). Figure 6.12 portrays the age group distribution of respondents, indicating their identification with the distinctive characteristics of the nursing profession.



	22 - 34y	35 - 44y	45 - 54y	55+y
%	91.0%	98.6%	95.5%	96.1%

Figure 6.12 Age distribution of respondent's identification with the distinctive characteristics of the nursing profession (n=254)

Figure 6.12 shows that all age groups identified with the distinctive characteristics of the nursing profession. The younger age group was still in the socialisation phase of their careers. Of the respondents, 92.0% (n=23 of 25) males and 96.1% (n=219 of 228) females identified with the distinctive characteristics of the nursing profession. There is a moderate correlation between the item identification with distinctive characteristics of the nursing profession and items professional image ($r_s(258)=0.366$ to 430), integration of personal and professional values ($r_s(258)=0.432$) and considering it important to be associated with the profession ($r_s(258)=0.441$). Lastly, there is a moderate correlation with the profession's right to hold professional nurses accountable for inappropriate behaviour after working hours ($r_s(257)=0.437$). There is a weak correlation of wanting to be associated with the nursing profession. This area requires further research to understand this concern.

Of the 254 respondents only 54.3% (n=138) (mean 3.3, median 4.0, SD 1.31) considered professional nurses a unique professional group. The results indicate the strength of the professional nurse group identity and imply that 45.7% (n=116) respondents have identity blurring with lower qualified nursing groups. The data showed that respondents have an average group identity. Comments made are that professional nurses and all other nursing groups are considered equal, regardless of their level of education. The views of respondents regarding the uniqueness of professional nurses compared to other nursing groups were:

> "… RN's [registered nurse] and, e.g. EN's [enrolled nurse] do differ." QZ91

> "RNs [registered nurse] are not unique. I see all nurses as a nurse. Ranks makes no difference." QPO112

Social identity enables people to identify with the distinctive characteristics of particular groups (Yubero & Morales 2006:400; Escalona et al 2015:68), leading to a collective identity. The social theory also proposes that the people have to identify with the group and protect the boundaries of such a group (Leary & Tangney 2012:74). The proliferation of lower qualified nurses has lowered the image of nursing as the public, overall, is not aware of the different grading and regards all as 'nurses' (Southall 2016:151). Figure 6.13 portrays the age group distribution of respondents regarding professional nurses as a unique professional group compared to other nursing groups.

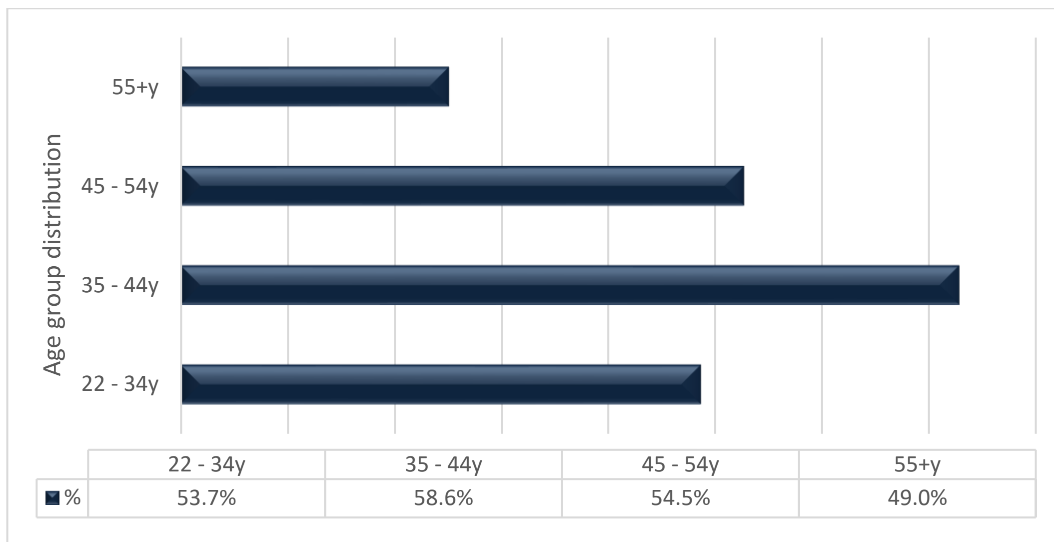


Figure 6.13 Age distribution that regarded respondents as a unique professional group (n=254)

The data indicated that 58.6% (n=41 of 70) of the age group of 35 to 44 years regard professional nurses as a unique professional group. In the older age group between 55 years and older, 49% (n=25 of 51) have the lowest view of the professional group's uniqueness, and interestingly this is also the age group with the lowest self-image. One respondent did not indicate a gender. Of the 253 respondents, 36.0% (n=9 of 25) male and 55.7% (n=127 of 228) female regarded professional nurses as a unique professional group compared to other nursing groups.

6.3.5 Professional etiquette of the professional nurse

This section deals with the professional etiquette of the professional nurse, which is the customary code of polite behaviour in society or among members of a profession or group.

The data revealed that 92.0% (n=233 of 254) (mean 4.5, median 4.6, SD 0.62) of the respondents indicated that a professional nurse should show professional etiquette to improve the professional image. For 98.8% (251) (4.7 mean, 5.0 median, 0.49 SD) of the respondents, it was important to introduce themselves to patients. For 81.9% (n=208) (4.2 mean, 4.0 median, 0.88 SD), it was important to greet patients according to cultural preferences. Projecting a particular initial impression on patients, families and doctors, was important for 95.3% (n=242) (n=254;100%) (4.5 mean, 5.0 median, 0.62 SD) of the respondents. In terms of gender, both male 86.7% (n=21 of 24) and female respondents (92.8%; n=212 of 228) regarded professional etiquette as important. According to Pagana (2010:48), professional etiquette is not optional for personal and professional success; it is a critical link for coming across as a polished and confident professional nurse. There is a moderate correlation between professional etiquette and professionalism using the physical appearance and how a professional nurse addresses a patient verbally

(r_s(256)=0.444 to 410), respectively. There is a moderate correlation between the integration of personal and professional values (r_s(258)=0.420) and professional nurses maintaining a professional image after working hours (r_s(257)=0.404).

6.3.6 Moral development and maturity of the professional nurse

This section deals with morality as an important characteristic of a professional nurse who requires moral development and maturity, which is the basis of moral decision making.

Kohlberg (2016:1; 1963:277) stated that an individual's moral development progresses in three levels. Preconventional level, stage 1 is obedience and punishment drivers in moral decision-making. Stage 2 is self-interest with a limited interest in the needs of others. Conventional morality is stage 3, driven by good intentions to conform to social standards. Emphasis is placed on good behaviour, people being "nice" and respectful to others, gaining approval and acceptance and acting in ways to avoid disapproval. Conventional morality stage 4 is driven by authority and social order obedience such as laws and maintaining social order. Post-conventional morality, stage 5, is driven by the social contract (majority decisions). Post-conventional morality stage 6 is driven by universal ethical principles for moral reasoning.

On investigation of the pre-conventional level of Kohlberg's Stages of Moral Development (stage 1), the data showed that 18.9% (n=48 of 254) (mean 2.2, median 2.0, SD 1.25) of respondents do their job to avoid punishment from the supervisor. In stage 2, 12.6% (n=32) (mean 2.15 and median 2.0, 1.05) do their work to gain reward. Figure 6.14 portrays respondents' avoidance of punishment from supervisors.

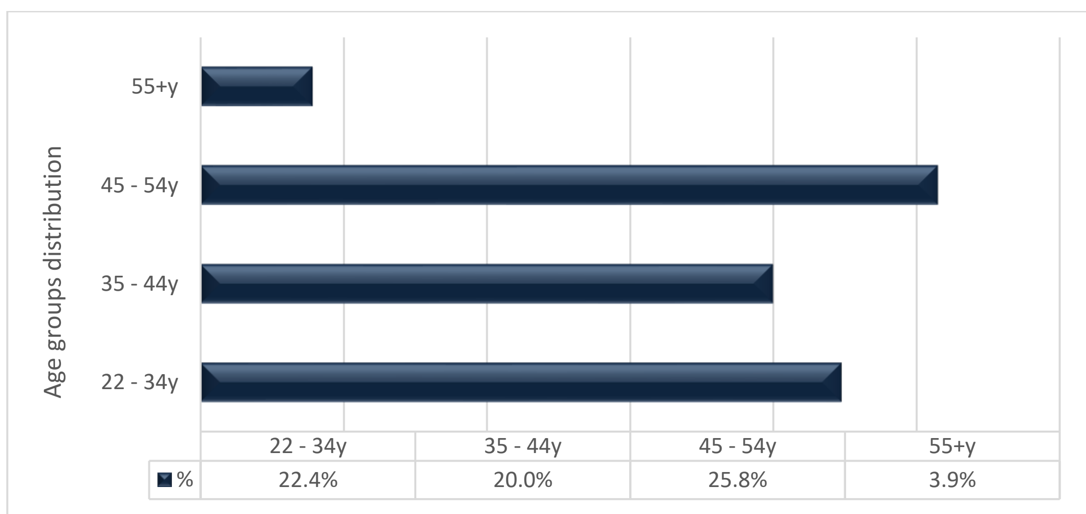


Figure 6.14 Age distribution of respondents avoiding punishment from supervisors (n=254)

Data revealed that 22.4% (n=15 of 67) of respondents aged 22 to 34 years and 25.8% (n=17 of 66) from 45 to 54 years avoided punishment by their supervisors. In the age group 55 years and older, only 3.9% (n=2 of 51) of respondents do their job to prevent punishment from supervisors. Figure 6.15 portrays the respondents' age group distribution indicating how they do their work to gain rewards.

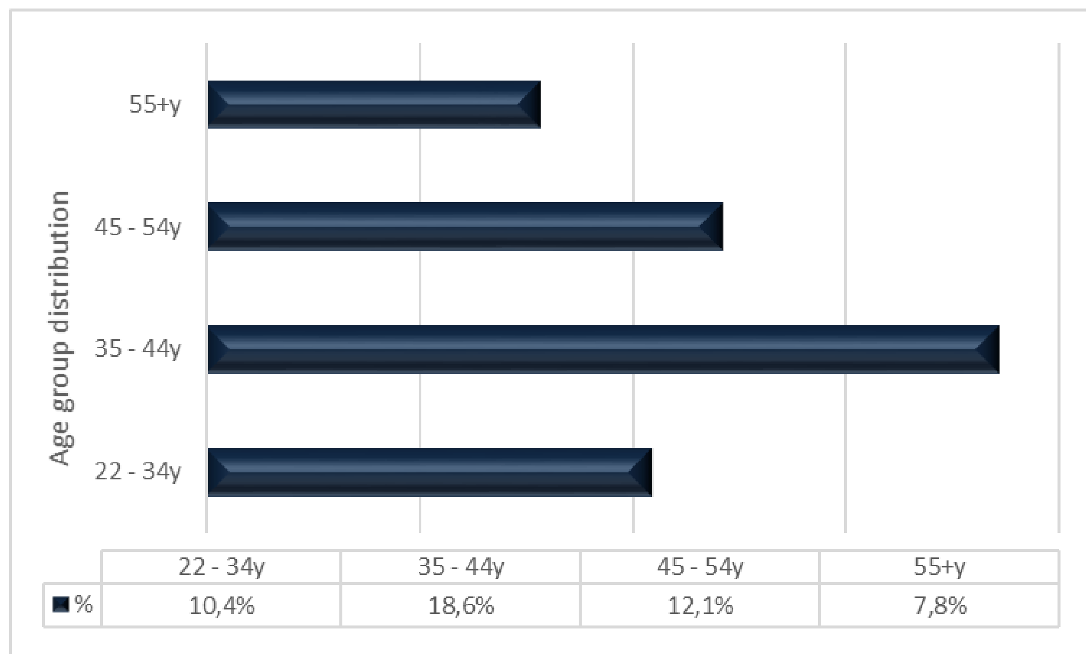


Figure 6.15 Age distribution of respondents work to gain reward (n=254)

The data indicated that of the 254 (100%) respondents, 12.6% (n=32) (mean 2.1, median 2.0, SD 1.05) do their work to gain rewards. Eighteen per cent (18.5%; n=13 of 70) of the respondents from the age group 35 to 44 years and 7.8% (n=4 of 51) from the age group 55 years and older indicated that they do their work to gain reward.

Kohlberg's Stages of Moral Development, the conventional morality (stage 3), refers to the need to gain approval and accept others. Data showed that 15.4% (n=39) (mean 2.1, median 2.0, SD 1.12) of the 254 respondents sought to gain the approval and acceptance of others. As few as 17.7% (n=45) indicated a neutral response. The data of stage 4, which refers to upholding the laws and rules, showed that 96.1% (n=244) (mean 4.5, median 5.0, SD 0.66) of the respondents uphold the laws and rules of the profession.

In the post-conventional morality level (stage 5), data indicated that 74.7% (n=189 of 253) (mean 3.9, median 4.0, SD 1.30) of the respondents showed an understanding of social mutuality and a genuine interest in the welfare of others. Stage 6 of the post-conventional morality level is driven by universal ethical principles. Of the 251 (100%) respondents, 76.9% (n=193) desired unselfish

service (altruism). Figure 6.16 portrays the age group distribution of respondents' understanding of the social contract and social mutuality, and interest in the welfare of others.

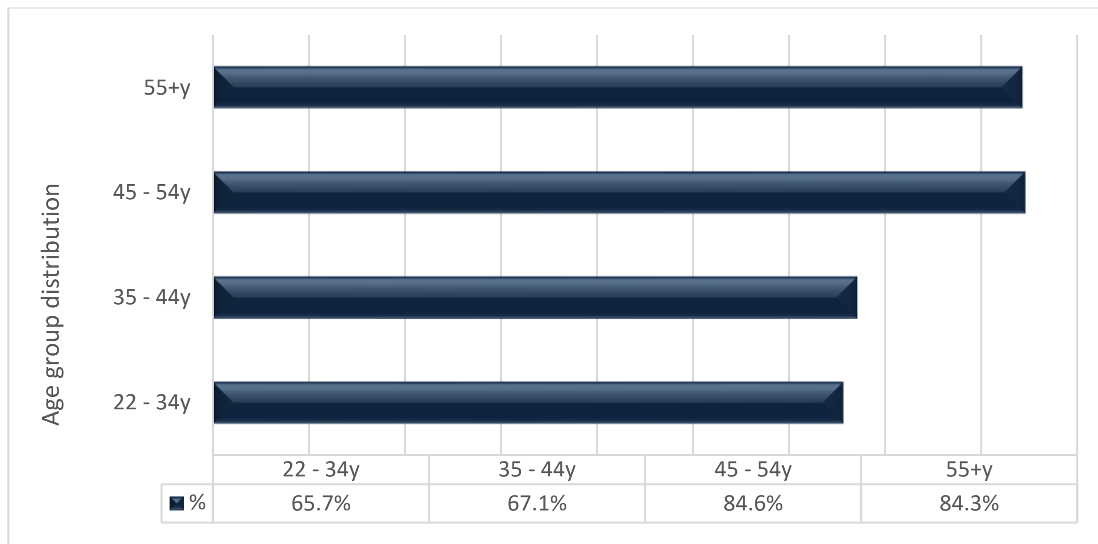


Figure 6.16 Age distribution of respondents understanding of social interest (n=253)

The data depicted in Figure 6.16 indicate that 66.4% (n=91 of 137) of the respondents from the age group 22 to 44 years and 84.5% (n=98 of 116) of the respondents from the age group 45 years and older understood post-conventional morality that implies the understanding of social mutuality and a genuine interest in the welfare of others. A respondent said the following:

> "To know that you helped somebody in need is my reward." QEM9

6.3.7 Role after working hours

This section deals with the responsibility and accountability of the professional nurse to the professional image after working hours.

Of the 253 respondents, 77.4% (n=196) (mean 3.9, median 4.0, SD 0.93) understood that they represent the image of the nursing profession and would be held accountable for inappropriate behaviour after working hours, which could bring the profession's reputation into disrepute. Respondents expressed an understanding but did not necessarily agree to their commitment to the nursing profession after working hours, as they stated below:

> "Everything we do after work must not link us with our profession or employer. If that happens you will be accountable for your behaviour." QEM56

"… what I do in my private life is my business and has nothing to do with nursing." QEM23

"What I do after working hours should always be the reflection of my professional inappropriate behaviour can have a bad impact on the professional image." QZ89

"My personal time are separate from my working life. After hours I am no more a professional nurse but a Christian who cares for others." QZ78

There is a moderate correlation between behaviour after working hours and professional image and the attributes of the ideal profession ($r_s(257)=0.420$), personal and professional values that are aligned ($r_s(257)=0.421$) and first impression when meeting patients, families and doctors ($r_s(257)=0.404$). There is a weak correlation between the behaviour after working hours and identifying with the nursing profession, the importance of associating with the nursing profession ($r_s(257)=0.394$), professional boundaries ($r_s(256)=0.337$), professionalism (verbal addressing patients) ($r_s(258)=0.335$) and nursing symbols (the lamp and epaulettes) ($r_s(258)=0.343$ to 0.356) respectively.

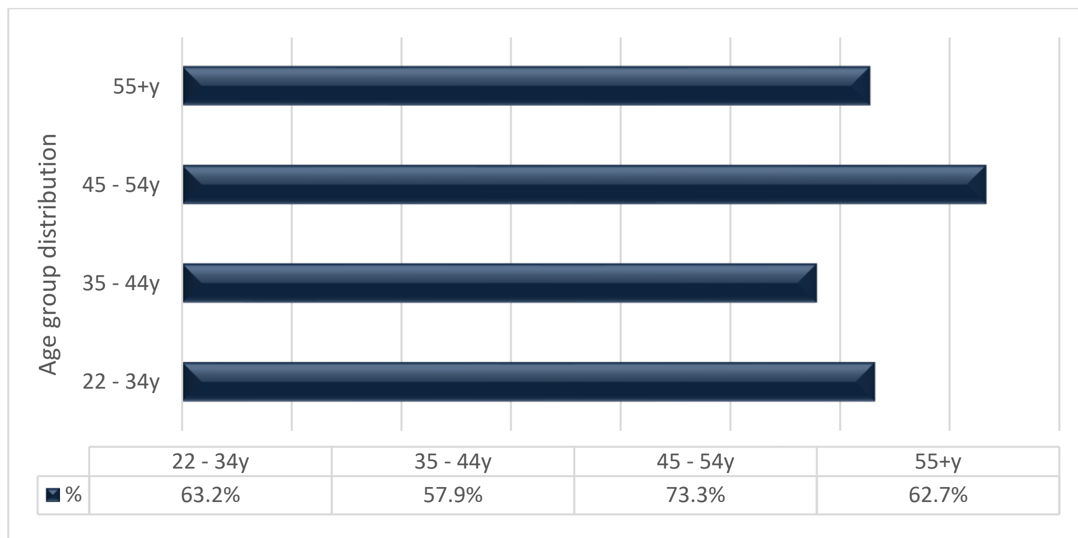
6.3.8 Professional boundaries

This section deals with professional boundaries that keep the nurse-patient relationship safe and respected.

Data showed that 64.2% (n=162 of 253) (mean 3.6, median 4.0, SD 0.97) of the respondents keep professional boundaries by way of a safe and respected nurse-patient relationship. There are different opinions about the acceptance of gifts from an appreciative patient. A respondent stated:

"… I do not see this crossing professional boundaries, as long as I do not demand a gift …" QEM56

Differing opinions are primarily a result of insufficient written guidelines from institutions and organisations in South Africa. Figure 6.17 portrays the age group distribution of respondents who keep the nurse-patient relationship safe and respected.



	22 - 34y	35 - 44y	45 - 54y	55+y
%	63.2%	57.9%	73.3%	62.7%

Figure 6.17 Age distribution of respondents keeping professional boundaries (n=253)

The data indicated that 73.3% (n=143 of 195) (mean 3.6, median 4.0, SD 0.97) of respondents aged 45 to 54 years maintain professional boundaries to uphold safe and respectful patient relationships. There is a weak correlation between professional boundaries and professionalism with specific reference to the non-verbal presence of professional nurses and the manner they verbally address patients (r_s(258)=0.319 to 357). Professional boundaries are the spaces between the nurse's power and the patient's vulnerability (Jones et al 2016:50). Professionalism requires boundary management to enhance nursing image and identity.

6.3.9 Professionalism

This section deals with the profound 'something' that exudes in presenting self to others and their expectations of how professional nurses should behave.

The data showed that 94.8% (n=239 of 252) (mean 4.5, median 4.6, SD 0.51) of respondents viewed themselves as professional in their conduct. Of the 252 (100%) respondents, 92.5% (n=233) viewed professionalism as being based on scientific knowledge and nursing skills (mean 4.4, median 5.0, SD 0.86). Unique communication skills (the art of nursing) was important to 95.2% (n=240) (mean 4.4, median 5.0, SD 0.72) respondents. A confident and compassionate non-verbal presence that radiates professionalism was viewed as important to 90.5% (n=228) (mean 4.4, median 5.0, SD 0.78). Respondents (97.6%; n=246) (mean 4.7, median 5.0, SD 0.54) indicated that respectfully addressing people exude or radiate professionalism. The respondents strongly agreed that the correct physical appearance also radiates professionalism (98.0%, n=247) (mean 4.6, median 5.0, SD 0.54). Concerns were raised about professional nurses' poor physical appearance and discipline in the workplace. One respondent stated:

"Modern day nurses look like models. High heels, false nails, false eye lashes … Not professional at all. No strong discipline in place to correct this." QPO112

Spearman's rank order shows a moderate correlation between professionalism and professional etiquette, which refers to the introduction of oneself with confidence to patients and families ($r_s(254)=0.410$ to 0.444) and projecting a particular initial impression when meeting patients, families and doctors ($r_s(254)=0.434$). There is also a moderate correlation between professionalism and moral development and maturity, which refers to upholding the profession's laws, rules and obligations ($r_s(256)=0.407$).

Etiquette is the proper way to behave, and Ethics studies ideas about good and bad behaviour. Both combine into professionalism, skills, good judgment, and polite behaviour expected from a person trained to do a job (Quesenberry 2019:295). People often seem torn between the need to assert their identity and conform to the reference group. Distinctive group identities often emerge with dress styles and behaviour in an organisation (Akdemir 2018:1395; Husband 2016:49; Pagana 2010:46). Professional and personal identities are inextricably connected (Kroger & Marcia 2011:31) and complement each other (Walker et al 2012:28).

6.3.10 Nursing profession in relation to other professional groups

This section deals with professional nurses' perceptions of the nursing profession's status compared to other health professions. Social identity enables people to identify with the distinctive characteristics of particular groups (Yubero & Morales 2006:400; Escalona et al 2015:68), leading to a collective identity. Social Identity Theory proposes self-categorisation (shared similarities with members of certain social categories in contrast to other social categories), self-esteem (evaluative) and social comparison (in-group and out-group): "us" versus "them") (Ellemers, Kortekaas & Ouwerkerk 1999:374; Leary & Tangney 2012:74; Fiske et al 2010:1187). The attitudes and behaviours of one professional healthcare group's members towards another's members are governed by the strength and relevance of the members' social identity (Tajfel & Turner 2001).

Respondents had the opportunity to indicate to what extent the nursing profession status relates to other professional groups. They compared themselves with medical specialists, physiotherapists, pharmacists, dietitians, paramedics, dentists, general practitioners, orthotists, prosthetists, optometrists, and speech therapists. Figure 6.18 depicts the nursing profession's status level compared to other health professions.

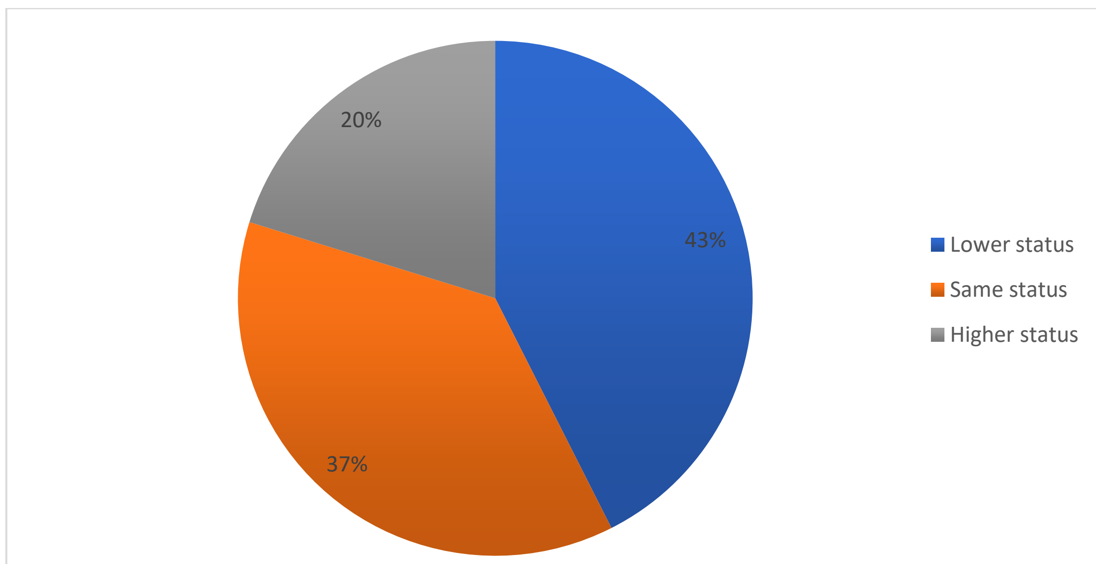


Figure 6.18 Nursing status compare to other health professions (n=249)

Of the 249 respondents, 70.7% (n=176) (mean 2.0, median 2.0, SD 1.14) indicated that the status level of the nursing profession is lower than medical specialists and general practitioners (60.6% (n=151) (mean 2.3, median 2.0, SD 1.07). The data indicated that 57.8% (n=144) of the respondents are of the view that dentists (mean 2.3, median 2.0, SD 1.05) and 46.9% (n=117) (mean 2.5, median 3.0, SD 1.10) optometrists have a higher status than the nursing profession.

Respondents (47.3%; n=118 of 249) indicated that physiotherapy, pharmacy, dietetics and paramedic professions have equal status to the nursing profession. Of the respondents, 49.8% (n=126) (mean 2.8, median 3.0, SD 0.93) indicated an equal status with dietitians, 47.3% (n=118) (mean 2.8, median 3.0, SD 0.92) with physiotherapists, 45.3% (n=113) (mean 2.6, median 3.0, SD 0.94) with pharmacists, 46.5% (n=116) (mean 3.1, median 3.0, SD 0.99) with paramedics, 43.3% (n=108) (mean 2.7, median 3.0, SD 0.99) with speech therapists and 39.7% (n=99) (mean 2.8, median 3.0, SD 0.93) with orthotists and prosthetist professions. Significantly, that 57.0% of respondents indicated that nursing has the same or higher status as all the mentioned professions.

Of the 251 respondents, 13.1% (n=33) indicated that medical doctors oppress the nursing profession, although 18.3% (n=46) of respondents revealed a neutral opinion. Of the male respondents, 28% (n=7 of 25) had the perception that medical doctors oppress the nursing profession as opposed to the 11.6% (n=26 of 225) females. Respondents expressed perceptions of the relationship between medical doctors and the nursing profession and stated the following:

> “Most doctors do not respect nursing staff …” QPO112

> "Nursing is not respected and valued like it should be. It is the most oppressed profession compared to other professions." QCSC98

Of the 250 respondents, 40.0% (n=100) agreed, and 40.4% (n=101) disagreed that the nursing profession is valued in society, with 19.6% (n=49) of respondents indicated a neutral opinion. There is a moderate correlation between the public's view of the nursing profession's values and prestige ($r_s(254)=0.419$).

Respondents commented that society does not see nursing as an honourable profession anymore due to professional nurses who neglect patients, and some professional nurses' attitudes have put the nursing profession into disrepute. A concern raised indicated that the public does not value the nursing profession, and a respondent verbalised it as follows:

> "My opinion is that nursing is not seen as a profession. We are not valued for the job we do and don't receive the recognition." QZ90

In response to the question about role blurring, 68.3% (n=40) of the respondents indicated no role blurring between the professional nurse and the lower qualified nurses (enrolled nurses and enrolled nursing auxiliary) in caring for patients. However, over time the role of professional nurses has gradually metamorphosed from that of supervisor and carer at the bedside to manager performing non-nursing and administrative tasks in the unit as a result of role distancing and delegation of tasks to the less educated nursing personnel.

6.4 IMAGE OF NURSING

This section refers to the public image of professional nurses at the bedside and the professional nurses' views vis-à-vis beside nursing. It also highlights professional nurses' views on nursing symbols and the role of advertising, marketing and the media in the image of nursing.

6.4.1 Public image of nursing

This section provides data about the public image of nursing. Of the respondents (n=251; 100%), 66.5% (n=167) (mean 3.5, median 4.0, SD 1.10) agreed that professional nurses who possess scientific knowledge spend too little time at the patient's bedside to the detriment of the nursing image. Fourteen per cent (n=36) of the respondents did not offer an opinion. Respondents expressed concern that unprofessional behaviour tarnishes the image of nursing. Respondents also mentioned that the public no longer respects professional nurses and indicated that the public abuses them and makes professional nurses leave the profession. One respondent stated:

"Nurses also do not have any form of protection from any form of abuse they encounter from the public. Hence, lots of skilled nurses are leaving the profession to do something else." QPO112

Professional nurses are unaware of their public identity and do not consider themselves public figures and therefore let golden opportunities pass them by to promote the public image.

6.4.2 Nursing symbols

This section deals with the professional nurses' view of vis-à-vis symbols in the nursing profession. The use of symbols promotes a desire for social identity. Of the 249 respondents, 73.9% (n=184) (mean 3.9, median 4.0, SD 0.78) indicated that nursing symbols play a significant role in nursing identity.

A significant 82.1% (n=206) (mean 4.1, median 4.0, SD 1.03) of 251 respondents across all age groups indicated that wearing a uniform that distinguishes professional nurses from any other worker in the workplace is essential. Respondents stated:

"Public and even some members of multi-disciplinary team can't distinguish between the different categories [level of training] and thus call everyone sister." QZ89

"Uniforms and distinguishing devices are very important for professional identity." QJ116

There s a moderate correlation between uniforms of professional nurses distinguishing them from other workers and the wearing of epaulettes at work (r_s(252)=0.472), epaulettes that make them feel empowered at work (r_s(252)=0.402), epaulettes that give professional nurses a specific professional identity (r_s(255)=0.576) and nursing symbols that bind professional nurses together as a professional group (r_s(251)=0.518). There is a weak correlation between distinguishing uniforms and professionalism (r_s(254)=0.202 to 289).

Of the 251 respondents, 89.2% (n=224) (mean 4.2, median 5.0, SD 0.89) indicated that epaulettes give a specific professional identity. It is significant that 91.0% (n=61 of 67) and 92.8% (n=64 of 69) of respondents respectively fall in the age group 22 to 34 and 35 to 44 years of age. Table 6.23 displays the Spearman correlation between epaulettes that give professional nurses a specific professional identity and nursing symbols.

Table 6.23 Epaulette nursing symbol (n=251)

Symbol	Item	Spearman correlation coefficient	Effect size
Epaulettes give nurses a specific professional identity.	**IMAGE OF NURSING**		
	Nursing symbols		
	Wear uniforms that distinguish them from any other workers in the workplace	0.576*	Moderate
	Nursing symbols bind professional nurses together as a professional group	0.609*	Strong
	Feel empowered when wearing epaulettes at work	0.553*	Moderate
	Feel proud when wearing epaulette at work	0.642*	Strong

*Correlation is significant at the 0.05 level (2-tailed).

There is a strong correlation between epaulettes that give a specific professional identity and the proud feeling of wearing epaulettes at work ($r_s(251)=0.642$) as well as with nursing symbols that bind the profession ($r_s(251)=0.609$), which is statistically significant. There is a moderate correlation between epaulettes and uniforms that distinguishes professional nurses from other workers and the proud feeling when wearing epaulettes at work.

Respondents had the opportunity to comment on nursing symbols in the professional group. A significant 86.3% (n=215 of 249) (mean 4.1, median 4.0, SD 0.85) of respondents indicated that nursing symbols bind professional nurses together as a professional group. Figure 6.19 depicts the age group distribution of respondents, indicating the effect of nursing symbols on a professional group.

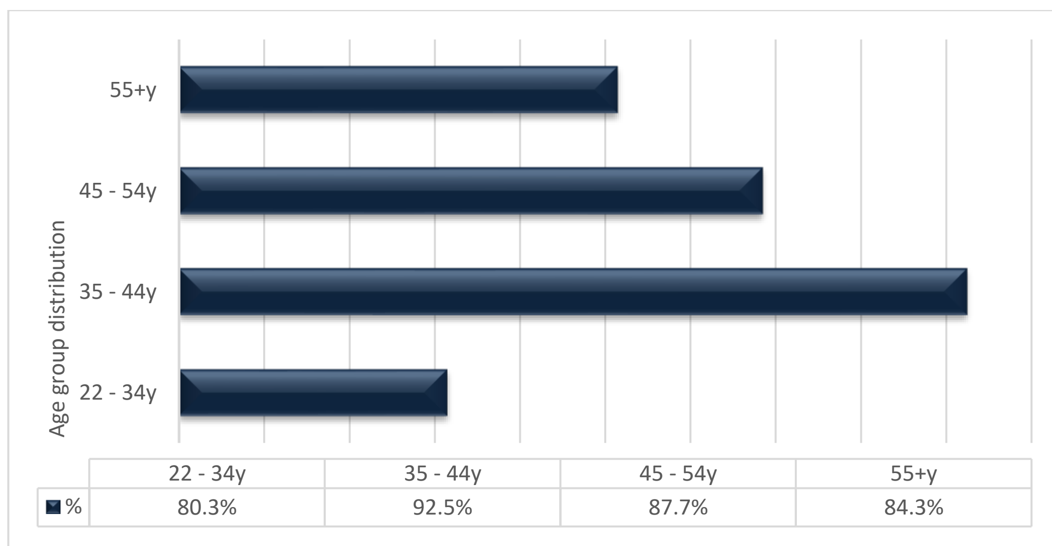


Figure 6.19 Nursing symbols bind a professional group together (n=249)

In the 35 to 44 age group, 92.5% (n=62 of 67) of respondents indicated that symbols bind a professional group together. All other age groups' responses were between 80.3% (n=53 of 66), 84,3% (n=43 of 51) 87.7% (n=57 of 65). Organisations facilitate the development of people's identity and, therefore, organisational identity is considered the main form of social identity (Brown 2020:700; Escalona et al 2015:69). There is a strong correlation with symbols that bind professional nurses together and epaulettes that give professional nurses a specific professional identity, which is statistically significant ($r_s(252)=0.609$). There is a moderate correlation between wearing epaulettes at work, which makes them feel empowered ($r_s(252)=0.576$) and proud ($r_s(252)=0.507$), and the item, wearing a uniform that distinguishes them from other workers in the workplace ($r_s(252)=0.518$). There is a weak correlation with the lamp that gives professional nurses a professional identity ($r_s(252)=0.373$), physical appearance in a uniform ($r_s(251)=0.344$) and the influence of professional nurses at the bedside on the image of the profession ($r_s(252)=0.342$). Respondents were asked about their feelings of pride and empowerment when wearing epaulettes at work or in public. Table 6.24 depicts their feelings about wearing epaulettes.

Table 6.24 Feelings of wearing epaulettes at work or in public (n=249)

Feelings of wearing epaulettes	Item	%
Feel empowered	At work	73.1
	In public	47.2
Feel proud	At work	81.9
	In public	54.8

Professional nurses feel more empowered and prouder to wear epaulettes at work than in public. A respondent mentioned that a person wearing epaulettes gains more respect from the public and other professionals. Respondents raised concerns about the wearing of epaulettes in public and said the following:

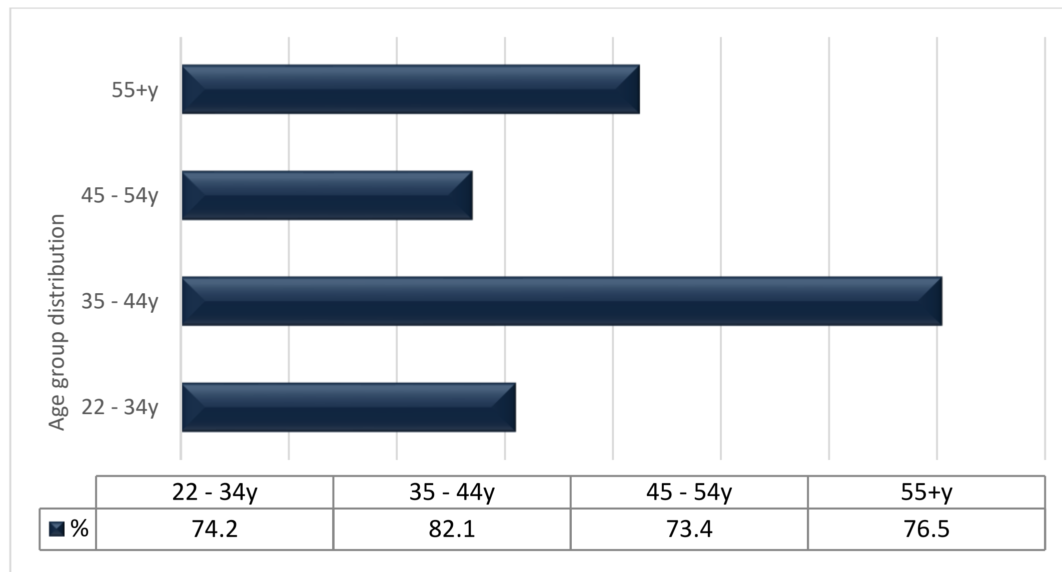
> "In these times I am not a nurse when in public due to all the legalities. I'm not eager to help in case I get sued." QZ78

> "a few years ago, I was proud to wear my epaulettes in public, but now it makes no difference. We don't receive the recognition." QZ90

> "the public have got a negative concept about nursing. It is regarded as profession of monsters and evilness and thus not making it easy to be seen around. But I still wear mine proudly." QZ89

There was a moderate correlation between feeling proud to wear epaulettes at work and the dress code as an external driver ($r_s(252)=0.535$).

Of the 248 respondents, 76.6% (n=190) (mean 4.04, median 4.1, SD 1.06) indicated that the lamp gives nursing a professional identity. Figure 6.20 depicts the age group distribution of respondents' responses regarding the lamps' contribution to the professional identity.



	22 - 34y	35 - 44y	45 - 54y	55+y
%	74.2	82.1	73.4	76.5

Figure 6.20 The lamp gives a professional identity (n=248)

There was a 74.6% (n=190) agreement between the 248 respondents that the lamp contributes to professional identity formation, with 82.1% (n=55 of 67) of the age group 35 to 44 years, showing that the relatively younger group of respondents regarded the lamp as valuable. All other age groups' responses were between 74,2.3% (n=49 of 66), 73,4% (n=47 of 64) and 76.5% (n=39 of 51).

There was a moderate correlation between the lamp and an integrated professional ($r_s(252)=0.409$), epaulettes that give professional nurses a specific professional identity ($r_s(252)=0.417$), wearing epaulettes at work (empowered) ($r_s(252)=0.447$) and makes them feel proud ($r_s(252)=0.469$) and the professional nurse's dress code ($r_s(251)=0.445$).

6.4.3 Bedside nursing

This section deals with professional nurses' responses regarding the value of bedside nursing.

The data revealed that 12.0% (n=30) (mean 1.7, median 1.0, SD 1.16) of the respondents (n=249; 100%) find it inferior to perform basic nursing care. One respondent did not indicate a gender. Of the 248 respondents, 24% per cent (n=6 of 25) of males and 9.9% (n=22 of 223) of female respondents find basic nursing care inferior. The data showed that 16.7% (n=11 of 66) of the

younger age group of 22 to 34 years versus 9.2% (n=6 of 65) of the older age group of 45 to 55 years indicated basic nursing care tasks inferior to perform. This view indicates that the status and work overload of professional nurses working with patients at the bedside needs attention.

Of the respondents (n=249; 100%), 88.4% (n=220) (mean 4.2, median 4.0, SD 0.94) indicated that professional nurses at the bedside influence the nursing image and the nursing profession where they interact with the public and in-group and out-group professionals. Of 249 respondents, 248 indicated their gender, of which 84% per cent (n=21 of 25) male respondents and 88.8% (n=198 of 223) female respondents agreed with the statement. Surprisingly, there was a weak correlation between professional nurses at the bedside and professional etiquette with regards to initial impression when meeting stakeholders ($r_s(253)=0.329$), professionalism relates to scientific knowledge and skills ($r_s(252)=0.314$) and art of nursing($r_s(252)=0.377$). There is a weak correlation with their non-verbal presence ($r_s(252)=0.315$), physical appearance ($r_s(252)=0.332$), with nursing symbols that bind professional nurses together ($r_s(252)=0.342$) and wearing epaulettes at work ($r_s(2542)=0.318$).

The data revealed that 64.0% (n=160) (mean 3.6 and median 4.0) of the 250 respondents indicated that the public could not distinguish between professional nurses and other workers in the workplace. The data revealed that 72.3% (n=47 of 65) of the age group 45 to 54 years and 61.1% (n=37 of 62) of all other age groups felt that the public could not distinguish between professional and other workers. Some multi-disciplinary team members could not distinguish between the different levels of nurses and thus call everyone 'sister'. This term is known as the way to address professional nurses.

Of the 250 respondents, 87.2% (n=218) (mean 4.1, mean 4.2, SD 0.75) mentioned that professional nurses apply affective communication to humanise the technical aspects of nursing.

6.4.4 Marketing and media

This section deals with the role of advertising, marketing, and the media on the image of nursing.

Of the respondents (n=250;100%), 70.4% (n=176) (mean 3.7, median 4.0, SD 0.95) indicated that marketing and utilisation of the media are essential to promote the image of the nursing profession. The data showed that 62.4% (n=156) (mean 3.5, median 4.0, SD 1.17) respondents indicated that public visibility of professional nurses is essential to market the image of the nursing profession with specific reference to the use of the media such as TV, radio talk-show and magazine articles. The data showed that 56.7% (n=76 of 134) of the younger age group of 22 to 44 years versus 68.9% (n=80 of 116) of the older age group of 45 to 55 years and older indicated

that public visibility of professional nurses is essential to improve the image of nursing of which 46.1% (n=12 of 26) were males and 63.8% (n=143 of 224) females. A respondent responded that nursing does not attract students, and it has to do with the image of nursing and the inadequate benefits. The respondent said:

> "I don't think nursing receives that necessary attention to attract student. But to do that the image of nursing and potential benefits must improve." QZ90

As many as 78.4% (n=196) (mean 3.9, median 4.0, SD 1.00) of the 250 respondents indicated that it is imperative to market the appropriate school subjects required among prospective students to obtain a nursing qualification and attract prospective students. There is a strong Spearman correlation with public visibility through the media ($r_s(252)=0.494$). There is a weak Spearman correlation with professionalism ($r_s(252)=0.310-0.357$) with specific reference to science and art of nursing ($r_s(252)=0.257-0.243$), non-verbal presence ($r_s(252)=0.286$), physical appearance ($r_s(252)=0.310$) and verbal skill ($r_s(252)=0.353$). Respondents commented on the public's ignorance regardingthe obligations and responsibilities of a professional nurse.

Respondents (n=238; 100%) had the opportunity to share their views to the appropriate school level that marketing should start. Respondents made significant comments:

> "Growing up with awareness of the nursing ethics will create a need to become a nurse." QEM47

> "Kids need to be taught about nursing at a young age so that they take subjects which will suit this career when they train." QEM47

Figure 6.21 depicts the opinion of the respondents at what level should school marketing of the nursing profession begin.

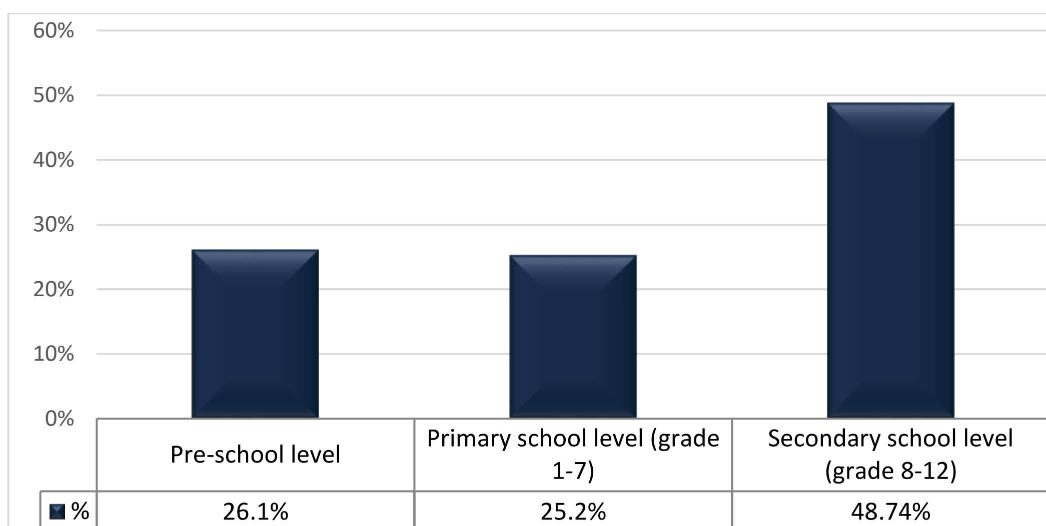


Figure 6.21 School levels to market the nursing profession (n=238)

Many respondents (48.7%; n=116 of 238) indicated that the marketing of becoming a professional nurse should start at the secondary school level. Significantly, 51.3% (n=122 of 238) of respondents indicated that marketing should start at a young age, at the pre-school and primary school levels. According to Williams (2017:1), middle school (approximately 11 to 16 years of age) students are susceptible to forming perceptions of the career that best suits them.

6.5 INSTITUTIONAL AND ORGANISATIONAL CULTURE

This section addresses internal and external drivers that motivate professional nurses to do their work and the nursing culture within institutions and organisations. External drivers originate from the milieu of the institution, and organisation and internal drivers originate from within the self and influences how professional nurses do their work.

6.5.1 External and internal drivers

Table 6.25 depicts the external drivers that motivate professional nurses to perform their work.

Table 6.25 External drivers influencing professional nurses (n=251)

External motivation	Item	%
External drivers	Promotion	60.6
	Dress code	56.6
	Business administration	49.8
	Money	43.0

Of 251 respondents, 37.9% (n=95) (mean 2.9, median 3.0, SD 0.88) indicated that professional nurses are motivated by external drivers originating from the milieu of the organisation. External drivers refer to dress code, business administration, career promotion opportunities, and promotion because of status or money. The results showed career promotion opportunities motivated 60.6% (n=152) (mean 3.5, median 4.0, SD 1.21) of respondents with a 17.1% (n=43) neutral response, followed by dress code that inspired 56.6% (n=142) (mean 3.4, median 3.0, SD 1.19) of respondents with a 19.1% (n=48) neutral response. Business administration motivated 49.8% (n=125) (mean 3.2, median 3.0, SD 1.20) of respondents with a 20.7% (n=52) neutral response. The data revealed that money motivated 43.0% (n=108) (mean 3.0, median 3.0, SD 1.25) of respondents with a 20.7% (n=52) neutral response. Promotion because of the money that motivated 37.5% (n=94) (mean 2.9, median 30, SD 1.23) of respondents with a 22.7% (n=57) neutral response. The data showed that promotion for status inspired 10.8% (n=27) (mean 2.3, median 2.0, SD 0.99) of respondents with 24.7% (n=62) that had a neutral response. Notably, 51.5% (n=34) of the age group 22 to 34 indicated that money motivated them to do their job, and 71.2% (n=47) were motivated by promotion opportunities in the profession. Concerns raised frequently were that professional nurses have too much paperwork and that the business requires and therefore spend less time with patients. Respondents expressed the following concerns:

> "Too much paperwork, makes time less with patients." QZ90

> "Budget constraints, admin burden, nursing ratios." QG143

These external drivers can be valuable in a marketing strategy to recruit prospective nursing students and a retention programme. A respondent indicated the reason for the perception of money as an external driver is:

> "Life has become very expensive and I will lie if money is not important to me. But it won't override my passion for my work". QZ78

There is a moderate correlation between money that motivates professional nurses to do their work and promotional opportunities that inspire them ($r_s(255)=0.521$) and applying for promotion because of the money ($r_s(255)=0.502$). Respondents commented:

> "Promotion motivates because it shows appreciation, recognition." QEM47

> "No money, dress code or promotion will motivate me to do my calling …" QZ95
> "… Nursing within me is a calling or not. At the end of the day, everyone needs to be paid and of course a good salary." QEM36

Organisations facilitate the development of people's identities. Organisational identity is considered a leading form of social identity. It serves as motivation to become more engaged in organisational matters and work to accomplish organisational goals (Ashforth & Mael 1989:20; Escalona et al 2015:69).

Respondents had the opportunity to indicate to what extent internal drivers motivate them to do their job. A total of 77.3% (n=194) (mean 3.9, median 4.0, SD 0.81) of 251 respondents confirmed that they are motivated by internal drivers originating from within themselves. The internal drivers measured were altruism and calling. The majority of respondents (76.9%; n=193) (mean 3.8, median 4.0, SD 1.03) indicated a desire for unselfish service to others (altruism), and 77.7% (n=195) (mean 4.0, median 4.0, SD 0.97) reacted to a calling. A respondent expressed the following:

> "Nursing is a calling and I responded to it," QEM47

Figure 6.22 portrays the age distribution of respondents (n=251) about their desire for unselfish service to others which serve as a driver that motivates them to do their work (altruism).

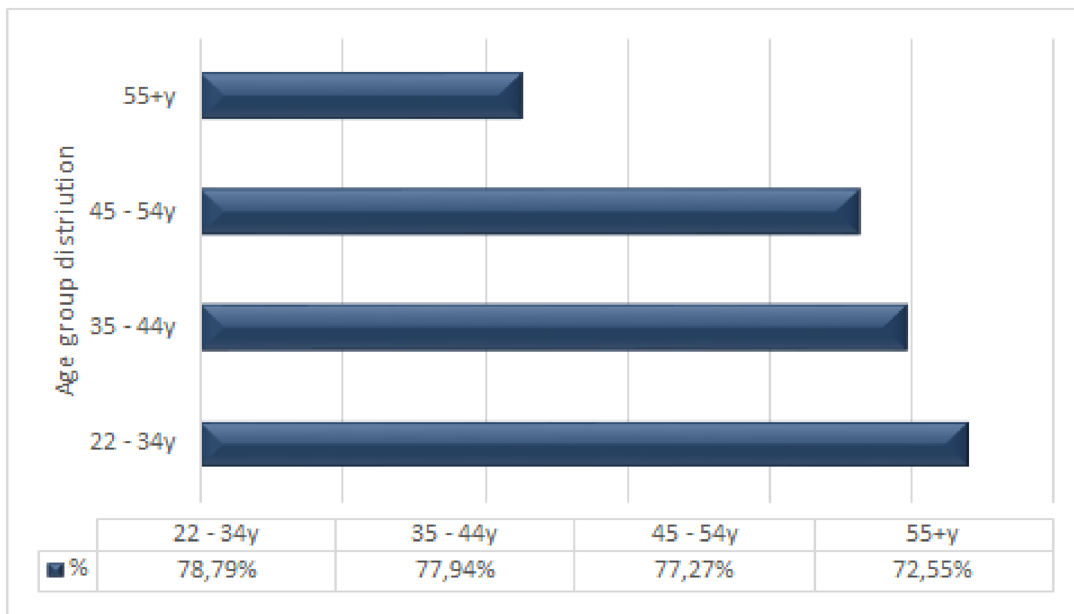


Figure 6.22 Age distribution of respondents' desire for unselfish service (altruism) (n=251)

Significantly, the age groups 22 to 54 years have a strong internal desire for unselfish service. The age group 22 to 34 had the highest (78.8%, n=52 of 66) altruistic desire, followed by the 35 to 44 age group with 77.9% (n=53 of 68). As the respondents matured in the profession, the results showed a gradual decline in altruism. The data showed that in the age group 55 and older,

there was a 4.7% (n=37) drop in altruistic desire. Excluding the age group 55 years and older, the average altruistic desire was 78.0% (n=156 of 200). Figure 6.23 portrays the age group distribution of respondents (n=251) and their response to a calling as an internal driver.

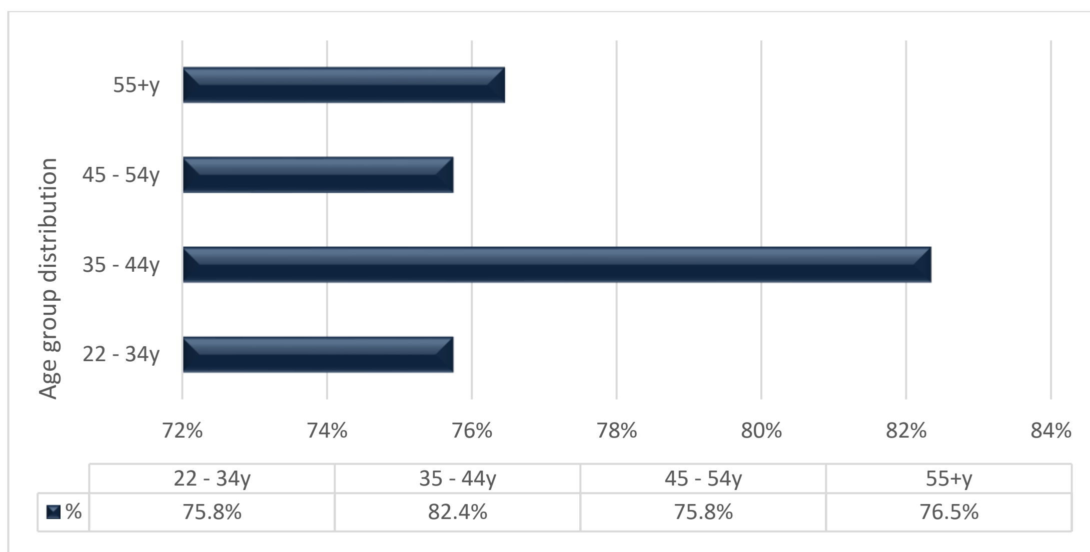


Figure 6.23 Age distribution of respondents' reaction to a calling (n=251)

In Figure 6.23, the data showed a strong response to a calling (82.4%; n=56 of 68) in the age group 35 to 44 years. All other age groups were equally strong.

There is a moderate Spearman correlation between response to a calling and the item nursing satisfying the personal need to nurse (r_s(255)=0.418). There is a weak correlation with the professional nurses' image with specific reference to three items. Firstly, the profession is part of who they are (r_s(255)=0.308), nursing's attributes fulfil the ideal profession (r_s(255)=0.341), and nursing is suited to their personality (r_s(255)=0.379). There is a weak correlation with two items, namely identifying with the nursing profession concerning the importance of association with the profession and the distinctive characteristics (r_s(255)=0.319 and 0.332).

Respondents (n=251; 100%) had the opportunity to indicate to what extent external drivers motivate them to do their job. Upon closer investigation, the data showed that external drivers that originate from the milieu of the institution and organisation were 37.9% (n=95) (mean 2.9, median 3.0, SD 0.88) with a 21.3% (n=214) neutral response, and internal drivers originate from within motivated 77.3% (n=194) (mean 3.9, median 4.0, SD 0.81) with a 12.2% (n=61) neutral response. The data showed that internal drivers play a greater role in motivating professional nurses to do their work. External drivers motivated 37.9%, and internal drivers motivated 77.3% of respondents to do their jobs, which is significant.

6.6 NURSING EDUCATION

This section discusses the education process that leads to the enculturation of students and novice professional nurses. It is essential for the formation of the trajectory and nature of their professional identity.

6.6.1 Nursing education process

This section deals with the nursing education process. This process consists of preparing school levers and prospective nursing students and recruiting and selection criteria of professional nurses. The data indicated that 43.2% (n=108) of 251 respondents agreed with the education process.

The preparation of school levers and prospective nursing students deals with the demands of the nursing profession, for example, night duty. Of the 251 respondents, 62.9% (n=158) (mean 3.3, median 4.0, SD 1.41) indicated they were informed about the profession's demands before entering nursing school. There is a moderate correlation between the nursing profession's demands and selection criteria that are sufficient to allow the correct type of personality into the profession (r_s(254)=0.486) and that recruiters select the type of personality one would like to allow into the nursing profession (r_s(254)=0.416). The data also reveals a weak correlation with professional nurses who consider it important to be associated with the nursing profession (r_s(254)=0.319).

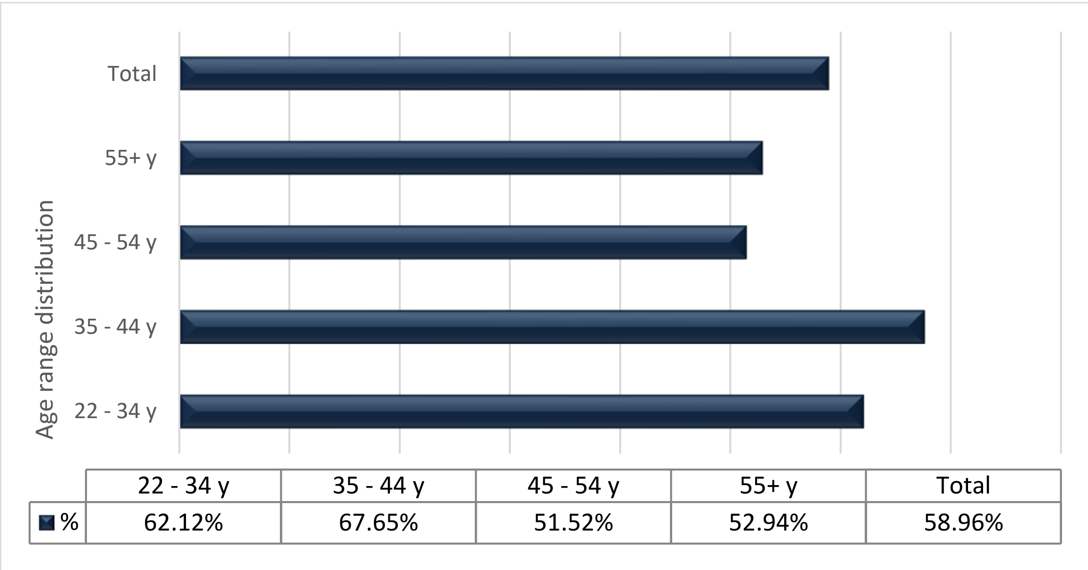
This section deals with the selection criteria that allow the correct type of personality into the profession. Of the 251 respondents, 35.9% (n=90) (mean 2.8, median 3.0, SD 1.22) indicated that the selection criteria are sufficient and allow the correct type of personality into the profession. Concerns raised were that the selection process is poor and allows the 'wrong' people into the profession, as one respondent stated:

> "Selection process currently is poor. Anyone can come into nursing, but the passionate nurses are but few." QPO112

This section deals with the recruiters that select the type of personality one would allow into the profession. Of the 251 respondents, 30.7% (n=77) (mean 2.82, median 3.0, SD 1.10) indicated that recruiters select the ideal type of personality for the profession. A concern raised was that private nursing school recruiters do not select the personalities that best suit the nursing profession.

There is a strong correlation between sufficient selection criteria and recruiters selecting the type of personality for the nursing profession, which is statistically significant ($r_s(254)=0.705$).

Of the 251 respondents, 59.0% (n=148) (mean 3.6, median 4.0, SD 0.83) said that novice professional nurses struggle to find, clarify, develop and instil their personal identity and value system. Figure 6.24 portrays the age group distribution of respondents' views about novice professional nurses' personal identity and value system.



	22 - 34 y	35 - 44 y	45 - 54 y	55+ y	Total
%	62.12%	67.65%	51.52%	52.94%	58.96%

Figure 6.24 Age group distribution of respondents' view on novice professional nurse's personal identity and value system (n=251)

In the 35 to 44 age group, 67.6% (n=46 of 68) of the respondents indicated that novice professional nurses struggle to establish their personal identity and value system.

Of the younger age group of 22 to 34 years, and ages 35 to 44 years, 62.1% (n=41 of 66) and 67.6% (n=46 of 89), respectively, indicated that novice professional nurses struggle to establish their identity and value system as opposed to the older age group of 45 to 54 years, and 55 years and older, 51.5% (n=34 of 66) and 52.9% (n=27 of 51) respectively. There is a strong correlation between novice professional nurses that struggle to instil their identity and value system and find it challenging to integrate the professional values ($r_s(254)=0.699$).

Finally, the respondents had the opportunity to answer a question about novice professional nurses' struggling to integrate their personal and professional values and the importance of a preparation programme prior to entering the nursing profession. Respondents (n=251; 100%), 63.7% (n=160) (mean 3.6, median 4.0, SD 0.77) indicated that novice professional nurses struggle to integrate their personal and professional values. As many as 66.7% (n=44 of 66) of the age group of 22 to 34 years indicated that novice professional nurses struggle with integration,

and 88.2% (n=221) (mean 4.1, median 4.0, SD 0.76) of the 251 respondents stated that a preparation programme is essential prior to enter nursing.

6.7 CORPORATE GOVERNANCE

This section deals with barriers hindering professional nurses from playing their role in patient advocacy and autonomy.

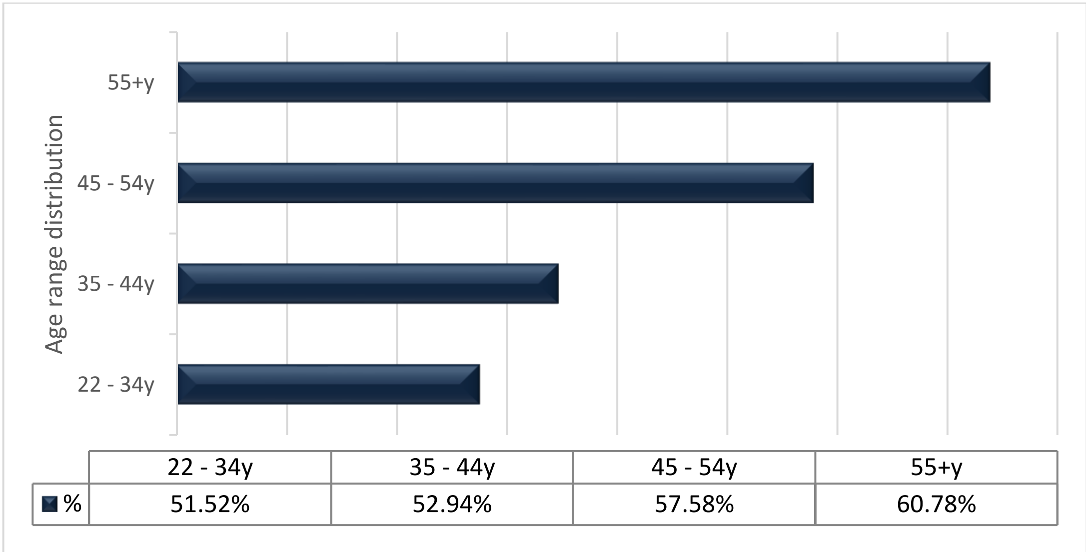
6.7.1 Advocacy and autonomy

This section deals with the courage of the professional nurse and whether they are allowed to fulfil their advocacy and autonomy roles in the working environment.

Of the 251 respondents, 91.6% (n=230) indicated that they have the courage to advocate for patients with the treating doctor. There is a moderate correlation between courage to advocate and professional nurses being allowed to make decisions in accordance with professional knowledge ($r_s(255)=0.527$). There is a weak correlation with self-image ($r_s(255)=0.226$).

Of 251 respondents, 78.4% (n=197) indicated that they are allowed to function autonomously. There is a moderate correlation between autonomy and courage to advocate ($r_s(255)=0.527$). The data shows a weak correlation between courage to advocate and self-image ($r_s(255)=0.235$).

Even though 78.4% (n=197) of 251 respondents indicated that they are allowed to function autonomously, 55.4% (n=139) indicated that they are not allowed to practise basic nursing care independently and therefore plan nursing care on doctor's orders. Figure 6.25 depicts the age group distribution of the respondents not allowed to practise basic nursing care independently.



	22 - 34y	35 - 44y	45 - 54y	55+y
%	51.52%	52.94%	57.58%	60.78%

Figure 6.25 Age group distribution for not allowing independent nursing care (autonomy) (n=251)

A total of 59.2% (n=69 of 117) from the age group 45 and older indicated that they are not allowed to practise nursing care independently versus the 52.2% (n=70 of 134) of the younger age group 22 to 44 years with opposing views. It is also notable that as professional nurses mature, they feel less empowered to function independently. Noteworthy is that 8.4% more female professional nurses held this view. Below is a quote from an older respondent:

> "We are working as a team and the two professions complement each other." QZ78

Respondents commented that the treatment prescribed is not always in the patient's best interest. Despite this, they carry out the order for good relationships. A respondent's remark showed that inferiority plays a role when professional nurses have to advocate for patients. A respondent said:

> "Advocacy should be done at all times without feeling inferior …" QZ89

Social comparison implies people categorising themselves as part of a group and comparing them with other groups. If self-esteem is to be maintained, the group must compare favourably with other groups. Once two groups identify themselves as rivals, they are forced to compete with the members to maintain their self-esteem. In social comparison with the other group, the group members may achieve positive distinctiveness by changing their values so that comparisons perceived negatively are redefined positively. Competition and hostility between groups are thus competing for resources like jobs resulting in competing identities (Tajfel 1978:61). The assumption is that to restore members' self-esteem, social groups must establish a positively valued distinctiveness from relevant comparison groups (Tajfel 2010:463).

6.8 SUMMARY

The five themes statistically described the perceptions of professional nurses about the professional nursing identity. The five themes are the nursing characteristics, image of nursing, institutional and organisational culture, nursing education and corporate governance. The ratings of the responses were displayed. The items proved reliable, as a Cronbach alpha measured a reliability value of 0.60 and above.

The data from the questionnaire and data obtained in phase I provided the grounds for analysing the factors influencing and shaping the professional nursing identity and formulating guidelines for developing a professional nursing identity.

Chapter 7 will discuss integrating this phase's data with the qualitative data from phase I and provide supportive literature.

CHAPTER 7

DISCUSSION OF THE INTEGRATED DATA FROM PHASES I AND II

7.1 INTRODUCTION

This chapter integrates the findings of the qualitative results as described in Chapter 4, the literature control as described in Chapter 5 and the quantitative data in Chapter 6. This chapter aims to present a single set of findings. In this study, the qualitative data were obtained from key informants and professional nurses in phase I. A quantitative contextualised measurement instrument was derived from the qualitative findings and the literature. Finally, the two sets of findings were integrated, and conclusions were drawn. The integrated results were used as evidence for formulating and validating the guidelines to support professional nurses in developing a nursing identity.

The themes discussed are the factors influencing the professional nursing identity amongst professional nurses in South Africa, the perceptions of professional nurses, factors that establish (shape) a professional nursing identity and how the professional nursing identity manifests in the profession.

In this chapter, references are made to the key informants and professional nurses. 'Professional nurses' refer to all participants and respondents who participated in the focus group interviews or completed the questionnaires.

The integrated finding is presented in the next section.

7.2 CONCEPT OF NURSING IDENTITY

The literature describes a professional nursing identity as "the set of attributes, beliefs, values, motives, and experiences by which they (nurses) define themselves in their professional lives" (Ibarra 1999:764; Moola 2017:1) and includes prototypical characteristics, the public identity or image of nursing, work contexts and education (Mael & Ashford 1992:106; Ten Hoeve et al 2013:295, 303; Wilkinson et al 2016:263). The key informants and professional nurses' understanding of this concept compared well with the description in the literature. They described the nursing identity as comprising of various characteristics, which included: personal characteristics (section 3.2.2.1 and section 4.2.2.1), professional nurse characteristics (section 3.2.2.2 and section 4.2.2.2), characteristics of the profession (section 3.2.2.3 and section 4.2.2.3), the image of nursing (section 3.2.3 and section 4.2.3), institutional and organisational culture

(section 3.2.4 and section 4.2.4) nursing education (section 3.2.5 and section 4.2.5), and corporate governance (section 3.2.6 and section 4.2.6). During the focus group interviews, the professional nurses initially seemed to be unclear about the concept of a nursing identity and required probing to elicit further discussion. From the probing of the focus groups, professional nurses freely shared their views and experiences. The researcher asked follow-up questions to motivate them to elaborate further on the topic and waited for informants to continue and add more to the topic being discussed. The researcher prepared probing questions to remind them of what was required from the group (Annexure G). The researcher also used non-verbal communication, such as nodding of the head and facial expressions, to motivate professional nurses to elaborate further and appreciate the information being shared.

Professional nurses provided data that highlighted the absence of a clear picture of the 'ideal' professional nursing identity and practical challenges at the grass-root level. The key informants possessed augmented knowledge, experience, understanding, and insight and presented in-depth knowledge in describing the nursing identity resulting in rich data. They experienced fewer practical challenges but experienced a lack of leadership in South Africa to uphold and develop a professional nursing identity.

7.3 NURSING CHARACTERISTICS

The nursing characteristics refer to the unique combination of traits by which the individual professional nurses define themselves in their professional role within a profession. A professional nurse accepts a particular role in society and is also a member of a particular group and demonstrates particular characteristics as an individual (Stryker & Burke 2000:284). Nursing characteristics comprise three main concepts, each with its subcategories. These concepts are personal characteristics, professional characteristics and characteristics of the profession.

Kolar et al (2018:56) support the study findings that the nursing profession is often chosen where the individual's mother was a nurse and because of their influence. Other reasons that influenced the choice to become a professional nurse were an acquaintance in nursing being held as a role model or exposure to nurses in a hospital or clinics that made an impression. Fathers, friends, historical figures and immediate and close family members also played a significant role.

The literature (Kolar et al 2018:56; Malloy et al 2015:2) and data from the study showed that professional nurses want to help sick people. In this study, the second reason for choosing nursing as a career was a strong interest in the science and art of nursing, and the third, that nursing is aligned to their personality, then the idyllic view of nursing and working in a hospital/clinical environment. One key informant had a positive experience while visiting a

hospital, which influenced the decision. The sixth reason for choosing nursing as a career was the positive image of nursing and the varied opportunities the profession offers. This is supported by the literature (Wilkers et al 2015:259). Professional nurses identified the influence of role model(s) as a further reason for choosing nursing as a career. Key informants stated that parents served as role models that influenced their decision. The perceptions of some professional nurses were that people choose to nurse because they needed a job. Some were influenced by a scholarly course experience when the professional nurse had to choose a career. One key informants' choice was based on a nursing degree offered by a university rather than the general diploma. Two key informants initially had an interest in studying medicine but, due to circumstances, opted for nursing. Others were influenced by the experience of caring for a sick family member at home (section 6.3.1).

7.3.1 Personal characteristic

Key informants provided rich information about the personal characteristics of the professional nurse. From the key informant interviews and literature, it was clear that personal identity (upbringing) and personal characteristics influenced the nursing identity. The unique personal identity is shaped by childhood upbringing, social agents, family, belief systems, culture, media, education, life experience and society (Chalari 2016:45). A personal identity defines who one is when one is an occupant of a particular role in society and a member of a particular group or claims particular characteristics that identify the individual as a unique person (Zeigler-Hill 2018:36). The personal characteristics consist of personality traits, professional etiquette, integrated and well-rounded mature individuals with a positive self-concept and the ability to take care of the self. In addition to the above, the professional nurse must be equipped to communicate beyond sensory consciousness, humanise technical and scientific aspects and apply the aesthetic art of nursing.

The predominant traits considered prerequisite characteristics are primarily caring, followed by compassion and a calling. These characteristics are the self-categorising of the personal identity that demonstrates the uniqueness of the individual. Compassion includes kindness towards the self. Professional nurses indicated that they show compassion toward themselves. According to literature, caring is more closely aligned with helping than other attributes of care seen in the literature, such as compassion. It is understood in a more practical sense as helping sick people (Wilkes 2015:259). Traditional traits consist of human and ethical qualities. In the nursing profession, human qualities are friendliness, kindness, a soft nature, professional etiquette, emotional stability, self-confidence and communication skills (Al Banna 2017:172). Professional nurses expressed that, in general, there is an expectation that the professional nurse should have a softer approach. However, in certain nursing areas, assertiveness is required. The individual's

personality traits will predispose them to specific specialities. A paediatric professional nurse has a softer approach than an emergency room professional nurse with a distinctive 'adrenaline junky' personality and an assertive intensive care professional nurse. Different personality types prefer specifically suited working environments. Ethical qualities such as humaneness, integrity, empathy, sympathy, respect, honesty, patience, tolerance, human understanding, insight, dignity, ethical behaviour, compromise and flexibility form part of the traits deemed necessary in the view of professional nurses, and this concurs with what is discovered in the literature (Al Banna 2017:172). Influential traits that involve communication beyond sensory awareness skills (Siles-González & Solano-Ruiz 2016:154, 155) are the ability to give meaning to suffering or hopeless situations (Frankl 2017:102), display courage in difficult times and experience wonder in daily nursing and be in awe of the healing process (Watson 2011:46). The art of communicating with patients is giving of the self, time and attention from the innermost soul whilst being fully present. Key informants and literature concurred that it also involves humanising all technical and scientific aspects of nursing, applying the aesthetic art of nursing (Dahlkemper 2017:83; Hills, Watson & Cara 2021:204; Watson 2016:91), care with a sense of wonder and admiration for the transformation of illness into health.

When entering the nursing profession, the novice portrays his/her personality, personal values and culture (learned patterns of behaviour, beliefs and values). It gets exposed to nursing professional values that lead to the transition from marginal to full participation in a professional society or social group (professional nurses) for the benefit of society (Shahr, Yazdani & Afshar 2019:2). Key informants and professional nurses agreed that the integration of personal cultural values and professional cultural values is important. Professional nurses indicated that their values are in line with the nursing profession's values.

A strong self-concept contributes to developing a positive professional self (Sabanciogullari & Dogan 2017:1677). The self-image of the professional nurse has a direct influence on their professional image and professional nursing identity. A key informant, professional nurses and the literature (Gunawan et al 2021:180; Sabanciogullari & Dogan 2017:1677) indicated that the self-concept of professional nurses was poor. A key informants' perception was that this phenomenon sets off a chain of events in the profession, such as poor role models leading to poor leadership, professional image and public image. However, professional nurses' perception of themselves showed the opposite. Almost all professional nurses indicated that they are worthy and satisfied with themselves.

Consequently, these are reasons that lead to the unacceptable behaviour of doctors and the public towards professional nurses. To the dismay of professional nurses, this unacceptable behaviour is allowed by management. Research on this topic is required. Professional nurses

indicated that they feel useless at times (section 6.3.2). Professional nurses expressed that doctors make them feel inferior in how they treat them, and the public and patients abuse them. The perceptions of key informants and professional nurses were that they have poor self-esteem, lack assertiveness and show submissiveness. Key informants stated that poor professional self-esteem results in poor role models and a lack of leadership. According to the literature, the self-concept underlies the development of the professional self (Gunawan 2021:180; Sabanciogullari & Dogan 2017:1677). According to Reece and Reece (2016:92), high self-esteem is a powerful foundation for a successful personal and professional life. Feelings of personal value and self-worth mirror the public image of professional nurses. Most professional nurses integrated their personal and professional identities, enabling them to present themselves favourably in the personal and professional worlds (section 6.3.3). According to Social Identity Theory (Tajfel 1982), professional nurses must balance their social identity against their personal identity (Tajfel 2010:243). A key informant suggested that reflecting on and developing the inner life of professional nurses can strengthen the professional identity.

Although different views and opinions regarding private life should accommodate their professional life, professional nurses unanimously agreed that integrating the nursing profession's values and identity is essential. Some professional nurses have difficulty integrating their personal and professional lives but accept that their work and private lives must align. The majority of professional nurses understand that they represent the image of the nursing profession and are held accountable for inappropriate behaviour after working hours that could bring the profession's reputation into disrepute (section 6.3.7).

Personal traits may influence social identity variables such as professional group norms. The professional nurses' professional self-image determines the development of the status of the nursing profession (Sabanciogullari & Dogan 2017:1677). The professional nurse's perception of their self-image measured higher than their perceived professional image, even though they indicated that they integrated their personal and professional identities to such an extent that they could present themselves favourably in their personal and professional worlds. The interviews and survey findings showed that the poor professional image resulted from some professional nurses' unprofessional conduct and physical appearance in public. Contributing factors were highlighted as the struggle to free themselves from medical doctors' oppression, lack of nursing leadership, and low professional status. However, most professional nurses indicated that the nursing profession suits their personality characteristics (section 6.3.1). The results showed a strong correlation between the attributes of the ideal profession and the extent to which the profession suits their personality characteristics. Professional nurses expressed a high level of dissatisfaction with the professional and prestigious status of the profession (section 6.3.2). Professional nurses indicated pride in their job and believed that the profession should be

acknowledged and apportioned the respect it deserves, although there was agreement that some professional nurses caused disappointment and shame to the profession. Professional nurses indicated that the nursing profession is part of who they are and have attributes that meet their idea of the ideal profession and found that the nursing profession suits their personality characteristics. Professional nurses indicated that they do not want to wear their uniform and distinguishing devices in public but feel more empowered and prouder to wear them at work. Professional nurses indicated that they do not want the public to recognise them as healthcare workers in public areas. The dichotomy in this area requires further research. Belle (2017:314), and Thistlethwaite & McKimm (2017:9) accord that rituals, ceremonies, reading of oaths, clothing or titles (e.g. wearing of a uniform, stethoscope) are ways to socialise into the profession and are significant to professional identity. According to Ellemers (2020:1) and Walker et al (2012:28), the choice of the reference group (professional nurses) may determine the way they wish to see themselves, but equally, group membership can determine how they see themselves, how they evaluate their self-worth and how they behave. Group members may be more likely to associate and identify with a group (professional nurses of the nursing profession) that fits their personality (Mavor et al 2017:250).

Key informants and professional nurses strongly considered professional etiquette a vital trait of an ideal professional nurse (section 6.3.5). Professional etiquette and personal traits are closely related since etiquette is a collective word for appropriate, professional and polite conduct like grooming. Etiquette is the proper way to behave, and ethics deals with ideas about right and wrong behaviour. Both underpin professionalism that represents skill, good judgment and polite behaviour. Professional nurses' views that non-verbal presence (90.5%), physical appearance (98.0%), and speech (97.6%) exude or radiate professionalism are in accord with literature (Jones 2019-2020:20-21; Pagana 2010:47-48; Quesenberry 2019:295). These views of professionalism set the boundaries for professional identity (Bell 2017:327). Pagana (2010:47-48) recommended cultivating guiding pointers of etiquette in the professional nurse. Most professional nurses indicated that it is important for professional nurses to show professional etiquette to improve the professional image of nurses. There are insufficient guiding principles on etiquette available for professional nurses. It needs to be developed and cultivated through socialisation.

Despite the moral standards of society pointed out by a key informant, the pre-conventional (egocentric) level of moral development and maturity of professional nurses indicated that 18.9% do their work to avoid punishment from supervisors, and 12.6% do their job to gain reward. From the conventional level (subjective reasoning based on social rules and norms), professional nurses showed strong moral development. A few professional nurses indicated that they do their work to gain approval and acceptance, and most uphold laws and rules. The post-conventional level showed that most professional nurses understood their social mutuality and have a genuine

interest in the welfare of others. Professional nurses (22.7%) from the age group 22 to 54 years indicated they do their job to avoid punishment from their supervisors. A small number of professional nurses in the age group 55 years and older do their work to avoid punishment from supervisors. That shows a high level of maturity in that age group.

A key informant indicated that the nursing profession requires an integrated and well-rounded matured individual with a broadly developed personality in all aspects, a well-balanced and composed person with varied abilities and attributes. As already discussed, maturity in this context involves communication beyond sensory consciousness or awareness, and the ability to find meaning in suffering (*meaning of life*), stand in awe of health and the beauty of healing (*aesthetic*), and the awareness of miracles and mystery (*human wonder*); that encompasses the art of nursing. According to one key informant's view, maturity requires self-caring traits, taking responsibility to care for oneself, managing stress, being emotionally resilient and dealing with hang-ups. According to Neff (2017:1), self-care is vital in moral decision-making. Caring for oneself fosters and develops self-worth and the ability to care for others.

Key informants and professional nurses highlighted the importance of keeping nursing history alive and building the nursing profession. According to Wolf (2013:180), learning from history, nursing rituals, and ceremonies shape professional identity (Wolf 2013:180). The professional identity provides the boundaries of the profession (Bell 2017:327). These rituals and ceremonies are significant to their professional identity (Belle 2017:312; Thistlethwaite & McKimm 2017:9).

Key informants and professional nurses emphasised the influence of historical figures on leaders and the profession, care and science models, the importance of ceremonies and rituals and nursing tradition, and the use of symbols and religious principles.

As mentioned earlier, there is an expectation that a mature professional nurse will humanise the technical and scientific aspects of nursing. Key informants, professional nurses' views were consistent with literature that nursing administration, managerial activities (Rispel & Bruce 2015:122), technology and micro-management systems in healthcare institutions moved professional nurses away from bedside nursing and influenced the image of the professional nurse. Most professional nurses indicated that they apply effective communication to humanise the technical aspects of nursing. Both the younger and older generation professional nurses believed that information technology and technical literacy challenge the art of nursing and negatively influence the professional nursing identity.

In summary, the professional nurse has specific personal and professional characteristics that influence and shape nursing identity (refer to Figure 4.2). The profession requires integrated and

well-rounded, mature professional nurses with specific personality and professional nurse traits, professional etiquette and self-caring traits acculturated during professional socialisation. Professional nurses' views were that they have a good self-image, contrary to key informants' perceptions. The self-image of the professional nurse was slightly higher than the professional self-image mainly because of the unacceptable behaviour of doctors and the public towards professional nurses and management that does not protect the staff against unacceptable behaviour toward them. Professional etiquette is a prerequisite for professionalism and needs to be cultivated through socialisation. Professional nurses were dissatisfied with the prestige and status of the profession. The professional nurses' morality and maturity perceptions showed their moral development on three different levels. The data indicated that the majority have a good understanding of the development of social mutuality and interest in the welfare of others.

7.3.2 Professional nurse characteristics

Within the context of social identity, the characteristics of the professional nurse define their particular role in society and as a member of a professional nurse group. At the core of identity is categorising the self as an occupant of a particular role and integrating this role into the self, including the meanings and expectations associated with the role and its performance (Wilkinson et al 2016:260).

Key informants' views and literature (Vignoles 2017:289) confirmed that personal and professional nurse characteristics evolve and shape over time from the cradle to the grave. The traits of a professional are underscored by the nursing history, the culture (serving and caring profession) and the status of the profession. In addition to the acculturation of the traditional socialisation process (including professional boundaries), focus on the qualities and traits of the professional nurse is required because of the important influence on the image, status and nursing identity. Key informants and professional nurses considered integrating values necessary to enable a person to become integrated, well-rounded and mature. Most professional nurses indicated that they are integrated into the profession, identify with the nursing profession, consider it important and want to associate with it (section 6.3.4). However, professional nurses indicated that novice professional nurses struggled to integrate their personal and professional values (section 6.6.1). A strong professional group identity (reference group, namely professional nurses) might enhance and support integration. Additionally, key informants indicated their challenge of caring within an administrative, technical, outcomes-based environment where the warmth and art of nursing care can be eroded.

From the interviews with key informants and professional nurses, the characteristics of the professional nurse emerged; professionalism, the ability to advocate for patients and practice

autonomy, professional discipline and the visibility and voice of the professional. It all comes down to strong leadership in a profession. According to Sabanciogullari and Dogan (2017:1677), leadership influences the profession's image and social status. Social identity refers to one's feelings about professional nurse group membership and knowledge of the professional nurse group's rank or status compared to other groups (Tajfel 2010:283), such as lower qualified nurses or other professions. In this study, professional nurses viewed the status of medical specialists, general practitioners, dentists and optometrists as higher than that of the nursing profession. Professional nurses viewed physiotherapy, pharmacy, dietetics and paramedic professions as having equal status to the nursing profession. On average, 24.9% of professional nurses indicated that nursing has a higher status than paramedics, orthotists and prosthetists, physiotherapists, speech therapists and dietitians. These results are the social comparison by which the professional nurses determined the nursing profession's relative value or social standing and its members. In social comparisons, individuals (self-esteem) evaluate the groups they feel they belong to (in-group) and groups they do not (out-groups) ("us" versus "them") (Argote & Levine 2020:477; Trepte & Loy 2017:1).

There were specific traits identified that distinguish professional nurses from other groups. Personal identities reflect traits or characteristics that may feel separate from their social and role identities or linked to some or all of these identities (Leary & Tangney 2012:503; Owens et al 2010:477, 478). For example, individuals have meanings that they apply to themselves when a professional nurse (Wilkinson et al 2016:260). The norms (ethics, morality, standards and rules) and professional values are vital traits of professional nurses. Additionally, key informants' views were that professional nurses' traits consisted of a well-selected person, educated in natural and human science, mastered in the art of nursing, responsible, accountable and an integrated and well-rounded mature individual who adopts the values of the profession and functions within the legal and ethical framework and bounded by a social contract. Professional nurses' views were that embedded professional characteristics would enable professional nurses to portray a tangible nursing identity. As identity changes, it grows, and develops professional boundaries (Cruess et al 2016:8). The ability to advocate and function autonomously are vital traits of the professional nurse. They said they found it easy to advocate for patients and have the courage to advocate but lost confidence because of the unacceptable behaviour of the public and doctors, which is permitted. Professional nurses damage their nursing identity if they do not or are unable to advocate for their patients. Modern professional nurses disregard autonomy, and most professional nurses only follow doctors' orders, diluting the nursing identity (section 6.7.1).

In addition to the above characteristics, moral virtue and courage in nursing represent ethical reasoning skills, nurturing their personal ethic of care and enhancing their professional and

cultural competence. Professional nurses act with moral courage because their commitment to the patient overrides their risk (LaSala & Bjarnason 2010:4).

From the interviews, there was agreement that the profession shapes the individual to portray a professional image despite different personalities and characteristics - the acquisition of a nursing professional identity is achieved through professional socialisation. Professional socialisation commences immediately upon entering the nursing education system to acculturate nursing culture into professional nurses, which means that individuals are likely to identify with their professional nurse group strongly. They also develop a sense of belonging and acquire professional identity (Skott 2019:470). The interviews clearly showed agreement that professional socialisation gives professional boundaries, security, protection, discipline and independence to the professional nurse and shapes the professional identity.

The professional nurses identified professionalism as a characteristic of a professional nurse. They indicated that professional nurses base professionalism on professional behaviour that matures with experience and long-standing identification with the profession's values. In this study, professionalism was based on the science and unique communication skills (art), non-verbal presence and physical appearance and verbal addressing of people that exude or radiate professionalism. Professional nurses' strong views were that they show professionalism, although they raised concerns about the lack of professionalism of students and the poor physical appearance of some professional nurses. Professional etiquette was highlighted as a prerequisite for professionalism (section 6.3.9). According to Goon et al (2016:147), in South Africa, there is a high prevalence of overweight, obesity and morbid obesity in nurses 27.5%, 44.4% and 7.2%, respectively. The prevalence of overweight and obesity among nurses in South Africa is significantly higher than other healthcare professionals (Goon et al 2016:147).

The views of key informants and professional nurses were that there should be a high level of concurrence between personal values and professional values. Values of a profession must become integral to both personal and professional life. Professional nurses indicated that they are integrated into the nursing profession (section 6.3.3). However, some professional nurses have difficulty integrating their personal and professional lives and expect the work to align with their private lives.

Professional identity has typically been associated with the professions' expectations of how professional nurses perform their roles, with the 'internalising of professionalism' being the ultimate aim of developing such an identity (Joynes 2017:133). Key informants stated that the merging and integration of personal and professional value systems enable the person to become an integrated professional nurse, which is required of a professional nurse. Professional nurses

indicated that it is essential that an individual's private life reflects, as much as possible, the values of the profession and therefore prevents unnecessary separation, discord or conflict. The professional identity formation process influences personal identity and professional nurse characteristics. A professional identity is shaped by the way a person defines and views themself and their professional role and the expectations and behaviours they possess and adopt when considering their professional role (Field, Duffy & James 2016:153; 2013:19; Slay & Smith 2011:85). Therefore, building a personal identity requires that the person accommodate professional and private life without unnecessary divisions.

Professional nurses identified a gap in the professional socialisation process regarding how persons represent themselves to patients and the public. Most professional nurses acknowledge that they represent the profession's image after hours and will be held accountable for inappropriate behaviour that could bring the profession into disrepute. However, the findings showed that 22.5% of professional nurses did not accept representing the profession's image and being held accountable for inappropriate behaviour. The reluctance to represent the profession after hours could result from the absence of a guideline that addresses professional behaviour after working hours (section 6.3.7). *A social identity* is ascribed by others and learned through 'playing our roles'. We are more than our roles, but how we personify our roles, an admixture of habit, social constraint, and experience, defines our personality (Williams 2012:304). In order to increase professional self-image, professionals enhance the status of the group to which they belong (Sabanciogullari & Dogan 2017:1677).

Professional nurses' views were that novice professional nurses lack socialisation in professional values, caring, respect toward seniors, hierarchy, integrity, and morals, which sometimes appear questionable. Key informants and professional nurses found that novice professional nurses struggle to find clarity and develop their personal identity and value system. They declared that novice professional nurses struggled to integrate their personal and professional values (section 6.6.1). A key informants' views were that professional nurses today are trained in accordance with competency and skilled-based outcomes and socialised with scientific knowledge by organisations, educational institutions, nurse educators and nursing managers and move away from the warmth of nursing care that differs starkly from the image of warmth, giving and devotion as characterised by the Nightingale era. It was suggested that this scenario was created by the outcome-based training model and today's nurse leaders require only a calling for commitment, competency, skills and loyalty, which is cold and calculated. A key informant raised a concern, asking: 'what are we developing?' 'Competency-driven socialisation today?'

From the interview findings, it was clear that professional nurses yearn for nurse managers and leaders to care for and understand them. They need compassion and love to be listened to and

not judged too harshly, killing their spirit. Processional nurses constantly receive deprecation from the public, media, politicians, managers and many other role players.

In summary, key informants were knowledgeable and aware of the concept of nursing identity, but professional nurses were not fully aware of the nursing identity concept. In addition to the traditional socialisation processes, the professional nurse has unique traits. Integration of values and personal, professional and traits of the profession should strengthen the professional nurse group identity (reference group), the professional boundaries with patients, and the ability to accommodate professional values in their private life. An additional challenge that was identified was caring within an administrative, technical, outcomes-based environment where the warmth and art of nursing care can get lost. The nursing identity is influenced by the professional image created, the level of professionalism and social status. The identity is created and influenced by the vital (communication beyond sensory consciousness) and unique (aesthetics, meaning of life and human wonder) traits of a professional nurse, the ability to advocate and practice autonomy, discipline in the profession and the visibility and voice of professional nurses on all platforms. It all comes down to good leadership in a profession. Leadership influences the profession's image and social status (Sabanciogullari & Dogan 2017:1677). Professional nurses showed a high level of dissatisfaction with their professional status and public trust in South Africa.

7.3.3 Characteristics of professions

The characteristics of professions are created and portrayed by professional nurses and are associated with *traits of the profession*, the *position in relation to other professions*, *professional nursing hierarchy*, the *science and art of the nursing profession*, *ethos, ethics and morality*, scientific education of professional nurses, professional norms and values based on ethical and moral principles and regulated by a professional body.

Key informant and professional nurses indicated that as society develops, the characteristics of the profession are influenced and shaped by nursing legends, nursing history, nursing and organisation culture, tertiary education, a regulating body, professional boundaries, position in relation to other professions and traits associated with the nursing profession. The key informants and professional nurses emphasised and considered the influence of prominent historical figures in nursing history important. Nursing legends and nursing history shaped and established a major part of the nursing identity and the characteristics of the nursing profession. According to Wolf (2013:180), learning from history and rituals build professional identity. The nursing identity influences and establishes the professional's status, image and uniqueness. Nursing tends to become part of a 'nursing personality' (image) due to its nature and the type of work. Professional nurses emphasised leadership responsibility to ensure that the public understands the

profession's uniqueness and status by pointing out that there is a science and an art to the practice of nursing and particularly distinctive skill levels.

Key informants and professional nurses mentioned that the profession's traditional nursing culture is questionable today and necessary to rebuild and reinforce the nursing identity. Acculturalisation into the nursing culture starts when entering nursing as a student and develops gradually during training until maturity (McFarland & Wehbe-Alamah 2018:2). The norms and values of the nursing culture are socialised, adopted and practised throughout the professional career. Key informants and professional nurses' views were that the stereotype culture, such as respect for authority, leadership, and professional nurses in higher positions, is in contrast to how professional nurses speak today, their bad attitude and behaviour and are factors that influence the nursing culture, status, image and identity. Key informants and professional nurses verbalised that different organisational cultures clash with the nursing culture due to commercial business interests that dominate nursing values and culture.

The study shows that many professional nurses chose the nursing profession because of the nursing characteristics that satisfy their personal needs to nurse and even more because they identify with the distinctive characteristics of the nursing profession, such as empathy and altruism. With great pride and appreciation, professional nurse participants demanded an emphasis on the Code of Ethics for Nursing Practitioners during training and throughout their professional career to establish professional discipline, personal growth and the nursing identity. According to the literature, identifying with the distinctive characteristics of particular groups, such as the professional nurse group, leads to the collective identity of that group (Escalona et al 2015:68).

A key informant emphasised the value and contribution to the traits of the profession by exemplifying the best achievements and recognition of unique contributions to the profession to become nursing legends that enhance the status, image, and uniqueness of the profession.

Key informants acknowledged that the profession struggled for many years to gain a fully-fledged professional status. University education is identified as the most important approach to improving professional nurses' professional status (Blaauw et al (2014:5). The collective identity of professional nurses is that they are aware of the positive effect of carrying themselves with dignity and confidence. Professional nurses experienced a high level of dissatisfaction with the lack of prestige of the profession.

Professional nurses confirmed that they are motivated by internal and external drivers to do their job. Internal drivers originate from within, namely altruism and calling, and external drivers

originate from the milieu of institutions and organisations. Key informants' views were that motivation should come from within, but organisations motivate with external drivers such as money and business targets. Most professional nurses are motivated by internal drivers. A key informant's view was that external drivers of organisation business requirements 'kill' professional nurses. External drivers play a smaller role in motivating professional nurses to do their job. The unique characteristic of the nursing profession is the central collaborative coordinating function in the multi-disciplinary team from within an ethical and scientific framework.

For many years, the nursing profession struggled to gain status as a fully-fledged profession and the resulting social status. Professional nurses had difficulty liberating themselves from the historical 'handmaiden' image of the past, and professional nurses today remain inferior to the doctors they work alongside daily. Professional nurses point out a marked difference in the respect older doctors show nursing staff compared with the disrespectful behaviour of younger doctors. As a result of public opinion, professional nurses' views were that doctors are regarded as 'saints' and professional nurses are blamed for what doctors do or fail to do. A small number of professional nurses indicated that they experience medical profession oppression. From the age group, 22 to 44 years and male professional nurses indicated that the medical profession oppresses the nursing profession. According to Stanley (2017:334-335), liberation from oppression must come from within the oppressed group itself. The perception of nursing as a poorly remunerated profession is that nursing is inferior in the eyes of the public, whilst professional nurses view nursing as a profession in its own right.

Key informants mentioned that professional nurses are responsible for setting appropriate professional boundaries between themselves and patients to maintain objectivity and prevent conflict of interest. Professional nurses indicated that they are able to maintain professional boundaries to keep the nurse-patient relationship safe and respected. Professional nurses pointed out that some nurse leaders tend to abandon their responsibilities and allow professional nurses to cross professional boundaries without inconsistently guiding them or applying corrective processes.

Key informants found inspiring associations with the nursing profession, such as symbols and values and scientific education. Most professional nurses considered it important to be associated with the nursing profession and suggested that fewer professional nurses wanted to be associated with the nursing profession. The social group identity of professional nurses gives a sense of belonging and shows the commonalities among professional nurses within the group and differences between people from different groups, for example, lower qualified nursing groups and other professions. In this study, 54.3% of professional nurses acknowledged a difference

between professional nurses and lower qualified nurses (section 6.3.4). This result indicates the strength of the professional nurses' group identity.

A key informant pointed out that a component of professional identity is the responsibility of scientifically trained professional nurses towards other allied professional groups (Joynes 2017:146). The nursing profession must receive the necessary recognition within the healthcare system, have the necessary status and be deemed professional value by society. A key informant said professional identity consists of the effective activity of providing care, converted into a technical and unique activity among all healthcare professionals, differentiating professional nurses from other professionals, which concurs with literature (Oguisso & De Freitas 2016:190). The professional nurses' perception is that nursing is constandly being compared with medical doctors, which usually leads to a feeling of inferiority which is confirmed by literature (Dahlkemper 2017:283; Huston 2014:123). Professional nurses' views were that nursing values are seldom recognised in the health systems that value and accept medical values. Nursing is exposed to and has functional responsibilities in supporting other departments such as business administrators, financial departments and information technology, resulting in professional nurses spending less time at the bedside. The social comparison indicates the extent to which the nursing professions' level of status is in relation to other professional groups. Most professional nurses indicated that the nursing profession's status level is lower than medical specialists, general practitioners 60.6% and dentists 57.8%. According to the professional nurses and literature (Huston 2014:123), professional nurses feel inferior to medical doctors. However, those interviewed indicated that they feel equal to or even at a higher status (section 6.3.10). Most professional nurses indicated that nursing has the same or higher status than medical specialists, physiotherapists, pharmacists, dietitians, paramedics, dentists, general practitioners, orthotists and prosthetists, optometrists and speech therapists. Professional nurses indicated that physiotherapy, pharmacy, dietetics and paramedic professions have equal status and some viewed nursing as having higher status than paramedics, orthotists and prosthetists, physiotherapists, speech therapists and dietitians. There is also social comparison by which the professional nurses determine the relative value or social standing of a particular group and its members. In social comparison, individuals evaluate (self-esteem) the groups they feel they belong to (in-group) and groups they do not consider themselves a member of (out-groups) ("us" versus "them") (Argote & Levine 2020:477; Trepte & Loy 2017:1). Professional identity, a form of social identity, is related to group interactions at the workplace, how people compare themselves with other professional groups and make distinctions.

Nursing's hierarchical structure distinguishes between different nursing levels based on skills, level of training and scope of practice and is communicated to the public and the multidisciplinary team through various distinguishing devices nurses wear. However, professional nurses indicated

that the public is unaware of the meaning of the different distinguishing devices. Professional nurses strongly indicated that they value distinguishing devices and nursing symbols. This differentiation and how professional nurses are addressed are powerful influencing factors for nursing identity. Supervision by professional nurses of lower qualified nurses, role clarification and a clear scope of practice strengthen the professional identity. In this way, lower qualified nurses gain knowledge and insight into their responsibilities.

From the findings, it appears that hierarchical nursing structures are unclear to the public who are unable to distinguish between different levels of training for nurses. Organisations and institutions' business decisions often put economic objectives above safety and care inadequate skill mix rosters can result in lower qualified nurses being used rather than professional nurses. This then reduces the professional nurse's influence and limits their supervision of many lower qualified nurses who are often ill-equipped to do the work, as was expressed by professional nurses.

According to literature, professional nurses that are 'educated' regard bedside nursing as somehow being 'beneath' the professional nurse, completely devaluing what nursing is (Neal-Boylan (2013:1). This study showed that 12.0% of professional nurses found it inferior to perform basic nursing care. Twenty-four per cent of males and 9.9% of females found basic nursing care inferior. The younger generation between the ages of 22 to 44 years indicated that they find basic nursing care tasks inferior to the older age group between 45 to 55 years of age (section. 6.4.3).

When lower qualified nurses are allowed to exceed their scope of practice, it is not only an unfair labour practice exploiting nursing staff, but it puts the profession and patients at risk. Ambiguity and undesirability of roles lead to confusion and damage the professional identity. Professional nurses also find it difficult to distinguish between the professional identity role of the professional nurse versus the lower qualified nurses, which indicates the strength of professional nurses' group identity.

As a result of the interviews with key informants and professional nurses, it was clear that nursing students must undergo a rigorous training programme to become skilled in the science and art of nursing.

One of the key informants indicated that ethos, ethics and morality are fundamental concepts shaping and strengthening the nursing identity. The value of morality and moral virtue enhances the nursing identity (Baillie & Black 2014:250; Laabs 2011:431; LaSala & Bjarnason 2010:4). Patient and nurses' rights shape the professional nursing identity. The country faces a 'nursing crisis', characterised by declining interest in the profession and a lack of a caring ethos (Rispel & Bruce 2015:118). A key informant acknowledged a global decline in general societal morality,

values, and norms but indicated that nursing professional role models should be able to transfer nursing characteristics and the nature and values of nursing despite this. However, professional nurses' views were that it should not be necessary for a role model to transfer basic manners such as politeness.

A key informant said nursing evolved from history as a caring profession and became more scientifically based, risking losing some of the caring components. Professional nurses said that the basic nursing principles, namely caring remain constant. Technology took over the 'mind' of professional nurses, and it created the perception that professional nurses have lost their caring approach.

Professional nurses feel that their visibility and nursing care participation and supervision at the patients' bedside have diminished significantly and influence the image and identity of nursing. Those lower qualified nurses at the bedside mostly lack the knowledge and ability to participate in doctor's rounds due to their level of training and communication skills.

Professional nurses indicated that they experience role blurring and lose sight of their leading position in the clinical field. Nurses with a lower level of training are left without direct supervision in many cases at the bedside since professional nurses are removed from the bedside for multiple managerial purposes. Professional nurses indicated that there is role blurring between the professional nurse, enrolled nurses and enrolled nursing auxiliary in the caring for patients. Over a significant period, the role of the professional nurse has gradually morphed from that of supervisor and carer at the bedside to a manager performing non-nursing and administrative tasks. Factors such as over-emphasis of the doctor's authority and the reduction of the caring aspect of the role contribute to role distancing through delegation of roles to the less educated nursing personnel. These lower qualified nurses lack in-depth knowledge, causing a gradual decline in nursing standards and damaging the professional nursing identity and the image of the profession in the eyes of the public. As a result, professional nursing's identity has been damaged in the eyes of the public. This area requires further research about the role or identity blurring of professional nurse and lower qualified nurses.

In summary, as society developed, the characteristics of the profession were influenced and shaped by living nursing legends, nursing history, nursing culture, tertiary education, a regulating body, professional boundaries and the profession in relation to other professions and the distinctive traits of the profession. There is a tension between the science and the art of caring with increasing technology that affects nursing practice and manifests in the internal and external motivators. Due to anomie in society, ethos, ethics, and morality are even more fundamental to the profession and need a solid nursing identity to be more visible in practice.

Public, multi-disciplinary team and administrative ignorance regarding the nursing hierarchical structure, the distinguishing devices, differences in uniforms and the different levels of training for nurses all influence perceptions about the profession's image, status and identity. Nursing still struggles to acquire their rightful, legitimate and deserving position in society and can be seen as the expression of an oppressed group dominated by doctors that may lead to and possibly be the cause of a low professional self-concept. This area requires additional research. In addition to the above, recognition of professional successes might influence and shape the status, image, uniqueness and identity of the nursing profession.

7.4 IMAGE OF NURSING

The image of nursing contributes to the nursing identity. The nursing image is associated with role models, nursing symbols, nursing traits, public image and marketing and media. The choice of the reference group, professional nurses, may be determined by the way they want to see themselves (Walker et al 2012:28). The professional nurses' perception is that professional discipline, public response to the profession, professional etiquette, professionalism, respect for authority, assertive behaviour, and high self-esteem shapes the professional nursing identity and influences the profession's image.

Acculturation of nursing culture and nursing identity requires nursing role models to display the nursing characteristics and values.

Historical figures and clinical practice role models socialise and acculturate professional nurses to act as ambassadors at all levels of the nursing profession and in society. Role models acquire, gain, influence and establish status for the nursing profession and inaugurate a positive nursing image and identity.

Symbols are a nursing heritage and a powerful tool to communicate shared values and distinguish professional nurses from other professions. It plays a significant role in nursing identity. Key informants and professional nurses highly appreciated the nursing heritage and symbols of the profession.

One of the symbols and identity functions is to engage new members in the culture and keep existing group members on track. It can show loyalty, prompt strong ethics, establish and perpetuate traditions, instil confidence and build support and strong characters within a group. Rituals may bond group members through communal experience (Bolman & Deal 2013:258, 261). Professional nurses regarded the role of symbols of professional nurses as important and

indicating that they play a significant role in nursing identity. As many as 86.3% of professional nurses believed nursing symbols bind professional nurses together as a professional group. Regarding the lamp, professional nurses indicated strongly that the lamp gives nursing a professional identity. Key informant's and professional nurses' views were that the nursing identity would emerge when professional nurses practice what the Nurse's Pledge of Service declares and affirms, which is that the lamp symbol is powerful and has the power to inspire a strong identity (section 6.4.2). Despite the results, there is still much to be done to strengthen the group identity. According to Gibas and Dębska (2016:50), symbols and nursing traditions are an essential part of shaping the professional identity of professional nurses.

As a distinctive group identity, professional nurses often emerge with a particular style of dress and behaviour (Kurylo 2016:73; McGraw-Hill 2012:28; Mupfumira 2017:67, 75, 139). A key informant stated that professional nurses worldwide wore distinctive uniforms and gave the example of advocates and attorneys in the High Court wearing a black robe, coat and wig. The professional nurse participants express that the public, and even some of the multi-disciplinary team members, are unable to differentiate between different levels of nurses, or even between other workers in the organisation, in some cases. Professional nurses emphasised leadership's responsibility to ensure the public understanding of nursing symbols and their particular distinctive meanings.

There was a strong view amongst professional nurses that epaulettes give a specific professional identity (section 6.4.2). It is, however, noticeable that only about half of the professional nurses felt empowered when wearing epaulettes in public. The feeling of empowerment increases when they are at work (section 6.4.2). The same is true for professional nurses who indicated that they feel proud when wearing epaulette in public. The data thus indicates that they feel significantly less proud and empowered when wearing epaulettes in public than at work. This area requires further research as epaulettes are a powerful symbol of professional identity. The current debate in the profession about the wearing of epaulettes that define professional nurses and allow them to look and feel like professional's rage on, with strong opinions held on both sides.

Regarding uniforms, more than half of professional nurses indicated that the public could not distinguish between professional nurses and other workers in the workplace. Across all age groups, professional nurses indicated strongly that it is essential to wear a uniform that distinguishes professional nurses from any other worker in the workplace (section 6.4.2). This will be beneficial to the image and status of professional nurses and the nursing profession. Additional features associated with the image of nursing are physical appearance, non-verbal presence and verbal skills. The manner of dress, use of language, values, rules or norms of behaviour (Smeltzer et al 2014:802). Professional nurses mentioned that the ideal professional nurses portray a

healthy diligent image, presentable, neat, tidy and hygienic. Professional nurses feel that in the eyes of the public, professional nurses are neat, clean and healthy individuals who care for sick people. Most professional nurses acknowledged that their non-verbal presence, physical appearance and speech should exude or radiate professionalism. Professionalism requires scientific knowledge and unique communication skills. Despite this agreement, many professional nurses appear sloppy and morbidly obese. There is a lack of leadership to create a disciplined culture in the workplace to address the appearance of professional nurses.

The public image is an extremely important barometer indicating society's view of the profession and whether the profession is valued in society. Professional nurses suggested that professional nurses are generally unaware of their public identity they are public figures and therefore neglect golden opportunities to improve their public image. The nursing voice is silent, and they are not visible on all possible platforms available for recognition. The majority of professional nurse respondents (66.5%) indicated that professional nurses spend too little time at the patient's bedside to the detriment of their public image (section 6.4.1). Professional roles become part of the self's social identity, build up an image of the basic roles of society and construct a mental map of multiple social positions (Fulcher & Scott 2011:121). Social interaction is a process of self-presentation. People are always presenting themselves for others to observe. Conformity to role expectations depends on commitment, rewards, and punishment (Goffman 1959:158). Key informants stated that public perceptions and impressions are formed at first-line interaction and care and what they read and see in the media concerning nursing. The public has a distorted perception of what nursing entails based on ignorance, personal experience with professional nurses, and distorted images of professional nurses in the media. Less than half of the professional nurse respondents indicated that the nursing profession is valued in society (section 6.3.10). Professional nurse perceptions are that society does not see nursing as an honourable and prestigious profession anymore due to professional nurses who neglect patients and some professional nurses' attitudes, which have brought the nursing profession into disrepute.

Professional nurses' views were that the nursing profession has a responsibility to correct long-standing, historically inaccurate stereotypes. Key informants and most professional nurses indicated that a marketing strategy for the nursing profession and the essence of nursing is necessary to influence and shape professional identity through all marketing avenues. The influence of role models such as mothers, an acquaintance in nursing and exposure to professional nurses in organisations influenced the decision to choose nursing as a profession, and these reasons can be used within a marketing strategy (section 6.3.1).

The most important reason for choosing nursing as a career is the desire to help sick people, which is in accordance with the literature (Wilkers, Cowin & Johnson 2015:259). Other reasons

included interest in the science and art of nursing, that the profession suits their personality and the idyllic view of nursing, wanting to work in a hospital and the positive image of nursing.

Historical and other role models serve to socialise and acculturate professional nurses. They act as ambassadors, add to the professional status and shape a socially acceptable and desirable nursing identity, which was the view of the key informants and professional nurses. Nursing managers' long-standing practice of removing role models from the bedside when promotion opportunities arisediminishes the opportunity to develop role models. Although the respondent in the study did not express this, promotion away from bedside nursing may create the impression that basic nursing tasks are inferior work. That shift of responsibility removes professional nurses as role models from the bedside, leaving less trained, inexperienced professional nurses and students in the crucial phases of developing their own nursing identity and depriving them of valuable knowledge and leadershipthat professional nurses should provide. Therefore, novice professional nurses are therefore teaching one another at the bedside in the absence of experienced professional nurses. Bedside professional nurses, namely the less educated nurses, are mostly the first line of interaction with the public and allied healthcare professions where first impressions are created. Ward professional nurses and nursing managers have become more involved in administrative tasks and have lost their clinical skills (de-skilled).

Professional nurses indicated that bedside nursing by professional nurses who possess scientific knowledge is reduced, and they spend too little time at the patient's bedside to the detriment of the nursing image (section 6.4.3). As many as 88.4% of professional nurses indicated that professional nurses at the bedside positively influence the image of the nursing profession. Professional nurses also were concerned that professional nurses were no longer respected by the public and abused them, and consequently, professional nurses leave beside nursing and, ultimately, the profession. Professional nurses frequently raise concerns that they have too much paperwork and spend less time with patients.

Key informants and professional nurses acknowledged that professional nurses' visibility and nursing care participation and supervision at the patients' bedside had diminished significantly. Professional nurses mentioned that the visibility of the professional nurse at the bedside improves the image of nursing in the eyes of the public, doctors and the multidisciplinary team. It creates opportunities for patients and relatives to communicate with highly educated professional nurses and subsequently builds the characteristics of the professional nurse and improves the image and identity of the professional nurse and the profession. Professional nurse respondents (66.5%) indicated that their absence at the patient's bedside is detrimental to the nursing image. Lower qualified nurses, who are at the bedside, mostly lack the knowledge and ability to participate in doctor's rounds due to their level of training and communication skills.

Key informants highlighted that it is essential for nurse leaders and senior professional nurses to become visible and make the voice of nursing heard at the international and national level and in public and professional arenas. More than half of professional nurses indicated that positive public visibility and the voice of nursing are essential for marketing the profession and creating a positive image. The media is a vital and powerful medium to change public perceptions of nursing.

A key informant and professional nurses' views were that more attention should be given to attracting students, which has to do with the image of nursing and inadequate benefits. Professional nurses indicated strongly that it is imperative to market the appropriate school subjects amongst prospective students to attract them and obtain a nursing qualification. Most professional nurses believe that marketing must start at the secondary school level. Significantly, that 51.3% suggested marketing should start at a younger age at the pre-school and primary school levels. According to literature, middle school (approximately 11 to 13 years of age) is an appropriate period to expose students to a career in their formative years (Degazon et al 2015:57; Kukkonen et al 2016:67; Williams 2017:1).

7.5 INSTITUTIONAL AND ORGANISATIONAL CULTURE

In this study, professional nurse respondents agreed that institutional and organisational culture emphasises external drivers originating from the milieu rather than internal drivers originating from within, motivating professional nurses to care. Organisation structures serve as an attractive or necessary external driver that gives artificial direction to some professional nurses on how they perform.

A key informant stated that internal (intrinsic factors) and external (extrinsic factors) motivation direct professional nurses to perform. Historically, measures of success in a career have often emphasised extrinsic factors such as status, improved image, remuneration and opportunity for further promotion. These positions require managerial skills and leadership abilities (King & Gerard 2016:179). Sometimes the inappropriate placement of resources occurs because of status, positions, and injudicious promotions. Professional nurses expressed concern that professional nurses focus on remuneration instead of caring, although nurses' salaries are unfavourable compared to other professions with comparable qualifications. Competitive remuneration strengthens the image and identity of nursing. Professional nurses indicated that their motivation by external drivers originates from the milieu of the organisation. Strong drivers were career promotion opportunities, dress code and nursing administration tasks, and limited driver's money and promotion because of status (section 6.5.1). A significant percentage of professional nurses (95.3%) identified with the nursing profession's distinctive characteristics,

such as empathy and altruism. Most professional nurses indicated that internal drivers (intrinsic), such as altruism and a calling, motivate them to perform and go the extra mile. Daneshkohan et al (2015:160) showed that professional nurses' most essential motivational factors were equality (in pay and promotion opportunities), appreciation/recognition and manager support. A study conducted by Zarei et al (2016) indicated that intrinsic factors such as career development increase professional nurses' sense of belonging, self-achievement, self-confidence and value. Literature shows that organisations focus mainly on external drivers (Baljoon et al 2018:156; Olajide et al 2020:496, 497). This study suggests that intrinsic motivation is still the predominant driver. Nursing is a challenging profession; it would take more than extrinsic factors to motivate professional nurses to remain in the profession. Organisations facilitate the development of people's identity, and therefore organisational identity is considered a form of social identity (Ashforth & Mael 1989:20; Escalona et al 2015:69).

There is a long-standing acceptable professional practice in institutions and organisations to remove role models away from the bedside. Both key informants and professional nurses acknowledged that organisation business requirements, for example, too many systems, audits, measurement tools, checklists, assessments, and financial constraints, 'kill' professional nurses and move professional nurses away from the bedside.

In the past few years, the perception exists that some professional nurses' focus on caring and calling values has diminished and shifted to a focus on earning money. There is nothing inherently wrong with professionals wanting both altruism and profit (Beaton 2010:7; O'Riordan 2019:4).

A concern raised by a key informant is nursing organisations' lack of commitment and leadership in negotiating remuneration packages. Key informants stated that competitive remuneration would strengthen the image, status and identity of nursing.

Professional nurses acknowledged an explicit nursing culture. However, most professional nurses mentioned that different cultures in the private and public sectors exist. Public sector professional nurses were 'forced' to break away from traditional nursing culture. Furthermore, the major private hospital groups possess unique cultures which they instil in their employees. Key informants urged organisations to implement strategies to improve workplace culture and reduce negative influences.

Professional nurses reject appalling behaviour in some professional nurses that break down and disrespect the nursing culture ideal. The ideal culture is considered to have professional etiquette and professionalism, and they call on nurse leaders and educators to instil the culture into the profession. Professional nurses said novice professional nurses focus on their human rights and

less on the needs and rights of patients. There is a lack of understanding and leadership in guiding professional nurses in understanding and maintaining patients' human rights.

Professional nurse respondents indicated that most Government hospital healthcare users come from disadvantaged backgrounds, usually rural and urban areas with lower incomes and poverty, as compared with private hospital healthcare users who have medical aid schemes and are a higher income population. Professional nurses mentioned that the care in public and private hospitals differs substantially. Professional nurses in clinical practice experience government patients as more appreciative and thankful for the nursing care. Although the professional nurses reported that public perceptions exist that government hospitals deliver a lower quality of care, professional nurses are perceived as rude. Heavy workloads and a lack of equipment contribute to the negative attitude of professional nurses in public hospitals. Professional nurses' experience of private patients' attitude is that private hospital professional nurses are knowledgeable, accessible and supportive. Although private patients are demanding and treat professional nurses as subordinates, e.g. patients state that they pay their salaries.

In summary, social and institutional changes impact nursingpractice, for example, micro-manage, less time at the bedside, promotion, and inappropriate placement of resources. Professional nurses are motivated by external drivers but primarily by internal drivers. Different organisational cultures (organisation identity) exist in both private and public sectors forcing professional nurses to break away from traditional nursing culture. In the private sector, commercial business interests dominate nursing values and culture. There is a need for a unified nursing culture to flourish in all hospitals throughout South Africa.

7.6 NURSING EDUCATION

A key informant maintained that nurse educators shape the profession rather than nursing administrators, requiring collaboration. Nurse educators and clinical facilitators must have an in-depth understanding of the nursing identity and not regard processes, procedures and outcomes as the only nursing requirements. Nursing identity should be in the nursing curricula. It is required to develop nurse educators to teach basic nursing subject matter, such as history and ethos, with enthusiasm, interest, and creative ways. These subjects are the foundation of the professional nurse and nursing profession.

Key informants and professional nurses said that nurse educators and clinical facilitators, as role models, have a responsible role in the professional socialisation of student and novice professional nurses. They should be equipped to fulfil that role. Key informants believed that professional nurses need a curriculum with all the teaching opportunities to develop the nursing

identity. Therefore, nurse educators need to customise the nursing curriculum to address the teaching opportunities, such as nursing identity, nursing history, social accountability, public speaking, professional image and nursing values. Professional nurses highlighted the necessity for clinical facilitators and nurse educators to be more visible at the bedside to transfer knowledge the subtle skills of becoming an integrated and well-rounded mature professional. Rispel and Bruce (2015:123) state that a major crisis is looming unless curriculum quality and relevance, nurse educator quality, educational resources, and governance of nursing education are addressed. Professional nurses raised concerns about the vast differences in training in the public and private sectors.

From the interview with key informants and professional nurses, it became clear that there is a sense of a lack of leadership in South Africa and that not enough is being done to develop, sustain and strengthen leadership in this country. According to Donabedian (2003:138) and Goudreau and Smolenski (2014:300), “there is a social contract between society and the profession”. Under its terms, society grants the professions authority over functions vital to themselves and permits them considerable autonomy in the conduct of their affairs. In return, the profession expects to act responsibly, always mindful of the public trust. Self-regulation to assure quality in performance is at the heart of this relationship. Educators shape the profession and train to fulfil the country’s health needs and embrace social accountability.

Key informants and more than half of the professional nurses indicated that some neophyte professional nurses struggle to find, clarify, develop and instil their personal identity and value system into the self to fully understand their sense of responsibility in taking up the role as a professional nurse, which influences their caring ability and emotional intelligence. Key informants and professional nurses indicated that neophyte professional nurses struggle to integrate personal and professional values. Their views were that nothing prepares individuals for what they are about to face when entering the nursing profession and being exposed to humanity from the cradle to the grave. Key informants and professional nurses emphasised the distorted and false picture school leavers have of nursing and the psychological difficulties of novice professional nurses because of unpreparedness and immaturity to face cradle to death situations and the realities of work-related requirements. It is also essential to equip preschool to secondary school level educators to understand the nursing identity and what nursing entails to prepare prospective students. Therefore, leaders should prepare novice professional nurses before entering the profession to retain professional nurses and mitigate traumatic experiences. Professional nurses felt strongly that a preparation programme is essential before entering the nursing profession.

Key informants mentioned that South Africa is a country of high unemployment and requires systems to overcome barriers that allow suitable candidates entry to the profession. Key informants and professional nurses' thoughts were that developing a professional identity depends on the best-suited type of person entering the nursing profession and the process the profession utilises to recruit suitable candidates, bringing them in touch with themselves, socialising them into the profession and providing role models. Key informants and professional nurses strongly believe that appropriate selection criteria are vital. Selection criteria did not seem to be sufficient to recruit the ideal type of personality for the profession (section 6.6.1). Therefore, allowing suitable candidates into the profession requires marketing, recruitment and selection criteria and a strategy to target pre-school to the school leavers. This process must identify individuals who possess the required predominant (caring, compassion and calling) and traditional traits (ethical and human qualities).

Professional nurses believe that prospective candidates' life orientation, preparation and education should start at school level. As a school leaver or prospective nursing student, only more than half of the professional nurses were informed about the demands of the nursing profession. This percentage should improve.

7.7 CORPORATE GOVERNANCE

Corporate governance is associated with professional regulation, leadership, political and government influences, unions and private and public sector employers.

Sound legitimate self-regulation of the profession builds a trusting relationship between the public and the profession (Singh & Mathuray 2018:134). Professional nurses expect hard and strict discipline control in the profession, proclaimed from the highest position in the country and regulated by a central body. However, professional nurses experienced that the regulatory body judges harshly and needs a more compassionate system that includes love, caring for and listening to the members. Regulatory body visibility, involvement, leadership and professional representation are required.

An important opinion of key informants was that nursing educators have an obligation to function as role models in active engagement in the political processes on a local, regional, national, and global level, to support the country's health needs. According to the literature, nurse leaders must become involved in the policymaking process that decides which policies to adopt and require political involvement (Huston 2014:368). In addition, key informants said that nurse leaders must position themselves on a national level and become involved in strategic leadership. They must improve visibility and become the voice for professional nurses and the driving force for change

in nursing. Nurse leaders have a key role in mentoring, supporting and developing future professional nurse policymakers (Shariff 2014:13).

Professional nurses felt that lower qualified nurses misunderstood the concepts of patient and nurses' rights because the constitution emphasises individual rights. Professional nurses highlighted the need for leadership intervention. SANC has to take a leadership role regarding strikes, union activity, and moral virtues that shape public views and affect the nursing identity.

Key informants' views were that South Africa has strong nurse leaders, but they are silent. Nursing public figures should be well-known to all professional nurses and the public. Leadership involvement and prominent publicity on all possible platforms are necessary. Nurse leaders need to position themselves on a national level and become involved in strategic leadership to improve visibility to the public and the profession and reflect the profession's values. They should become the voice for professional nurses to improve the outward image of the nursing profession and strengthen the nursing identity. Professional nurse visibility at the bedside, council members, media and national and international platforms in the public and professional arenas influence the nursing identity. Professional nurses must develop the skills to present themselves in and to the media and take responsibility for moving from 'silence to voice' and becoming public speakers. This is on par with the International Council of Nurses' announcement of the theme for 2021 as "Nurses A Voice to Lead."

Key informants shared their view that there is a fundamental and longstanding crisis in the institutional and organisational governance and leadership of the nursing sector of the country, which concurs with the literature (Rispel & Bruce 2015:119). Nurse leaders should develop nurse educators and empower them to take up leadership positions to develop the profession.

Professional nurses stated that professional groups and leaders are accountable for discipline in the profession. Nurse leaders do not uphold discipline, control and order. They fail to support middle-level leaders who attempt to uphold regulations, the Code of Ethics for Nursing Practitioners and discipline. Political interference harms the nursing profession, whilst professional nurses wish to end the effect of undesirable political interference and contradicting policies and public statements. Professional nurses are reluctant to become active in the political arena, possibly due to a lack of skills, confidence, or perceived congruity between professional behaviour and politics (Huston 2014:384). Nonetheless, it is suggested that professional nurses become politically involved to protect and defend the profession.

Professional nurses said different perceptions of healthcare delivery in the public and private sectors. Public hospitals are under immense pressure with poor working environments and quality

of care versus the private sector. In addition to the differences in nursing culture between the public and private sectors, each hospital has a unique organisational culture. Commercial and subsequent business interests dominate nursing values and culture in private hospitals, whereas many professional nurses indicated that their organisations empower them to apply patient advocacy and allow some degree of autonomy in their roles.

7.8 CHALLENGES

Challenges in various areas of the profession influence and shape the nursing identity. These challenges are the nursing characteristics, the image of nursing, institutional and organisational culture, nursing education and corporate governance.

The nursing identity requires a nursing character with a strong self-concept contributing to the positive development of the professional self so that the individual associates with the profession. Key informants suggested that the nursing identity should receive more attention, be communicated to the profession, and form part of the curriculum. After that, it should continuously be reinforced to strengthen nursing identity. The characteristics and culture must be rebuilt and re-enforced. The nursing profession's challenges that affect nursing identity are a lack of role models, leadership, respect for seniority, visibility of professional nurses, value changes in the profession and the issue of caring versus remuneration. Challenges to developing the nursing identity are the apparent uncaring attitude of professional nurses in the workplace, the image that bedside professional nurses portray, the appropriate selection of students, the lack of discipline, skills and knowledge of students and their education and training that are questionable. The issue of personal culture versus professional and organisational culture and the challenge of unreliable media reporting and fake news in the media were raised. The participants pointed out the importance versus the non-importance of symbols in the nursing profession.

7.9 SUMMARY

Chapter 7 discussed the integrated data of the qualitative data obtained from key informants, professional nurses (phase I), and the quantitative data (phase II) obtained from the questionnaire. Findings were supported by reference to literature where applicable. Nursing characteristics have specific personality traits that a professional nurse must have to be able to nurse. These personality traits distinguish nursing from other professions. Along with personality traits, the professional nurse has professional group characteristics that require specific appearance and professional conduct that create a professional image that professional nurses can identify with. Professional nurse group identity varies in different areas of the profession. The characteristics of the profession are characterised by its professional status and prestige in

society. The image and identity of the profession largely depend on the nursing characteristics, the quality of training and the visibility of nurse leaders on all platforms. Institutions and organisations are responsible for enhancing the nursing profession and not only focusing on business requirements. Corporate governance requires the development of nurse leaders who uphold discipline and the standardisation of hospitals in South Africa and involvement in national and political arenas.

In the next chapter, discuss these perspectives in the form of guidelines, which recommend interventions that could support the professional nurses, nurse leaders, nurse educators, career counsellors, occupational psychologists, nurse managers, human resource managers and hospital management to build, re-establish and instil the professional nursing identity to improve and strengthen the status and influence of the nursing profession in society.

CHAPTER 8

DISCUSSION ON THE FORMULATION AND VALIDATION OF GUIDELINES

8.1 INTRODUCTION

Chapter 8 discusses the process followed of formulating and validating guidelines for developing a professional nursing identity. These guidelines were formulated based on the survey findings and incorporated the rich experience of the leaders (key informants) and professional nurses interviewed in the field (qualitative phase I and quantitative phase II). The final study objective was reached with the formulation and validation of the guidelines by field experts. Their suggestions were incorporated to enrich the content. The guidelines presented below are not necessarily in any order of importance.

8.2 FORMULATION OF THE GUIDELINES

Logical reasoning was applied in the process to formulate the guidelines. Chapter 2 provides the detailed reasoning process that was followed in phase III, step 2.

8.3 VALIDATION OF THE GUIDELINES

The expert reviewers validated the newly formulated guidelines. Table 8.1 indicates the wide-ranging attributes of the nine experts. The attributes include the position of the expert, the employer, field of expertise and academic qualifications with the frequency of each description.

Table 8.1 Wide-ranging attributes of the nine (9) experts

Description	Frequency
Position	
Nurse Manager	1
Human Resources	1
Clinical Psychologist	2
Educational Psychologist	1
Industrial Psychologist	1
Nurse Educators	3
Quality Manager	1
Employed by	
University	3
Private practice	2
Organisation	4
Department of Health	1
Expertise	
Guideline expert	4

Description	Frequency
Education	7
Nursing	5
Psychology	3
Human resource	6
Organisational development	3
Management	1
Curriculum development	1
Intra-professional education and collaborative practice	1
Evidence-based practice	1
Multivariate statistics in the social sciences	1
Specialise in factor analysis	1
Personality assessment and optimise team functioning	1
Academic qualification	
MSc Intern Human Resource Management	1
Doctorate in Nursing	5
Master's degree in Clinical Psychology	1
Master's degree in Educational Psychology	1
Doctorate in Industrial Psychology	1

Table 8.2 displays the feedback from experts on the newly formulated guidelines. As is evident from the comments on the guidelines, a wide range of input was obtained. Some comments supported the evidence reflected in the concluding statements. One participant sent additional valuable comments via email, which are displayed in the comment block in Table 8.2 and one expert made comments on the guidelines, which were acknowledged and added to the applicable guidelines.

Table 8.2 Feedback from experts on newly formulated guidelines

Criteria	Not acceptable	Acceptable with recommended changes	Acceptable as described	Comment from experts
Clarity	0	1	8	• Explicit and clear guidelines are set
Comprehensive-ness	0	1	8	• Continuous development of individuals • All aspects are addressed
Adaptability	0	1	8	• Ensure recommendations include new generation professional nurses • Emphasise the type of leaders that need to be developed to direct and inspire professional nurses to live their profession • Assuming that the guidelines will be contextualised for the different nursing specialisations
Applicability	0	2	6	• Cost implication for government • Difficult to implement but very necessary • Broad strategic focus

Criteria	Not acceptable	Acceptable with recommended changes	Acceptable as described	Comment from experts
				• More information necessary to determine cost implication • Too little understanding of current barrier dynamics experienced in nursing to evaluate guideline applicability
Credibility	0	2	7	• Difficult to comment • A lot of face validity
Validity	0	2	6	• Difficult to comment • A lot of face validity • Guidelines to accommodate possible changes that happened in recent years, without jeopardising the proud nursing tradition
Criteria	0	0	7	• Minimum criteria to be applied for Private and Government institutions • These guidelines are very well stipulated. Thank you for being part of our journey • Not applicable • Too little focus on restoring the respect of doctors/medical specialists for the vital role that professional nurses play in patient recovery • Nursing contribution/responsibility to sustain/maintain the strategy

Comments

- Psychological assessment will add value because individuals will develop more self-knowledge and insight. A person might also identify personal developmental areas.
- I was impressed by the recommendation to develop a self-concept programme by identifying personal traits.
- The individual should be aware of “synergies and conflicts” with professional traits. I want to add that “conflicts” with professional traits are not necessarily negative or unacceptable.
- We should always consider the subjective element of the prescribed “professional traits” This is merely a subjective perception of what the professional traits should be. These ideal traits could be challenged in continuous development. An individual should not experience a conflict with" professional traits.” Every person may add value without trying to fit a specific mould (the professional traits).
- Recommendation of a mentorship programme will also add value in developing a professional identity.
- Psychological assessment, coaching and mentoring might also play an important role in developing a professional identity.
- Restoring the respect of medical doctors for the vital role that professional nurses play in patient recovery.
- “I would like to congratulate you on the development of well-written guidelines. It is my deepest hope that these guidelines would be implemented to improve our nursing profession.”

8.4 FORMULATION OF DEVELOPED AND VALIDATED GUIDELINES FOR THE DEVELOPMENT OF A NURSING IDENTITY IN SOUTH AFRICA

The guidelines emerged from five themes illustrated in Figure 8.1. These themes are nursing characteristics, the image of nursing, institutional and organisation culture, nursing education and corporate governance.

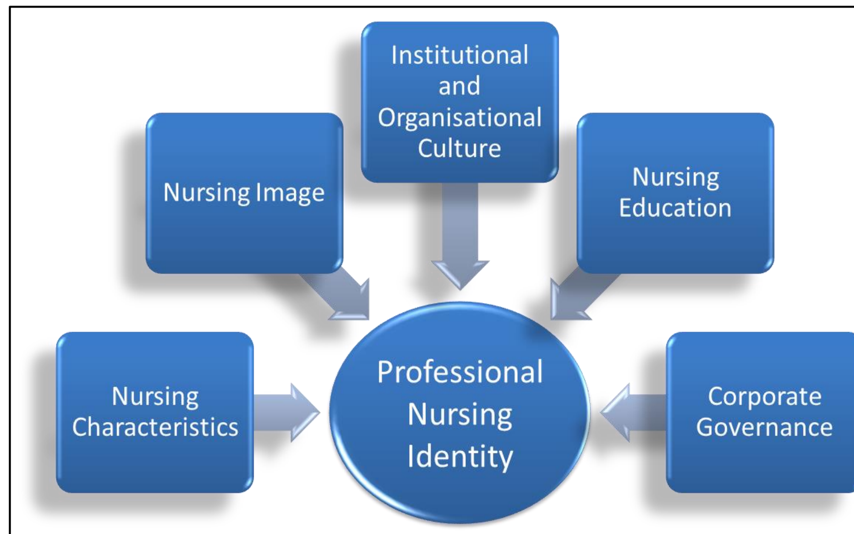


Figure 8.1 Five main themes related to the guidelines

Each theme consists of categories, as illustrated in Figure 8.2. The guidelines emerged from the themes and categories, a rationale for each guideline, and followed by recommendations for implementation. Figure 8.2 shows the five main themes, each with its separate category.

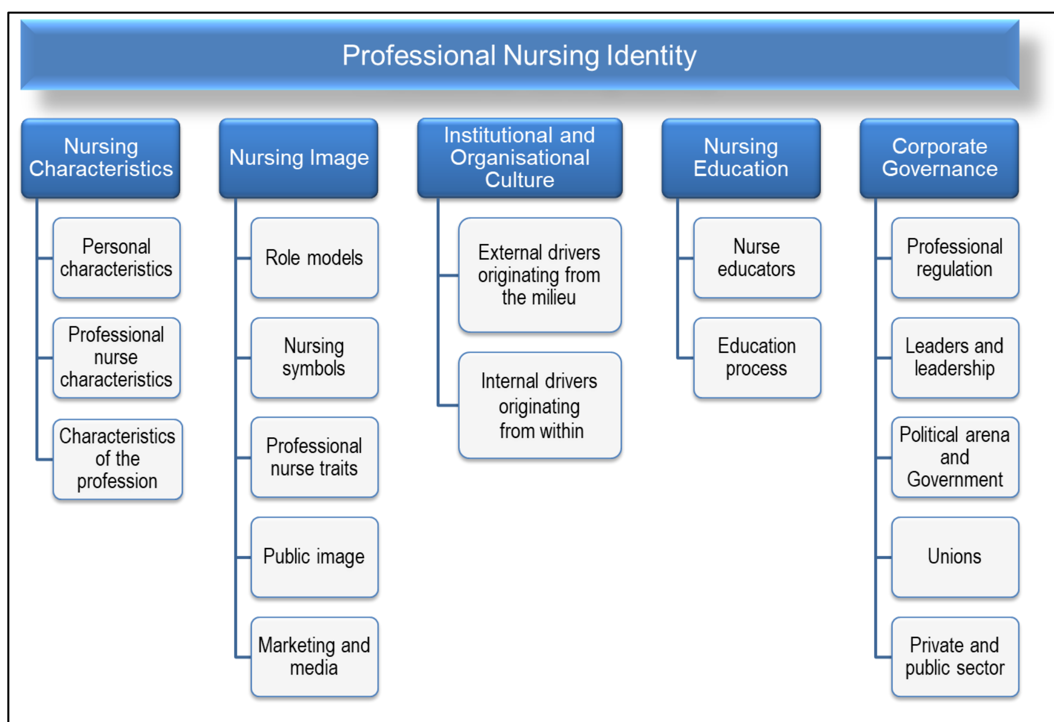


Figure 8.2 Themes and categories related to the guidelines

8.5 THEME 1: NURSING CHARACTERISTICS

Theme 1, 'Nursing characteristics', encompasses three categories, namely personal characteristics, professional characteristics, and characteristics of the profession. The evidence suggests that these characteristics influence and shape the nursing identity founded on the Personal Identity and Social Identity Theory. It plays a proactive role in the formation of the nursing identity. Each category is briefly summarised, followed by the guideline rationale and recommendations for implementation.

8.5.1 Category 1.1: Personal characteristics of the professional nurse

From the category, *personal characteristics,* guidelines to support the development of the personal characteristics of a professional nurse were formulated to deal with personal traits, professional etiquette, an integrated and well-rounded mature individual, self-concept and self-caring traits. Box 8.1(a) presents guideline 1 based on the concluding statements.

Box 8.1(a) Summary of the personal characteristics of a professional nurse

A. Summary

The characteristics required from a professional nurse are a unique personal identity (upbringing), personal characteristics (personality traits (e.g. caring, calling, compassion), professional etiquette, integrated and well-rounded, mature individual, self-concept and self-caring traits), professional nurse traits (the ability of a professional nurse to communicate beyond sensory consciousness such as presence communication, expressive therapeutic touch and intuition, spirituality and religion), predominant (caring, compassion and calling) and traditional traits (ethical and human qualities). Key informants and professional nurses concur with the literature, indicating that professional nurses should possess and portray sound traditional ethical and human qualities. Ethical qualities are humaneness, dignity, respect, integrity, altruism, empathy, sympathy, honesty, patience, commitment, loyalty, tolerance, a degree of human understanding, ethical behaviour, ability to compromise, flexibility and insight into people. Human qualities are friendliness, kindness, kind natured, maturity and etiquette and communication skills. Professional nurses indicated that it is generally expected that a professional nurse must follow a kind approach in caring for patients, although, in certain nursing areas, assertive professional nurses are needed, such as intensive care units.

A strong self-concept contributes to the development of a positive professional image. Although the literature disagrees, most respondents viewed their self-image as positive, and professional nurses participated in the focus groups, and key informants reported a perceived low self-image from professional nurses.

Participants agreed that there is a perception that professional nurses are rude, that their personal values supersede professional values, and have lost the art of portraying basic professional etiquette. The perception exists that professional nurses present with low self-esteem and a lack of assertiveness and are victims of abuse and oppression from managers, medical practitioners and the public. However, the statistical data show the opposite. Some professional nurses are not fully integrated into the nursing culture and values, and they require development to become integrated and well-rounded mature individuals who have a personal and professional self-development and self-enrichment drive.

GUIDELINE 1: Personal characteristics of the professional nurse

The rationale for the implementation of the personal characteristic guideline

The guideline is intended to develop and support professional nurses' personal characteristics. It is envisaged that this guideline will enable nurse leaders and nurse educators to continuously shape personal characteristics in school children, prospective nursing students, students in preparation for a nursing career and professional nurses throughout their professional career. It also serves as a guideline for recruiting and selecting prospective nursing students, retaining professional nurses and serves as a marketing tool. Box 8.1(b) presents recommendations for implementing guideline 1.

Box 8.1(b) Recommendations for the implementation of guidelines

<table>
<tr><td colspan="2">Personal characteristics</td></tr>
<tr><td>Nurse leaders from organisations and institutions should:
• Develop a strategy defining the proposed personal characteristics, unique personality traits, professional nurse traits, and predominant and traditional traits to serve as a guide.</td><td>− A marketing strategy.
− In recruiting students and professional nurses.
− In the selection process of prospective nursing students.
− For correct placement of staff in sub-specialities, e.g. paediatrics and theatre.</td></tr>
<tr><td>• Develop the professional nurse traits regarding the art of communication beyond sensory consciousness (communication to make patients feel cared for) while caring for patients.</td><td>− Develop the art (skills and abilities) of expressive therapeutic touch.
− Develop the art of intuition and intuitive intelligence.
− Develop the art of communicating beyond the physical and sensory consciousness (spirituality and religion) in the care of patients.
− Develop the art of communicating with a complete innermost soul, giving of oneself, presence and time.
− Apply a conscious effort in mindfulness within an impersonal clinical, administrative and technical environment to maintain human caring by humanising technical aspects.</td></tr>
<tr><td colspan="2">• Ensure enculturation of the nursing culture to prevent personal and organisational culture from dominating nursing culture.</td></tr>
<tr><td>• Support professional nurses to enhance their professional etiquette:</td><td>− Provide a written professional etiquette strategy.
− Provide compulsory Continuous Professional Development (CPD) training to cultivate professional etiquette and an elegant, confident professional nurse.</td></tr>
<tr><td colspan="2">Integrated and well-rounded, mature individual</td></tr>
<tr><td>Nurse educators and leaders should:
• Provide compulsory CPD training to develop nursing students and novice and professional nurses into integrated, well-rounded, and entirely matured and composed professional nurses. The training should:</td><td>− Positively influence the profession and society, with a matured understanding of the human condition and a sense of empathy and relatedness to others.
− Integrate personal worth and social motives essential for a well-rounded, well-balanced, matured personality development.</td></tr>
</table>

<table>
<tr><td colspan="2">Self-concept</td></tr>
<tr><td>• Strategy from nurse leaders and educators to develop student's self-concept and inner being, novice professional nurses, and professional nurses to develop the professional self. The strategy should include a compulsory CPD programme with the following topics:</td><td>− Self-discovery, self-awareness, self-esteem and self-worth.
− Self-presentation (the manner we present ourselves to others).
− Self-confidence and assertiveness.
− Self-development abilities.
− Deal with abusive behaviour from patients, doctors and the public.
− Psychological assessment to develop self-knowledge and insight and identify personal developmental areas.</td></tr>
<tr><td colspan="2">• Encouragement of preceptors during education and practical facilitation to shape the self-concept of the student and novice professional nurse.</td></tr>
<tr><td colspan="2">• Nurse leaders plan work activities to promote professional nurses' self-esteem and professional self (Sabanciogullari & Dogan 2017:1676).</td></tr>
<tr><td colspan="2">• Develop a positive social image and improve the professional self-concept of nurses (Sabanciogullari & Dogan 2017:1676; Yazdannik et al 2012:186).</td></tr>
<tr><td colspan="2">Self-care traits</td></tr>
<tr><td>• Nurse educators and leaders in providing a written self-care (physical, emotional and mental health) strategy that includes:</td><td>− Physical and emotional care and mental health.
− Assist professional nurses in developing self-care capabilities to manage stress and deal with psychological discomfort.
− Support professional nurses to undertake debriefing sessions throughout their career to secure mental health.</td></tr>
<tr><td colspan="2">• Encourage leaders of organisations and institutions to touch professional nurses' hearts and unlock their ability to care.</td></tr>
<tr><td colspan="2">• Provide compulsory physical and emotional care and mental health CPD training.</td></tr>
<tr><td colspan="2">• Develop a journaling culture and arrange team debriefing sessions where individual professional nurses share insights gained from their journaling.</td></tr>
</table>

8.5.2 Category 1.2: Professional nurse characteristics

A guideline to support the development of professional nurse characteristics was formulated from the category of *professional nurse characteristics*. Professional nurse characteristics are a composite of many aspects and include professional socialisation, integration of personal and professional traits coupled with the professions' traits, professional nurse (professional identity) and unique traits Box 8.2(a) presents guideline 2 based on the concluding statements.

Box 8.2(a) Summary of professional nurse characteristics

A. Summary

Professional nurses' views were that the professional nursing identity had faded gradually, and professional nurses were unaware of the concept and its influence. In addition to the personal characteristics mentioned above, specific characteristics are required from the professional nurse. These characteristics consist of unique traits that must be enhanced and established by the socialisation process. These unique traits of professional nurses are the ability, the understanding and application of the aesthetic art of nursing (experience beauty in healing and astonished about sickness), the meaning of life (ability to find meaning in misery) and human wonder (appreciate miracles and mystery) in the caring of patients. That is the art of nursing. In addition, these traits include the public image of the professional nurse, the level of professionalism that includes professional etiquette, and the visibility and voice of the professional on all possible national and international platforms. An important characteristic is the integration of personal and professional values and identities that includes their ability to allow their private life to accommodate their professional life and the appropriate behaviour after working hours.

Professional boundaries are essential to ensure a secure and disciplined environment and provide freedom while caring for patients. These boundaries must be established during the professional socialisation process. Participants felt that novice professional nurses lack socialisation in professional values and the nursing culture. The nursing identity depends on the effective socialisation and integration of the individuals' personal and professional norms, values and culture. It is essential to rebuild and re-establish the professional identity to diminish conflict and the overriding concern that personal values and culture may outweigh professional values and culture. Strong group identity is therefore indispensable. Additional challenges highlighted are caring within an administrative, technical, outcomes-based environment where the warmth and art of nursing care may get lost.

The characteristics of the professional nurse that influence the nursing identity were reported as the professional and public image, the ability to advocate for patients, practise with autonomy, maintain professional discipline. It all comes down to good leadership in a profession. Leadership influences the profession's image and social status (Sabanciogullari & Dogan 2017:1677). Although professional nurses showed a high level of dissatisfaction with the professional status and public trust in South Africa, half of the professional nurses indicated that today's nursing profession appears prestigious. The professional nurses' group identity boundaries appear blurred with lower qualified nurses.

GUIDELINE 2: Professional nurse characteristics

The rationale for the implementation of the professional nurse characteristics guideline

The guideline is intended to develop and support professional nurses with 'professional nurse characteristics' which could influence and shape the nursing identity.

Recommendations for the implementation of guidelines

Professional nurses are highly trained and educated and should gain more recognition for their work and are worthy of higher social prestige and status (social stratification) and a solid nursing identity. Box 8.2(b) presents the recommendations on implementing guideline 2.

Box 8.2(b) Recommendations on the implementation of guidelines

<table>
<tr><td colspan="2">Professional socialisation (social identity)</td></tr>
<tr><td colspan="2">Organisation and institution nurse leaders should support professional socialisation by:
• Incorporating SANC, ICN Code of Ethics for Nursing Practitioners, the Nurse’s Pledge of Service and appropriate use of the lamp and professional ethos in organisational statements and strategies.</td></tr>
<tr><td colspan="2">• Develop a policy on professional boundaries.</td></tr>
<tr><td>• Develop a compulsory CPD programme linked to the licensing of a professional nurse throughout a professional career. The programme should include:</td><td>− Acculturating the values of the profession
− Portraying a professional image.
− Cultivating a standard practice of professionalism.
− Cultivating a caring ethos and professional ethics.
− Understand the social contract with the public.
− Earn social value, prestige and approval.</td></tr>
<tr><td colspan="2">• Interaction with role models to support the professional socialisation process and development of their professional identity.</td></tr>
<tr><td colspan="2">Integration of personal and professional characteristics and characteristics of the profession</td></tr>
<tr><td>Nurse leaders should:
• Develop a compulsory CPD programme to support novice professional nurses in integrating personal and professional values and identities.</td><td>− Prevention of unnecessary value separation, discord or conflict.
− Ensure alignment of knowledge and demonstration of the values in their behaviour and attitude.</td></tr>
<tr><td colspan="2">• Review and measure the level of personal and professional value integration and interfacing before entering the labour market. Continued assessment in the workplace to identify and address gaps or regression.</td></tr>
<tr><td colspan="2">• Facilitate structured debriefing of clinical experiences or simulated scenarios examining personal and professional values that can be integrated by selecting specific nursing professional values relevant to the situation (Rose, Nies & Reid 2018:29).</td></tr>
<tr><td colspan="2">• Cultivate a viewpoint of a private life that accommodates professional life and reflects the profession’s philosophy, norms and values.</td></tr>
<tr><td colspan="2">• Cultivate the emotional maturity of the professional nurse to maintain her/himself in both personal and professional worlds.</td></tr>
<tr><td colspan="2">• Take responsibility and intervene in negative public conversations toward professional nurses and health services to support a better understanding of distorted or misinterpreted events.</td></tr>
<tr><td colspan="2">Professional image (social standing/status [social identity])</td></tr>
<tr><td>• To strengthen the professional image, nurse leaders and nurse educators should develop a robust strategy to improve the social and in-group identity, which should include:</td><td>− Support the development of the professional nurses’ self-concept
− Improve social and in-group identity (social status) of the professional nurse, for example, encourage outreach activities by the group.
− Implementation of guideline 6 and the professional nurse traits.</td></tr>
<tr><td colspan="2">• Portray a positive public image that lives up to the values and ethical behavioural principles regarded as necessary by society or some social groups.</td></tr>
<tr><td colspan="2">• Cultivate professional interaction with the public and allied healthcare professions to create good impressions and respect.</td></tr>
<tr><td colspan="2">Professional nurse traits [professional identity (social identity)]</td></tr>
<tr><td>• Nurse leaders of organisations and institutions should develop a proactive strategy to shape (form) the professional identity (social identity). The strategy should include:</td><td>− Supporting the development of personal and professional values and identities.</td></tr>
</table>

<table>
<tr><td>• To strengthen the in-group identity, nurse leaders and educators should develop a strategy to include:</td><td>− Cultivating pride in being a member of the in-group, sharing knowledge of group status in society, and responsibility towards group members and other groups (Leary & Tangney 2012:74; Tajfel 2010:18).
− Improving the professional nurse reference group’s identity (social identity).
▪ Focus on group identity for members to distinguish themselves as professional nurses that emerge with styles of dress and behaviour.
▪ Clarify role identity (social identity) for professional nurses to think and feel like group members.
▪ Strengthen professional nurse role identity (“doing”) since professional workers possess certain specialised esoteric skills and knowledge and are therefore unique from others in what they can ‘do’ to reflect a strong professional nurse identity (Archer’s 2000:249; Leary & Tangney 2012:74).
▪ Encourage professional nurse collective identity and cultivate a sense of uniqueness from other groups and a sense of belonging (social identity).
▪ Encourage in-group discussions to transform members' perceptions of group boundaries from “us” and “them” to a more inclusive “we”.
▪ Cultivate awareness and pride to protect the professional boundaries of the group according to the scope of practice.
▪ Awareness of the damage that professional nurses cause by negative talks about nursing.</td></tr>
<tr><td colspan="2">Professionalism</td></tr>
<tr><td>Nurse leaders should:
• Provide compulsory CPD training, which includes the following topics:</td><td>− Support professional etiquette that includes non-verbal presence (exude in self-presenting), physical appearance and verbal skills.
− Build public trust (act responsibly and assure quality in performance).
− Enhance public faith in the selflessness (altruism) that is instinctively sensed as the essence of professionalism (Beaton 2010:19).
− Cultivate ethical devotion in serving the public good over and above own interests. Professional ethics are paramount in building and maintaining public trust (Beaton 2010:19).</td></tr>
<tr><td colspan="2">• Provide a written strategy for appropriate behaviour after working hours.</td></tr>
<tr><td colspan="2">Unique traits of a professional nurse</td></tr>
<tr><td>Nurse leaders of organisations and institutions should assist professional nurses:
• To develop unique traits (Aesthetics art of nursing, meaning of life, and human wonder) and the finer art of nursing. Provide a triennial compulsory CPD programme throughout the professional career of the professional nurse that includes:</td><td>− Aesthetics art of nursing:
▪ Educate professional nurses on Platonist ethics that ‘good is beautiful’ to identify beautiful moments in the context of nursing. Beautiful and sublime moments occur during the nurse-patient interaction (Siles-González & Solano-Ruiz 2016:154-156).
− Meaning of life:
▪ To develop a personal philosophy and ideology integrated into the professional philosophy to understand the meaning of life better.
▪ Making connections with patients is central to meaningful work for professional nurses (Da Silva, Goulart, Lopes,</td></tr>
</table>

	Serrano, Siqueira, Costa & Guido 2014:2; Pavlish & Hunt 2012:113). ▪ Participate in finding your own identity and meaning in life and seeking to discern and understand your own identity as a person and reflect on life as a professional nurse. ▪ Cultivate a mentoring culture: Mentor novice professional nurses to add meaning to their work and a sense of fulfilment, especially through their formative years (Malloy et al 2015:1). − Human wonder: ▪ Develop an appreciation for the beauty of health and healing from sickness. ▪ Cultivate awareness and a sense of wonder for the miracle of healing. ▪ Cherish the gift of human life. ▪ Deeper spiritual understanding by the professional nurse to assist patients in finding meaning in their existence, disharmony, suffering, and turmoil; promote patients' self-control, choice, and self-determination with their health-illness decisions. (Watson 2011:1, 24, 46, 49).

8.5.3 Category 1.3: Characteristics of the profession

The category, *characteristics of the profession* moulds the individual character to the requirements of the nursing profession for the benefit of society. Box 8.3(a) presents guideline 3 supporting the profession's characteristics based on the concluding statement.

Box 8.3(a) Summary of the characteristics of the profession

A. Summary
Interviewees said that as society developed, the characteristics of the profession were influenced and shaped by nursing legends, nursing history, nursing culture, tertiary education, the regulatory body, professional boundaries and the distinctive traits of the profession. Key informants agreed with the literature (Wolf 2013:154), commenting that recognition of professional success and tertiary education might improve the status of the profession. Professional nurses felt that personal and organisational culture supersede the nursing culture, and therefore enculturated culture of the nursing profession is required. The nursing profession is obligated to other professions but is dominated by other professions such as the medical profession and business administrators. Professional nurses experience tension between the science and the art of caring, increased technology in practice, and internal and external drivers. Due to anomie in society, the practice of ethos, ethics and morality are even more fundamental and need a solid and visible nursing identity. More than half of professional nurses measured on the pre-conventional level of Kohlberg's Stages of Moral Development do their job to avoid punishment from the supervisor and gain reward. Most professional nurses also measured at the conventional level of moral development and understood social mutuality (post-conventional morality and indicated their desire for unselfish service (altruism), driven by universal ethical principles. The ignorance of the public, multi-disciplinary teams and other professions about the nursing hierarchical structure distinguishing devices, uniforms and symbols, and different levels of training of nurses are influencing factors that create distorted and wrong perceptions about the image, status and identity. Nursing still struggles to acquire its rightful, legitimate and deserving position in society. Professional nurses had different opinions about being oppressed by the medical profession. Professional nurses

who participated in the focus group interviews felt stronger that the medical profession oppresses nursing. Only a small number of respondents indicated that the nursing profession is dominated and oppressed by the medical profession. Half of the professional nurses considered the professional nurse group unique and required reinforcement of the social identity of the professional nurse.

A long-standing organisational practice might create the perception that bedside nursing is somehow ‘beneath’ the professional nurse. According to Neal-Boylan (2013:130) nurses who are ‘educated’ regard bedside nursing as somewhat ‘beneath’ the professional nurse and completely devaluing nursing. In addition to the above, the recogniting professional successes might influence and shape the status, image, uniqueness and identity of the nursing profession.

GUIDELINE 3: Characteristics of the nursing profession.

The rationale for the implementation of the characteristics of the nursing profession guideline.

The intent is to provide adequate support for the professional nurses to shape and influence the characteristics of the nursing profession. Box 8.3(b) presents the recommendations for implementing guideline 3.

Box 8.3(b) Recommendations for the implementation of guidelines

<table>
<tr><td colspan="2">Nurse leaders of organisations and institutions should:
• Conduct discourse sessions to allow professional nurses to add value to the characteristics of the profession quinquennial (5 yearly). (The ideal characteristics of the profession could be challenged and continuously developed. Individuals should be aware of ‘synergies and conflicts’ with the characteristics of the profession).</td></tr>
<tr><td colspan="2">Nurse leaders of organisations and institutions should:
• Enhance knowledge and create an understanding of the history of nursing as the departure point to establish a clear image of a professional nurse and strengthen the nursing identity.</td></tr>
<tr><td colspan="2">Recognition</td></tr>
<tr><td>• Implement a recognition strategy that acknowledges professional nurses who exemplify best professional practice and make unique contributions that enhance the profession’s status, image, and uniqueness. The strategy should include:</td><td>− Publicise excellent contributions.
− Annual rewards such as celebratory ceremonies and publicity convey the values, market and promote the profession’s status.
− Support ceremonies that assist professional nurses in strengthening their professional identity (Wolf 2014:150).</td></tr>
<tr><td colspan="2">Nursing culture</td></tr>
<tr><td colspan="2">• Encourage students and professional nurses to enculturate the nursing culture to prevent personal and organisational culture from dominating the nursing culture.</td></tr>
<tr><td colspan="2">• Encourage professional nurses to practice according to the enculturated culture of the nursing profession (Jeffreys 2015:20).</td></tr>
<tr><td colspan="2">Status/social standing of the profession [social identity]</td></tr>
<tr><td colspan="2">• Ensure recognition of a fully-fledged professional status based on criteria of the profession to establish a professional nursing identity</td></tr>
<tr><td colspan="2">• Promote university education which is the most valuable approach to improving professional status.</td></tr>
</table>

<table>
<tr><td>• A robust strategy to improve professional nurses' social status and identity and, by implication, the profession. The strategy should include:</td><td>− Restore the respect of doctors/medical specialists for the vital role that professional nurses play in patient recovery.</td></tr>
<tr><td colspan="2">Position of the nursing profession in relation to other professions</td></tr>
<tr><td>Nurse leaders should strengthen the nursing profession's position in relation to other professions by:
• Supporting professional nurses to collaboratively develop a robust strategy to liberate themselves from oppression and domination. The strategy should include:</td><td>− Introspection, education and enlightenment of the oppressed group.
− Support for professional nurses to counteract the dominance of other groups.
− Improve the relationship between the profession and society to liberate and re-position the nursing profession from the historical 'handmaiden' image.</td></tr>
<tr><td colspan="2">• Support professional nurses to strengthen professional accountability and cooperativeness towards allied health professions.</td></tr>
<tr><td colspan="2">• Ensure that professional nurses are aware that they have a responsibility to work across professional boundaries (Joynes 2017:135, 146), therefore, encouraging inter-professional cooperation of multi-disciplinary teams to ensure the best patient care is provided.</td></tr>
<tr><td colspan="2">• Support professional nurses in communicating their professional identity to support functions such as business administrators.</td></tr>
<tr><td>• A strategy to improve in-group identity, guided by a process based on a well-developed in-group identity model. It is suggested that this process requires a facilitator and mediator with a social-psychological background. It is recommended that the strategy should:</td><td>− Re-establish professional nurses' in-group professional identity:
▪ Reduce in-group bias to draw group membership to a more inclusive level and status.
▪ Transform members' cognitive representation of the membership from many groups to one group, e.g. group values and image, member meetings to negotiate salary packages etc.
▪ Reject the negative in-group identity in favouring of the new inclusive in-group identity.
− Use representational mediators or the re-categorisation processes to change the professional nurses' negative view of the group.
− Facilitate professional nurses' attitudes towards out-groups (other professions).
− Facilitate a transformation of members' perceptions of professional nurse in-group boundaries and status to an inclusive "we", to improve the in-group identity.
− Encourage professional nurses to seek to exclude others to protect their profession and the public from unqualified and unethical practitioners.</td></tr>
<tr><td colspan="2">Nursing hierarchy
Institution and organisational nurse leaders should:
• Provide a robust strategy for the profession to inform the public about the different roles and levels of training of nurses (enhance group identity).</td></tr>
<tr><td colspan="2">• Review role clarification (role identity); independent, interdependent and dependent roles to exclude role blurring and discourage identity blurring between professional nurses and other nursing groups (enhance group identity of professional nurses).</td></tr>
<tr><td colspan="2">Science and art</td></tr>
<tr><td colspan="2">Strategy from organisations and institutional leaders should:
• Focus proportionately on scientific, technology and caring dimensions.</td></tr>
</table>

<table>
<tr><td colspan="2">• Counteract the tension between caring and the influence of technology in nursing.</td></tr>
<tr><td colspan="2">• Prevent business principles from replacing the vocation and values of nursing.</td></tr>
<tr><td colspan="2">• Support professional nurses to prevent deskilling and devaluation of caring.</td></tr>
<tr><td colspan="2">Ethos, ethics and morality</td></tr>
<tr><td colspan="2">Nurse leaders should provide a quinquennial (5 yearly) compulsory CPD programme throughout the professional nurses' career.
• Ethos: Strengthen and nurture the spirit of the nursing culture in the professional nurse.</td></tr>
<tr><td>• Ethics: Cultivate a deeper understanding and the application of:</td><td>− The SANC and ICN Code of Ethics for Nursing Practitioners, the Nurse's Pledge of Service, and the lamp's meaning.
− The social contract between society and the profession (Donabedian).
− The Nursing Credo, written by Charlotte Searle in 1968.
▪ Nurse leaders to review the above Nursing Credo.
▪ Distribute a Nursing Credo to all professional nurses. Display on all nursing occasions and strategically in institutions and organisations.</td></tr>
<tr><td>• Morality: Develop moral maturity and conscience.</td><td>− Conduct discourse sessions to develop moral courage (maturity and moral conscience) and reasoning skills. (Johnstone 2015:10, 44).</td></tr>
</table>

8.6 THEME 2: IMAGE OF NURSING

Theme 2, 'Image of nursing', encompasses five categories, namely role models, nursing symbols, traits and public image of the professional nurse and marketing and the media as factors influencing and shaping the professional nursing identity.

8.6.1 Category 2.1: Role models

The category, *role models,* describes the image or persona of the professional nurse at the bedside (bedside nursing) and the role of historical role models. Box 8.4(a) presents guideline 4 based on the concluding statements.

Box 8.4(a) Summary of role models

A. Summary
Historical role models and other role models socialise and acculturate professional nurses to act as ambassadors, gain professional status and shape a socially acceptable and desirable nursing identity. Professional nurses felt strongly that the visibility of professional nurses at the bedside influences the profession's image. Nursing managers' long-standing accepted corporate practice to remove role models from the bedside when promotional opportunities arise sets off a chain of events such as a poor public image, poor leadership, poor professional image, and poor role models. Although professional nurses in the study did not express this, it can leave the impression that basic nursing care is an inferior task and diminishes the opportunity to develop role models. A few professional nurses indicated that they find it inferior to perform basic nursing care. These basic tasks became the responsibility of the lower qualified nurses, who are left without direct supervision in many cases. That shift of responsibility removes role models (professional nurses) from bedside nursing, which leaves the less trained and inexperienced professional nurses and students in the crucial phase of developing a nursing identity. This deprives them of valuable knowledge the professional nurse could have provided. Novice professional nurses are teaching novice professional nurses at the bedside in the absence of professional nurses. Bedside nurses, namely the less educated nursing personnel, enrolled and enrolled nursing auxiliary nurses, are mostly the first line of interaction with the public and allied healthcare professions where first impressions are created. Ward professional nurses and nursing managers have become more involved in administration tasks and have lost their clinical skills (de-skilled). The key informants and professional nurses viewed the self-concept of professional nurses as poor. They are not assertive and tolerate abuse, exploitation or manipulation in the ward hierarchy. However, most professional nurse respondents' perception of themselves in this study shows the opposite.

GUIDELINE 4: Role models

The rationale for the implementation of the guideline on role models

This guideline is intended to influence role models who could establish a desirable professional nursing identity. Box 8.4(b) presents the recommendations for implementating guideline 4.

Box 8.4(b) Recommendations for the implementation of guidelines

Role models
Nurse leaders should: • Instil knowledge of historical role models. The nursing curriculum should include giving professional nurses insight into the origins of the nursing culture and form a foundation to build the profession's future.
• Ensure that professional nurses take inspiration from Nightingale as a political advocate and activist and regain political influence to reclaim control of their environment (Morley & Jackson 2017:342).
• Ensure that professional nurses cultivate an appreciation for the nursing heritage.
Professional nurse at the bedside (in clinical practice)
Nurse leaders should provide a robust strategy to retain and restore the function and status of the professional nurse working with patients at the bedside. The strategy should include: • Career development opportunities and competitive remuneration packages to prevent professional nurses from moving away from bedside nursing.

• Create models for clinical professional nurses at the bedside to develop leaders for clinical practice and future leader development.
• Initiatives to demonstrate the value of professional nurses performing basic nursing care.
• Encourage clinical facilitators' visibility in clinical practice to accompany students and prevent professional nurses from de-skilling.
• Encourage students to interact with professional nurses (role models), with the intention to learn about nursing, of themselves and contribute to personal growth and self-concept.
• Improve the social status [social identity] of the bedside professional nurses.
• Reinforce the reference group identity, role identity, and collective identity (social identity) of professional nurses at the bedside to strengthen the membership and social identity.

8.6.2 Category 2.2: Nursing symbols

The category, *nursing symbols,* describes the nursing culture's essential components that manifest as the group's image, rituals, symbols, and groups dynamics. Box 8.5(a) presents guideline 5 which intends to support the use of nursing symbols based on the concluding statements.

Box 8.5(a) Summary of nursing symbols

A. Summary
Symbols are a nursing heritage and a powerful tool to communicate shared values, distinguish professional nurses from other professions and resonate, shape and influence the nursing identity and function as significant for the greater good of society. Most professional nurses indicated that nursing symbols play a significant role in the nursing identity. The public and some multi-disciplinary team members are unable to differentiate between different levels of nurses and in some cases, the rest of the workers in the hospital. Clearer distinctions between healthcare workers using distinguishing devices and different uniforms benefit the image and status of professional nurses and the nursing profession. Uniforms hold personal significance for those who wear them and act as powerful symbols representing a professional identity and image (West 2019:8, 71, 154, 279). Uniforms must reflect a professional, elegant and modern image of the profession and, at the same time, retain an appreciation for nursing heritage and legacy. Young professional nurses are not well socialised to be proud of their uniforms. Key informants and most professional nurses acknowledged the significance of distinguishing devices despite the current debate in the country. Most professional nurses indicated that epaulettes give a specific professional identity. There is a significant difference in the feeling and pride in wearing epaulettes at work and in public. The majority of professional nurses in the study reported feeling proud and empowered when wearing epaulettes at work but not in public. Professional nurses emphasised leadership's responsibility to ensure that the public understands the meanings of the particular distinguishing devices and nursing symbols. Key informants and professional nurses shared their views that symbols support a nursing identity, communicate shared values, distinguish professional nurses from other professions, bind professional nurses together and represent the profession in society. The Nurse's Pledge of Service sometimes manifests in the profession as a meaningless ritual that does not add value. Key informants stated that the correct use could add value, influence and shape the nursing identity. The lamp is a positive, inspiring symbol of the nursing identity.

GUIDELINE 5: Nursing symbols

The rationale for the implementation of the nursing symbols guideline

The guideline intends to support the positive use of nursing symbols to build a strong and sound professional nursing identity, join members of the profession together, communicate shared values, distinguish professional nurses from other professions, perpetuate the tradition, keep nursing history alive, and build the future of the profession. The guideline also supports the significant contribution that symbolism to emphasise likeness and respect for diversity while building a strong and sound collective. Box 8.5(b) presents the recommendations for implementing guideline 5.

Box 8.5(b) Recommendations for the implementation of guidelines

<table>
<tr><td colspan="2">Symbols</td></tr>
<tr><td colspan="2">Nurse leaders should provide a robust strategy to strengthen social and group identity. Nurse leaders and educators should:
• Use symbols to attract new members and keep existing group members on track.</td></tr>
<tr><td colspan="2">• Use symbols to establish loyalty, prompt strong ethics, establish and perpetuate traditions, instil confidence and build support within the profession.</td></tr>
<tr><td colspan="2">• Raise awareness amongst professional nurses about the power and influence of symbols.</td></tr>
<tr><td>• Develop a robust marketing strategy.</td><td>− Inform the public and relevant others of the purpose and meaning of different distinguishing devices.
− Market inspiring nursing symbols on all possible nursing occasions to promote a positive perception of the professional identity.</td></tr>
<tr><td colspan="2">Uniforms</td></tr>
<tr><td colspan="2">To strengthen the social identity, nurse leaders, nurse educators, institutions, and organisations should include the following in the strategy:
• Providing unique uniforms that distinguish professional nurses from other workers in the workplace.</td></tr>
<tr><td colspan="2">• Provide a written dress code policy prescribing a professional image with hair, nails, jewellery, public behaviour, appropriate dressing and appearance (Bayoumy, Shaqiqi & Bogami 2015:127).</td></tr>
<tr><td colspan="2">• Cultivate pride in wearing the complete, unique and neat uniform in public and at work.</td></tr>
<tr><td colspan="2">Distinguishing device</td></tr>
<tr><td colspan="2">• To strengthen social identity, nurse leaders should educate nurses to acknowledge and understand the purpose and significance of distinguishing devices (symbols). It should be included in the strategy.</td></tr>
<tr><td colspan="2">Nurse's Pledge of Service</td></tr>
<tr><td colspan="2">To strengthen personal and social identity, nurse educators and nurse leaders should include the following in the strategy:
• Teach and integrate the deeper meaning of the Nurse's Pledge of Service in professional nurses' conscience as a promise or agreement to society to take care of the ill and infirm. The vow can only bestow the desired identity when the pledge gives meaning and changes the individual's innermost life and behaviour in practice.</td></tr>
<tr><td colspan="2">• Practicing and upholding what the Nurse's Pledge of Service declares can be achieved through performance objectives to improve nursing identity.</td></tr>
<tr><td colspan="2">• Pledge to serve the community on all nursing occasions and use of all possible opportunities to market the profession.</td></tr>
<tr><td colspan="2">The lamp</td></tr>
<tr><td colspan="2">To strengthen personal and social identity, nurse leaders should include the following in the strategy:
• Encourage the tradition of lighting the lamp as a meaningful symbol.</td></tr>
<tr><td colspan="2">• Visibility of the lamp in organisations and institutions emphasises the strength of the symbol to inspire professional nurses to embrace and identify with the nursing identity.</td></tr>
</table>

8.6.3 Category 2.3: Professional nurse traits

The category, *professional nurse traits,* describes the appearance and public image of the professional nurse based on the concluding statements as presented in Box 8.6(a).

Box 8.6(a) Summary of professional nurse traits

A. Summary
Professional nurses are unaware of their public identity, which requires the individual to act professionally at work, in public and their private lives. Many professional nurses display an unhealthy physical appearance and lack self-care. However, they wish to portray an image depicting dignity and expertise and radiate professionalism with confidence to convince the public and stakeholders of their professional status. The public forms perceptions or opinions depending on professional nurses' behaviour and the appearance. Professional nurses reported that the public had lost respect for the nursing profession. A well-developed professional identity with integrated and well-rounded mature members will cultivate a positive public opinion and value for the profession.

GUIDELINE 6: Professional nurse traits

The rationale for the implementation of the professional nurse traits guideline

This guideline intends to support and facilitate the professional appearance and image of the professional nurse.

The guideline underpins the core component of the identity and Social Identity Theory. Professional nurses should be able to view, identify and commit themselves as a member of the same social group that portrays a socially acceptable professional image, and therefore this guideline is significant in addressing the social status of the profession. Box 8.6(b) presents the recommendations of implementing guideline 6.

Box 8.6(b) Recommendations for the implementation of guidelines

Nurse leaders should: • Provide a written policy and a compulsory CPD programme regarding professional image expectations, which is a composite of many aspects of a professional nurse's appearance, throughout the professional career. The programme should include:	Development of a strategy to improve the professional image of the professional nurse. A professional image is a composite of appropriate professional and public appearance, manners and etiquette, proper personal behaviour and effective communication. − Appropriate professional appearance is a composite of one's professional clothing and grooming which include physical appearance: ▪ Cultivate the habit of appropriate professional appearance and proper grooming (Jones 2019-2020:20-21). ▪ Provide guidelines (non-mandatory recommendations) about physical appearance. The strategy should include a healthy lifestyle and self-care. − Encourage appropriate manners and professional etiquette. − Practice a code of personal behaviour that demonstrates: ▪ Respect for the institution or organisation. ▪ Respect for people in the workplace, in public and in one's private life, to shape the professional identity. − Personal behaviours should include: ▪ Respect for the institutional and organisational rules and regulations. ▪ Being an engaged employee. ▪ Respect for the diversity of people (professional image at the core). ▪ Positive reference to the employer when in a private capacity. ▪ Considered response to questions such as 'Why didn't you study medicine?' ▪ Speak enthusiastically about being a professional nurse. ▪ How one presents oneself. − Effective communication includes constructive conversations at work, in public and private life about colleagues and the nursing profession. Non-verbal and effective verbal communication skills, e.g. posture, facial gestures, and body language, play a role in communicating a particular message.

8.6.4 Category 2.4: Public image

The category, *public image,* targets the public's perception of professional nurses and the nursing profession. Box 8.7(a) presents guideline 7 based on the concluding statements on the public image of the professional.

Box 8.7(a) Summary of public image

A. Summary
The public image is a critical barometer indicating society's view of the profession and whether the profession is valued. Professional nurses are not aware of their public identity and therefore neglect opportunities to improve the public image. The public has a distorted perception of what nursing entails, based on personal experience with nurses, ignorance and distorted images of nurses in the media. Less than half of professional nurses believed the nursing profession is valued in society. To obtain a stronger position in society, professional nurses need to increase their visibility, voice, ongoing education and professionalism to show the public what nursing entails. Key informants and most professional nurses indicated that professional nurses who possess scientific knowledge spend too little time at the patient's bedside to the detriment of the public image. Public perceptions and impressions are formed from first-line interactions and care, as previously mentioned, from what they read and see in the media about nursing. Nurse leaders are responsible for correcting long-standing, historically inaccurate stereotypes and obsolete staff management practices.

GUIDELINE 7: The public image

The rationale for the implementation of the public image guideline

It is anticipated that if professional nurses are supported to apply the guideline, it could positively influence their public image and professional identity. Society assesses and values a profession by its perceived image.

It is recommended that the guideline to support *professional nurse traits* be implemented with the public image guideline. Box 8.7(b) presents the recommendations of implementing guideline 7.

Box 8.7(b) Recommendations for the implementation of the guidelines

Public image	
Nurse leaders should: Cultivate awareness and a sense of responsibility among professional nurses for their status as public figures (social image).	
• Create awareness among professional nurses.	− Frontline professional nurse portrays the image of the profession. − The public's perceptions are shaped by what professional nurses portray at work, in public, in their private lives and in the media. − Each professional nurse to explore how their actions or inactions affect the nursing image: ▪ To recognise and acknowledge their behaviour's effect outside of the workplace. ▪ Their positive or negative response to nursing.
• Provide a strategy and compulsory CPD programme to equip professional nurses to deal with:	− Professional conduct to gain public trust. − Restore the status of the professional nurse. − To increase public visibility of professional nurses. − Equip nursing staff to effectively deal with the management of complaints and abuse in the workplace.
• Teach lower qualified nurses about *professional etiquette, self-concept*, *self-care*, *physical appearance* and *public image*.	
• Encourage national and international congresses to debate public image topics.	

8.6.5 Category 2.5: Marketing and the media of the profession and professional nurse

The category, *marketing and media,* focuses on the favourable marketing of professional nurses and the nursing profession and optimal media utilisation. Both influence and shape the nursing identity. Box 8.8(a) lists recommendations for implementing guideline 8 based on the marketing and media concluding statements.

Box 8.8(a) Summary of marketing and media

A. Summary
For many decades there has been insufficient marketing and harmful media influence on the perception of the nursing profession. It is suggested that the profession be marketed to educate the public and school educators to promote nursing as a career of choice and change stereotype perceptions of the profession. Marketing of the profession begins with school children to attract suitable prospective candidates. Favourable marketing of the profession enhances the visibility of professional nurses, influences negative perceptions of the public and stakeholders, educates the public about the profession, serves as recruiting and selection criteria and cultivates the necessary respect that the profession deserves. The media is extremely powerful but is underutilised and misused and often does significant damage to the profession. Nurse leaders are responsible for changing the misconceptions and distorted images of nursing and preventing the media from turning nursing into 'enemies' of the community.

GUIDELINE 8: The marketing and media

The rationale for the implementation of the marketing and media guideline

This guideline proposes interventions that might facilitate appropriate marketing and proper media management, thus influencing public perceptions and shaping nursing identity. Box 8.8(b) presents recommendations of implementing guideline 8.

Box 8.8(b) Recommendations for the implementation of guidelines

Marketing	
Nurse leaders of organisations and institutions, SANC, the government, and private businesses should collaborate and take responsibility for marketing the profession and utilising the media favourably.	
Leaders should collaborate: • Provide a structured and well-planned marketing campaign on a national level.	− To enhance the social standing/status of the profession. − To educate the public to understand what nursing entails. − Marketing of accurate information about the nursing profession to the public. It should include: ▪ Levels of training, nursing hierarchy structure, distinguishing devices, and nursing symbols. ▪ Role differences and practice demarcation according to the scope of practice explain what professional nurses and lower qualified nurses do. ▪ Specialised training and knowledge of professional nurses. ▪ Promote the status of bedside professional nurses.

	▪ Nursing schools in South Africa. ▪ A positive professional image of professional nurses to counteract ridiculous and distorted images. ▪ The dynamics and uniqueness of the profession. ▪ Emphasise social responsibility and accountability of the profession. ▪ Nursing is an invaluable contributor to the healthcare system. ▪ Career ladders and opportunities available in the profession.
• A robust educational marketing strategy.	− Cultivate awareness and understanding of what nursing entails: ▪ **Educators** from pre-school to nursing schools. ▪ **Parents** of middle school children (age 11 to 16 years). ▪ **Learners** of pre-school or nursery, primary (grade 1-7) and secondary (grade 8-12) schools focusing on primary schools. − Nurse educators visit high schools and offer individual career guidance sessions to students who express an interest in nursing. − Marketing of nursing schools in South Africa. − Prospective students to undergo personality and aptitude tests. − A robust strategy to counteract perceptions of inferiority when carrying out basic nursing care
• A robust marketing strategy to promote nursing as a choice of career should include:	− Utilising the full spectrum of marketing methods. − Plan campaigns to promote nursing. − Communicate school academic requirements and appropriate school subjects required, e.g. biology and mathematics. − Subjects offered in the nursing curriculum. − Nursing characteristics (personal, professional and characteristics of the profession). − The independent, interdependent and dependent roles of professional nurses. − A realistic view of the demands of nursing, for example, working hours, dying patients, and patients suffering from pain. Salary packages, job security. − Marketing of accurate information about nursing to the public. It should include: ▪ Different levels of training of nurses. ▪ Role differences and practice demarcation (scope of practice). ▪ Social status of bedside professional nurses. ▪ Autonomy and advocacy of professional nurses. ▪ Social responsibility and accountability towards other professions. ▪ Nursing is an invaluable contributor to healthcare systems. ▪ Career opportunities. ▪ Professionalism in nursing. ▪ The use of sophisticated technology in the profession. − Use of nursing symbols on all nursing occasions and other opportunities to market the profession (power of symbols). − Prospective students to undergo personality and aptitude tests. − Make use of role model(s) and reasons that influence professional nurses' decision to choose nursing as a career.
Media	
• Develop a robust media strategy, empowering nursing to employ the media to create a stronger nursing image.	− Writing opinion-editorial pieces. − Letters to editors to local newspapers and magazines about staff contributions and nursing-related articles. − Television programmes for promoting a positive nursing image. − Using the local community newspapers for ongoing announcements.

• Nurse leaders should collaborate and develop a national robust media strategy.	− Utilise different media approaches to market the nursing profession such as radio, television talks, newspapers, and social media. − Media exposure: ▪ Ensure accurate media exposure. ▪ Dissuade media from selectively reporting and presenting professional nurses as 'enemies' of the communities they serve, as it is not in the national interest. − Regulate, monitor and respond to: ▪ the media regarding accurate or/and inaccurate media cover. ▪ Images of professional nurses in media need to meet professional image requirements prescribed by the regulatory body. • Use the media as a powerful medium to change public perceptions to counteract misconceptions, stereotypes and distorted images. − Regulated advertising campaigns. − Give professional nurses a voice and encourage the visibility of professional nurses in the media of advocating for the profession.

8.7 THEME 3: INSTITUTIONAL AND ORGANISATIONAL CULTURE

In theme 3, 'Institutional and organisational culture', two categories, namely external drivers, originated from the milieu and internal drivers emerged within the professional nurse. These two categories manifest in the profession as factors that influence nursing identity.

8.7.1 Category 3.1: External drivers originating from the milieu

The guideline relates to the category of *external drivers originating from the milieu* that motivates professional nurses to execute their duties. Box 8.9(a) lists recommendations for implementing guideline 9 based on the external drivers concluding statements.

Box 8.9(a) Summary of external drivers

A. Summary

Organisational structures sometimes serve as an attractive or necessary external driver that gives artificial direction to some professional nurses to execute their work. Less than half of professional nurses indicated that they are motivated by external drivers originating from the milieu of the organisation. Strong drivers are career promotion opportunities, dress code and nursing administration tasks, and limited driver's money and promotion because of status (section 6.5.1). Historically, the degree of success in a career has often been acknowledged and measured through extrinsic drivers such as status, compensation and opportunity for promotion. External drivers become prominent in the development and influence of the nursing identity. Social and institutional changes impact nursing practices, such as micro-management, less time for professional nurses at the bedside, promotion, and inappropriate utilisation of resources.

Different organisational cultures (organisational identity) exist in the private and public sectors and 'force' professional nurses to break away from traditional nursing culture. In the private sector, commercial business interests dominate nursing values and culture. There is a need amongst professional nurses for a positive nursing culture to flourish throughout South Africa's healthcare industry.

GUIDELINE 9: External drivers originating from the milieu

The rationale for the implementation of the external driver guideline

The guideline suggests interventions to facilitate the appropriate management of the external drivers to strengthen the nursing identity. Box 8.9(b) presents recommendations of implementating guideline 9.

Box 8.9(b) Recommendations for the implementation of guidelines

<table>
<tr><th colspan="2">External drivers originating from the milieu</th></tr>
<tr><td>• Ensure appropriate placement of resources</td><td>− Ensure career planning and professional development to prepare professional nurses for career progression.
− Use a scientific selection interviewing method to hire and place suitable people for a given job.</td></tr>
<tr><td colspan="2">• Government should view the nursing profession as equal to other professions in tertiary education, value to society, participation in policy-making and social standing.</td></tr>
<tr><td>• Utilise external drivers influencing professional nurses to enhance the nursing identity.</td><td>− Career planning and professional development to prepare professional nurses for promotional opportunities and appropriate career progression.
− Ensure clear active consultation with representatives of each nursing category to inform uniform style.
− Create separate career paths for individuals that excel in education, management and administration versus clinical experts.
− In collaboration with Human Resources ensure market-related remuneration packages, including reward and recognition and performance bonus systems.
− In collaboration with Human Resources, ensure appropriate performance management systems with clear objectives and fair assessment to engage and support career development.</td></tr>
<tr><th colspan="2">Nursing culture</th></tr>
<tr><td colspan="2">Nurse leaders should:
• Support professional nurses to acculturate personal and professional culture (transfer values and customs from one group to another) to lead to enculturation (accept the nursing culture) into the profession. It should be included in the organisation’s statements and strategies.
• Support high-level nursing input in business strategy and value statements to ensure that the nursing culture and values remain at the core of the business.</td></tr>
</table>

8.7.2 Category 3.2: Internal drivers originating from within

The guideline relates to the category of *internal drivers originating from within* that motivate professional nurses to execute their duties. Box 8.10(a) indicates recommendations for implementing guideline 10, based on the internal drivers concluding statement.

Box 8.10(a) Summary of internal motivation originating from within

A. Summary Most professional nurses identify with the distinctive characteristics of the profession and are mostly motivated to do their job by internal drivers that originate from within themselves, such as caring, compassion, altruism and calling.

GUIDELINE 10: Internal drivers originating from within

The rationale for the implementation of the Internal driver guideline

The guideline suggests the facilitation of cultivating internal drivers originating from within the professional nurse, which might establish personal and professional values and beliefs, a positive self-image and group identity to shape the nursing identity. Box 8.10(b) presents recommendations for the implementation of guideline 10.

Box 8.10(b) Recommendations for implementation of the guideline

Nurse leaders should: • Assist professional nurses on the journey of self-discovery and the development of the self-concept.
• Implement a compulsory annual CPD programme to ensure internalised nursing values that may be an internal form of motivation.
• Utilise internal drivers influencing professional nurses to enhance the nursing identity and quality of care altruism, caring, compassion and calling.

8.8 THEME 4: NURSING EDUCATION

In theme 4, ‘Nursing education’, two categories, namely nurse educators and the education process, emerged as factors influencing professional nursing identity. Box 8.11(a) lists recommendations for implementing guideline 11 founded on the leading role of nurse educators’ concluding statement.

8.8.1 Category 4.1: Nurse educators

Box 8.11(a) Summary of nurse educators

A. Summary: Nurse educators

In the views expressed by key informants and professional nurses, nursing in South Africa lacks sufficient expertise and leadership, concurs with the literature (Rispel & Bruce 2015:119). Not enough is being done to develop, sustain and strengthen leadership in this country. Nurse educators shape the profession and not nursing administrators. Therefore, a collaboration between the two is required. Nurse educators have an obligation to function as role models to close the gap in the development of future leaders.

Nurse educators customise the nursing curriculum and educate professional nurses to fulfil the country's health needs and embrace social accountability. It is also essential to equip pre-school level to secondary school level educators to understand the nursing identity and what nursing entails. Integrated and well-rounded, mature minded nurse educators and experienced clinical facilitators are required to be visible at the bedside and represented on all platforms to develop role models and leaders for the future and change negative perceptions about nursing. Nurse educators are vital in understanding and shaping nursing identity and must be equipped to take the profession forward and establish a positive nursing image and identity.

GUIDELINE 11: The nurse educators

The rationale for the implementation of the nurse educator guideline

This guideline suggests interventions in the nurse educator leadership role that may shape and influence the professional nursing identity. Box 8.11(b) presents recommendations for implementing of guideline 11.

Box 8.11(b) Recommendations for the implementation of guidelines

<table>
<tr><td colspan="2">Nurse leaders and educators should provide a robust educational strategy that should include:
• Development of the professional nursing identity.
• Development and empowerment of nurse educators to take up leadership positions and become actively involved in political processes at local, regional, national, and global levels to enhance the professions' status, image and identity.
• Educators and nurse leaders to inspire professional nurses to live their profession.</td></tr>
<tr><td>• Adopt a selection process to appoint suitable nurse educators and clinical facilitators, which should include:</td><td>− Use or develop suitable selection criteria.
− Prescribed academic and professional nurse characteristic requirements.
− Prescribed indicators for a well-rounded, matured individual and requirements of a role model with the acquired professional identity that inspires and reflects a professional image of which the profession can be proud.
− A minimum number of years of clinical practice experience prior to appointment.</td></tr>
<tr><td colspan="2">• Annual CPD training for nurse educators and clinical facilitators regarding their role model position and professional identity formers.</td></tr>
<tr><td colspan="2">• Nurse educators and clinical facilitators assist students and professional nurses in developing of their self-concept.</td></tr>
<tr><td>• Nurse leaders should equip and inspire nurse educators and clinical facilitators to:</td><td>− Teach subjects with enthusiasm that lay the nursing foundation, for example, nursing and caring ethos, ethical principles, moral conduct and development, professional values, nursing history, unique characteristics of professional nurses and professional practice.</td></tr>
<tr><td colspan="2">• Educate pre-school to nursing school educators and clinical facilitators about the nursing identity.</td></tr>
</table>

8.8.2 Category 4.2: Augmented education process

The category, *education process,* describes the augmentation of the education process. Box 8.12(a) presents recommendations for implementing guideline 12 founded on the augmented education process concluding statement.

Box 8.12(a) Summary of the education process

A. Summary
South Africa has high unemployment, often resulting in weak barriers that allow unsuitable candidates into the education and training system. This weakens the ability of the profession to socialise students and build a strong identity successfully. The education process starts by providing relevant information to the public, school leavers and prospective students to attract suitable candidates to enter the profession. Thus, attracting suitable candidates into the profession requires marketing, recruitment and scientific selection criteria that build an appropriate strategy. Half of the professional nurses suggested that marketing starts at pre-school and primary school levels. According to Williams (2017:1), middle school (11 to 13 years of age) students are susceptible to forming perceptions of the career that best suits them. Matching careers to talents, skills, and personality must be considered in recruiting professional nurses. Furthermore, leaders should prepare novice professional nurses before entering the profession (before commencing nursing and after completion of their studies) to retain professional nurses and limit traumatic experiences. According to the professional nurses' perceptions, there are vast differences in the standards in public and private sector training schools. Education requires an augmented curriculum to include nursing identity, nursing history, social accountability, public speaking, professional image, and humanistic science to cultivate a strong professional identity and develop leaders for the future.

GUIDELINE 12: Augmented education process

The rationale for the implementation of the education process

It is anticipated that implementating of the augmented education process guideline would support professional nurses in influencing and shaping the nursing identity. Box 8.12(b) presents recommendations for implementing guideline 12.

Box 8.12(b) Recommendations for the implementation of the guidelines

<table>
<tr><td colspan="2">Ensure that educators and nurse leaders:
• Provide opportunities for school educators to gain knowledge about the nursing profession, professional nurse characteristics and the nursing identity to assist and equip school children with the appropriate knowledge to choose nursing as a career.</td></tr>
<tr><td>• Prepare prospective students before entering the profession.</td><td>− Sketch a realistic picture of the demands of nursing to those considering nursing as a career, e.g. night shifts, weekend duties, dying patients etc.
− Introduce a life orientation education programme.
− Create awareness of career opportunities in nursing.
− Professional image and appearance requirements.
− The nursing hierarchy, independent and dependent roles, decision making roles.</td></tr>
<tr><td colspan="2">• Prepare nursing students and novice professional nurses to find, clarify and develop their own identity and value system to cultivate sound personal norms, values, ethical and human qualities.</td></tr>
<tr><td colspan="2">Recruitment</td></tr>
<tr><td>• Recruiting suitable candidates for the nursing profession should include:</td><td>− Target the role models that may influence prospective students' decision to choose nursing as a career, for example, mothers and teachers.
− Recruit people whose reasons for choosing nursing as a career align with the most common reasons, for example, want to help sick people.
− A person who can and wants to identify with the professional nurse group (social identity).
− Recruiting talent, skills and personalities to match the nursing profession. (Parsons' theory analyses the idea of matching careers to talents, skills and personality).
− Marketing the environment within which the person will work similarly to their personality type. (Holland's Theory suggests people choose to work in an environment similar to their personality type).
− Use role models in nursing to market and recruit suitable candidates. (Bandura's Social Cognitive Theory entails watching what others do and the human thought process that influences how careers are chosen).
− Identify non-cognitive personality traits such as compassion, care, altruism and integrity in applicants.
− A person with an appropriate value system, well-developed morals, and emotionally intelligent.</td></tr>
<tr><td colspan="2">• Ensure that professional nurses are aware of their power to recommend and promote nursing as a career of choice.</td></tr>
<tr><td colspan="2">Selection criteria</td></tr>
<tr><td colspan="2">The authoritative body in nursing provides a well-developed scientific selection criterion strategy to select suitable candidates.</td></tr>
<tr><td>• People demand that schools attract and retain persons of the highest character. That should also include:</td><td>− Interview and test non-cognitive personality traits such as compassion, care, altruism and integrity in applicants.</td></tr>
<tr><td>• To meet all the academic requirements.</td><td>− Appropriate school subjects required, e.g. biology, mathematics, natural science, chemistry.
− Level of school education that is required.
− Academic requirements for university entry.</td></tr>
</table>

<table>
<tr><td colspan="2">Prepare novice nurses before entering the profession</td></tr>
<tr><td colspan="2">Leaders should develop a strategy to prepare novice professional nurses before entering the profession to retain them and mitigate traumatic experiences. The strategy should include:
Assisting them to find, clarify and develop their personal identity and value system.</td></tr>
<tr><td>Leaders should develop a strategy to prepare novice professional nurses after the education phase before entering the profession to retain them and mitigate traumatic experiences. The strategy should include</td><td>− To assist novice professional nurses in developing and establishing personal and social identity.
− To establish and develop role identity.
− Develop a professional transitional programme (Twine 2017:54).
▪ Self-confidence, autonomy and role identity were consistent factors to assist in role transition (Twine 2017:54).
▪ Introduce an effective mentorship programme with an annual monitoring system (Hofler & Kendal 2016:133).</td></tr>
<tr><td>• Developing the role identity of the professional nurse that should include:</td><td>− Ensure and support novice professional nurses
− Discuss autonomy to improve role identity.</td></tr>
<tr><td colspan="2">• Understand the expectations of and social contract with society (social identity).</td></tr>
<tr><td>• To support professional nurses in developing communication skills.</td><td>− Support the development of unique communication skills (the art of nursing), non-verbal presence, e.g. intuition, presence communication.
− Provide students with the opportunity to practice communication skills through extensive lab simulation before they embark on a real hospital setting (Bayoumy et al 2015:127).</td></tr>
<tr><td colspan="2">Integrate personal, professional characteristics and characteristics of the profession</td></tr>
<tr><td colspan="2">• Students and novice professional nurses must be supported in forming a foundation for developing and internalising professional values based on prior experience and personal beliefs. Reflective exercises and activities that include drawing on the student's personal experiences can assist them in linking their own foundational beliefs to the beliefs and values of the nursing profession.</td></tr>
<tr><td colspan="2">• Development of a transitional programme for newly qualified nurses (Twine 2017:54).</td></tr>
<tr><td colspan="2">• Ensure nursing students are given the opportunity to prepare a written portfolio that addresses their personal nursing philosophy, beliefs, values, and ethics about their intention to care for and treat patients.</td></tr>
<tr><td colspan="2">• Ensure enculturation, which teaches the student to accept and practice the culture of the nursing profession (Joynes 2017:133; Sawatsky 2017:462).</td></tr>
<tr><td colspan="2">Nursing curriculum</td></tr>
<tr><td colspan="2">Explicit educational objectives in the curricula should include:
• Identity and Social Identity Theory (cross-cutting, in-group and out-group, & organisation identity).and professional identity formation.</td></tr>
<tr><td colspan="2">• Sociology and psychology (including social psychology).</td></tr>
<tr><td colspan="2">• Training modules for professional nurses who did not have sociology and psychology subjects in their general education should complete online modules to broaden their knowledge. This programme must be included in a system that makes the requirement mandatory.</td></tr>
<tr><td colspan="2">• Caring, nursing ethos, moral conduct and development.</td></tr>
<tr><td colspan="2">• Nursing's' social responsibility and accountability towards society.</td></tr>
<tr><td colspan="2">• Humanistic and mental sciences (psychiatric, psychology) are the building blocks shaping professional identity.</td></tr>
<tr><td colspan="2">• Nursing history to shape nursing identity and the future of the profession.</td></tr>
<tr><td>• Professionalism objectives</td><td>− Teach professionalism as a subject with explicit educational objectives to support respected role models who transmit professionalism in practice. The proposed objectives:
▪ Professionalism is not only a skill set in each occupation; it is a profound 'something' exuded in the presentation of the self (Goffman 1959:252, 261; Shulman 2016:80) dress and</td></tr>
</table>

	speech (Husband 2016:49). Professionalism is exuded in standards of practice, high levels of integrity and trustworthiness, and adhering to a Code of Ethics (Husband 2016:49). ▪ Focus on the role of professional and organisational agents in shaping the cohesion of professionalism (Wilkinson et al 2016:263). ▪ Professional role and visibility in public, public speaking and physical appearance.
• Professional etiquette: Educate and cultivate professional etiquette and how to present oneself.	
• Self-concept development (physical, emotional and mental health)	− Design the process of nursing education to contribute to the positive development of students' self-concept and professional self (Sabanciogullari 2017:1676).
• Assist professional nurses in developing their self-discovery, self-development and self-esteem.	
• Self-care and self-compassion	− Self-awareness and self-care strategies to teach professional nurses how to assess their self-care needs and modify their behaviour, both while in school and in their future professional lives (Cordier & Cordier 2015:26).
• Image of nursing should be taught as a subject with explicit educational objectives.	
• Unique traits of professional nurses should be taught as a subject with explicit objectives.	
• Develop leadership competency models for leadership development.	
Nursing school	
• Marketing of accredited nursing schools.	
• Support the current changes in nursing education and training:	− Encourage all professional nurses to report illegal training institutions and illegal programmes in South Africa to SANC.

8.9 THEME 5: CORPORATE GOVERNANCE

In theme 5, 'Corporate governance', five categories emerged: professional regulation, leaders and leadership, public visibility of the professional nurses, political and government influence, unions and differences in the private and public sector, as factors influencing and shaping the professional identity.

8.9.1 Category 5.1: Professional regulation

The category, *professional regulation,* describes the essential components of corporate governance. Box 8.13(a) presents recommendations for implementing guideline 13 founded on concluding statement.

Box 8.13(a) Summary of professional regulation

A. Summary A sound, legitimate self-regulation of the profession builds a relationship of trust between the public and the profession. It requires visibility of the leaders of the regulatory body; their involvement, leadership and representation of the profession. Professional nurses expect strict discipline in the profession, proclaimed from the highest position in the country, with the participation of professional nurses and regulated by a central body to evolve and shape the nursing identity. However, professional nurses viewed the regulatory body as judging harshly without the required moderation of care, compassion and love and expressed the need to be listened to by the regulatory body. Professional nurses misunderstand and overemphasise their rights as described in the constitution at the cost of advocating for patient rights. This situation requires leadership intervention to achieve proper perspective and balance. Professional nurses shared their views about the absence of SANC during strikes and union activity that shape public opinions and impact the nursing identity. Leadership involvement, visibility and prominent positive publicity on all possible platforms are required.

GUIDELINE 13: Support for the professional regulatory body

The rationale for the implementation of the professional regulatory body guideline

This guideline is intended to maintain and support the professional regulatory body that shapes and influences the professional nursing identity. Box 8.13(b) presents recommendations for implementating guideline 13.

Box 8.13(b) Recommendations for implementation of the guidelines

• SANC should actively promote their image and market the necessity to regulate and structure a profession among the public and professional nurses to influence perceptions of the status and the nursing identity.
• The perception of a punitive regulating body can be countered by council members who are more visible and show their support and devotion to professional nurses and contribute constructive initiatives for the profession.
• Develop leaders to regulate the nursing profession.
• SANC to take a leadership position in dealing with strikes and union activity in accordance with labour law.
• Leadership involvement on all possible platforms and positive media interaction.
• Leadership must engage in policy development and implementation.
• All professional nurses to be aware of the balance between patient and nurses' rights. Professional nurses to be aware of the contractual social responsibility.

8.9.2 Category 5.2: Leaders and leadership

The category *leaders and leadership* describe the augmentation of leaders and leadership. Box 8.14(a) presents recommendations for implementing guideline 14 are based on the concluding statement.

Box 8.14(a) Summary of leaders and leadership

A. Summary
South Africa's nurse leaders are silent. Leadership involvement and prominent publicity on all possible national and international platforms are required. Nurse leaders need to position themselves at a national level and become involved in strategic leadership, improve their public and professional visibility, reflect the professional values, and become the voice of nursing. There is a fundamental and longstanding crisis in institutional and organisational governance and leadership of the nursing sector in the country. Nurse educators should be empowered to take up their leadership roles to develop the profession. Nurse leaders and professional nurses are accountable for the discipline in the profession. Nurse leaders and some line managers abandon their responsibilities, allow or deal inconsistently with misconduct and fail to support middle-level nurse leaders who attempt to uphold discipline and order, regulations and the Code of Ethics for Nursing Practitioners. Professional nurses feel de-professionalised and dehumanised, and their pleas appear to fall on deaf ears; a vicious cycle of demoralisation is set in motion (DENOSA 2017:1; Pera & Van Tonder 2011:94).

GUIDELINE 14: Leaders and leadership

The rationale for the implementation of the leaders and leadership guideline

This guideline proposes interventions that might develop leaders and augment leadership among professional nurses. Box 8.14(b) presents recommendations for implementating guideline 14.

Box 8.14(b) Recommendations for the implementation of the guidelines

Leaders and augmented leadership	
Leadership in South Africa should: • Involve leadership with prominent publicity for the nursing profession on all possible national and international platforms.	
• Develop nursing managers and nurse educator skills to collaborate at a national, executive and operational level.	
• Prepare professional nurses at all levels to assume leadership positions. Develop leadership competency models in academia and practice for leadership development (Lacasse 2013:431; Rispel & Bruce 2015:119).	
• Work with organisations and institutions to facilitate adequate pipeline leadership development (Griffith, Baur & Buckley 2019:305). With intentional guidance, formal coaching, and role modelling, many young professional nurses may be moved to take on leadership roles based on what they see and experience (Dyess et al 2016:1).	
• Appoint adequate nursing policymaking expertise and leadership within SANC and the NDoH (Blaauw et al 2014:9).	
• Nurse leaders on a national level should develop a strategy:	− To care for professional nurses in South Africa. − To implement communication structures to listen to the voice of professional nurses and address concerns.

8.9.3 Category 5.3: Public visibility

The category *public visibility* describes the augmentation of professional nurses and nursing visibility to the public. Box 8.15(a) presents recommendations for implementing guideline 15 based on the concluding statement.

Box 8.15(a) Summary of public visibility

A. Summary
Public figures in nursing should be well-known to professional nurses and the public. The visibility of professional nurse leaders might improve the image of the nursing profession to rebuild and re-establish the nursing identity. Participants called for the visibility of nurse leaders, professional nurses and regulatory body council members in the clinical environment, the media, and all national and international platforms in public and professional arenas. Professional nurses must develop skills to represent the profession in the media and take responsibility for moving from silence to voice and acting as public speakers.

GUIDELINE 15: Public visibility

The rationale for the implementation of the public visibility guideline

It is anticipated that if professional nurses increase their public visibility, it will influence and shape nursing identity and improve the status of the profession. Box 8.15(b) presents recommendations for implementing guideline 15.

Box 8.15(b) Recommendations for implementation of the guidelines

Public visibility	
• Robust strategy to increase visibility:	− All possible platforms in public − In social and public media (TV, internal news, press) − National and international platforms
• Leadership involvement and prominent publicity of the profession on all possible platforms.	
• Provide CPD training to enhance ability as a public speaker and develop discourse skills.	

8.9.4 Category 5.4: Political arena and government engagement

The category *political arena and government engagement* describes the influence of government and political involvement on the nursing identity. Guideline 16 is intended to support professional nurses to engage with and utilise government involvement and politics to benefit the profession. Box 8.16(a) presents recommendations for implementing guideline 16 based on the concluding statement.

Box 8.16(a) Summary of political arena and government

A. Summary
Professional nurses feel demoralised by the government's political influence and inappropriate decisions. They rejected undesirable political interference in nursing, for example, the poverty alleviation projects in the country lead to inappropriate entry criteria for nursing, and the profession ends up with the wrong people in the profession for the wrong reasons. Professional nurses are reluctant to become active in the political arena, possibly due to a lack of skills, confidence, or perceived congruity between professional behaviour and politics (Milstead & Short 2017:12). It is, however, advisable that professional nurses become politically involved to protect and defend the profession and protect society (Rispel & Bruce 2015:122). Professional nurses need to have a voice and be heard by the government.

GUIDELINE 16: Political arena and government engagement.

The rationale for the implementation of the political and government guideline.

This guideline proposes interventions that might facilitate nursing involvement in contextual politics and government to obtain a stronger position to influence the regulation and defence of the profession. Box 8.16(b) presents recommendations for implementating guideline 16.

Box 8.16(b) Recommendations for implementation of the guidelines

Political arena and government engagement
Nurse leaders should develop strategies to: • Discourse the dynamic tension between patient and nurse's rights within the legal framework of South Africa since the constitution emphasises individual rights.
• Participate in political platforms and influence policy initiatives and changes.
• Empower professional nurses to participate in the political arenas and use legitimate power wisely and defend the professional nature of nursing in the interest of the nursing profession (Morley & Jackson 2017:342).
• Support annual discourse sessions to listen to the voice of professional nurses.
• Ensure Government views the nursing profession as equal to other professions.

8.9.5 Category 5.5: Union

The category, *union,* describes the influence of unions on the profession. Guideline 17 is intended to support professional nurses to approach union involvement for the benefit of the profession. Box 8.17(a) presents recommendations for implementing guideline 17 are based on the concluding statements.

Box 8.17(a) Summary of Union

A. Summary
The government does not hear professional nurses' voices, and they then turn to industrial action that adversely affects the public's view of the profession. The South African public and professional nurses have raised ethical concerns about striking healthcare workers. South Africans would be more inclined to support healthcare workers in their endeavours if they did not strike, leaving patients vulnerable. Professional nurses are very concerned that Trade Union members, who are not part of the nursing profession, negotiate nursing salary packages and force decisions concerning the profession at organisational levels, whilst they are ill-informed about what the profession entails.

GUIDELINE 17: Professional approach to union involvement.

The rationale for the implementation of the union involvement guideline

It is anticipated that this guideline will support professional nurses' approach to labour issues in delivering nursing care that could strengthen nursing identity. Box 8.17(b) presents recommendations of implementing guideline 17.

Box 8.17(b) Recommendations for implementation of the guideline

Union involvement	
• Develop a national management framework for a more balanced proactive approach towards industrial healthcare actions that contribute to the professional image. The framework should:	− Encourage nursing staff to raise grievances and address them appropriately to avoid escalation. − Improve working conditions in healthcare sectors. − Create a framework for the future management of strikes in health sectors. − Proactively agree on nursing conduct during a general union strike to ensure patients are not neglected and establish nursing as an essential service whilst allowing nursing staff a reasonable right to strike. − Ensure job security by offering training according to the country's needs, at market-related salaries and benefits.
• Professional nurse's input in determining and negotiating nursing remuneration packages.	
• In collaboration with the Human Resources Department, establish a representative forum to ensure nursing input in salary and other benefit negotiations.	

8.9.6 Category 5.6: Private and public sectors

The category *private and public sectors* describe their influence on the profession. Guideline 18 intends to support professional nurses in standardising healthcare delivery in all sectors for the benefit of the profession. Box 8.18(a) presents recommendations for implementing guideline 18 based on the concluding statement.

Box 8.18(a) Summary of private and public sectors

A. Summary
There are different perceptions of healthcare delivery in the public and private sectors. In the difficult work environment of the public sector, professional nurses indicated that they were sadly 'forced' to break away from the traditional nursing culture in the delivery of nursing care because of commercial and business financial expectations. Each organisation has a distinctive culture although most professional nurses are initially socialised into the nursing culture and adopt an organisational culture afterwards. In private hospitals, commercial and business interests and organisational cultures dominate the nursing values and culture. There is a need among professional nurses for the nursing culture to flourish in all hospitals throughout South Africa. Government hospital healthcare users come from disadvantaged backgrounds (usually the poorer communities of the country living in poverty) rather than private hospital healthcare users who tend to have medical aid and a higher income. Interviews highlighted the differences in how professional nurses are perceived and treated in the private and public sectors.

GUIDELINE 18: The standardisation of the private and public sectors

The rationale for the implementation of the private and public sectors guideline

It is anticipated that implementing this guideline will support a standardised nursing culture in South Africa. Box 8.18(b) presents recommendations for implementing guideline 18.

Box 8.18(b) Recommendations for implementation of the guidelines

Private and public sectors	
Nurse leaders should: • Encourage organisations to support a professional nursing culture and values in their business strategies.	
• Equip nursing staff to deal with complaints and abuse in the workplace to create a safe working environment.	
• Provide and implement a written policy containing principles that counteract abusive behaviour towards nursing staff and should include:	− The code of conduct for patients, public members, multi-disciplinary team members and employees in organisations is visible. − Reporting and managing the disruptive behaviour of patients, public members, multi-disciplinary team members and employee harassment, verbal abuse, intimidation, bullying or incivility.

The suggestions from the experts were incorporated into the guidelines. These guidelines are intended to develop and improve the professional nursing identity among professional nurses in South Africa. Chapter 9 discusses the conclusions, recommendations and limitations of the study.

8.10 SUMMARY

Chapter 8 presented a discussion on the formulated and validated guidelines for developing of a professional nursing identity.

Field experts validated the guidelines for clarity, comprehensiveness, adaptability, applicability, credibility and validity. The suggestions of the experts were incorporated into the guidelines. These guidelines are intended to be implemented to ensure the best possible support developing of a professional nursing identity.

CHAPTER 9

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

9.1 INTRODUCTION

The final chapter of a thesis is the culmination of methods, data and literature to address the aim and objectives. The researcher used an exploratory sequential mixed methods design to generate the data, which informed the formulation of guidelines.

In this final chapter of the thesis, conclusions are drawn from the findings allowed by the rich information gathered from the multitude of data sources accessed through the mixed methods design, highlighting both qualitative and quantitative insights from a body of data not studied in its entirety before. The translation of these insights into clear guidelines with recommendations offers a real opportunity for addressing some of the most pressing global issues in a practical manner, focussing on the uniquely South African landscape. Limitations identified during the study are highlighted and included in this chapter.

9.2 AIM AND OBJECTIVES OF THE STUDY

The study aimed to generate scientific information to inform the formulation of guidelines to support and promote the nursing identity in South Africa. The objectives of the study were to:

- explore the factors influencing the professional nursing identity in South Africa
- explore the perceptions of professional nurses of what establishes (shapes) a professional nursing identity
- describe the professional nursing identity as it manifests in the profession
- formulate and validate, through expert review, guidelines for the development of a professional nursing identity

Themes generated from the qualitative data (phase I) were developed into items for a questionnaire to determine the factors influencing the professional nursing identity and perceptions of professional nurses of what establishes a professional identity and how it manifests in the profession (phase II). Qualitative and quantitative data were integrated to formulate and validate guidelines that could support professional nurses in developing an appropriate nursing identity.

9.3 RESEARCH DESIGN AND METHODS

The research design for this study was exploratory sequential mixed methods. The reason for selecting this mixed methods research design was to best answer the question: *Do we understand what influences and shapes the professional nursing identity of professional nurses in South Africa, and how could this identity be developed?*

Combining qualitative and quantitative methods, and exploring the literature, established methodological triangulation, resulting in a better understanding of the phenomenon of a professional nursing identity. The strengths and weaknesses of both the qualitative and quantitative approaches complemented each other to ensure valid results. The researcher adopted a pragmatic philosophical worldview to focus on obtaining the best possible answer to the problem. A philosophical paradigm or worldview allowed the application of constructivism (naturalistic) and a post-positivist approach to address the problem from different angles. Although this type of design has several advantages, it was challenging in terms of complexity and time-consuming; however, expert guidance and methodological rigour dealt with these challenges.

9.3.1 Phase I

Phase I consisted of a qualitative component in which data were collected from purposive samples, namely sample A (key informants) and convenience samples, namely sample B (professional nurses). The participants in sample A had post-basic qualifications held senior leadership positions and had appropriate experience, enhanced knowledge and understanding of the nature of problems regarding professional nursing identity and the profession in broad terms. The key informants were experts from professional organisations in Gauteng. Sample B professional nurses were professional nurses in practice, exposed to and participating in the nursing identity in Gauteng. After conducting six interviews with sample A (key informants) and four focus group interviews with sample B, the data became saturated. The qualitative data were supported with field notes. The data were analysed using Tesch's method of data analysis (Tesch 1990:142-149), which generated five themes in both samples A and B. Sample A had 17 categories, and sample B had 14 categories. The integrated data from the five themes from samples A and B guided the development of a questionnaire used in the second phase. In addition, trustworthiness was established by using the criteria credibility, transferability, dependability, confirmability and authenticity, as suggested by Guba and Lincoln (1989:242), Plano Clark and Ivankova (2015:163, 167) and Tashakkori et al (2020:250). This phase addressed the three objectives.

9.3.2 Phase II

In phase II, quantitative data were collected from a population of professional nurses from twelve institutions in Gauteng. A total of 320 questionnaires were distributed, of which 272 were completed. Of the completed questionnaires, 254 were used after data cleaning, excluded 18 questionnaires. The sample size for the quantitative phase was, therefore, 254. The data were analysed with the support of a statistician (Annexure P) using the SPSS program and presented using descriptive and inferential statistics. The internal validity was established through face validity, content validity and construct validity. The validity was enhanced by the application of the expert's input. The reliability of the questionnaire was established by pre-testing, and the Cronbach alpha test was applied. On the completion of phase II, the three objectives were addressed.

9.3.3 Development and validation of guidelines

The final objective, to develop and validate, through expert review, guidelines to support professional nurses in developing a professional nursing identity, was achieved after the qualitative and quantitative data had been integrated. From the integrated data, concluding statements were grouped to form themes that were formulated into guidelines. A final set of 18 guidelines, with recommendations for implementation, was developed and validated by field and guideline experts. The expert reviewers found the guidelines clear and well formulated, with all aspects addressed. They made valuable suggestions that were included in the guidelines. The cost implications for implementing the guidelines might be a challenge.

9.4 CONCLUSIONS OF THE STUDY

Phase I addressed objectives 1, 2 and 3 of the study. The integrated data of sample A (key informants) and sample B (professional nurses) resulted in the crystallisation of five themes that reflected the views and perceptions of the nursing identity in the profession. From phase II, a questionnaire was developed from the findings of phase I. In phase III, data integration of phases I and II resulted in the development and formulation of 18 guidelines. The guidelines were finalised after including the recommendations of the expert reviewers. Table 9.1 displays the concluding statements and recommendations for implementing the validated, transferable guidelines.

The demographical profile of samples A and B are displayed in Annexure I. Sample A consisted of six key informants, and sample B of twenty-five professional nurses who participated in the focus groups.

First, demographic data on a personal level, such as gender, age, marital status, parent occupation and religion, were provided, and after that, demographic data on the professional level, namely year's working experience, education profile, postgraduate qualification(s), highest academic qualification and positions held in the profession.

The total study population had valid registration with SANC. Key informants and professional nurses were mostly female (84.3%). The key informants' age distribution varied from 40 to 66 years of age as opposed to the professional nurses who were evenly distributed between age groups (Annexure I). The key informants' marital statuses were evenly distributed between married, divorced and single as opposed to professional nurses, who were mostly married. Parents of key informants included nurses, a gynaecologist and various other occupations. The mothers of three professional nurses who completed the questionnaire were nurses. The majority of key informants and professional nurses were from the Christian religion.

Key informants had 40 to 46 years of working experience. Professional nurses have a minimum of four years and a maximum of thirty-four years and the majority had ten to nineteen years of working experience.

The education profile showed a small number of professional nurses not having completed a national senior certificate. Professional nurses and most key informants obtained their basic nursing qualifications from nursing colleges. The majority obtained post-graduate university qualifications. The highest academic qualifications obtained by key informants were three Doctoral degrees, two Master's degrees and one Baccalaureate degree. The majority of professional nurses obtained postgraduate diploma qualifications in specialised disciplines. The highest academic qualifications obtained by professional nurses were two Master's degrees and one Honours degree (Annexure I). All key informants were in leadership positions in the profession as opposed to most professional nurses in clinical practice, four clinical facilitators and two operational managers. Most key informants and professional nurses had family members other than their parents who were role models and encouraged them to choose nursing as a career.

The first theme (*nursing characteristics*) entails personal characteristics, professional nurse characteristics, and the nursing profession's characteristics. The personal characteristics consist of personality traits, professional etiquette, integrated and well-rounded mature individual, self-concept and self-caring traits), professional nurse traits (the ability of a professional nurse to communicate beyond sensory consciousness such as presence communication, expressive therapeutic touch, intuition, spirituality and religion), predominantly (caring, compassion and

calling) and traditional traits (ethical and human qualities) and unique traits (aesthetic art of nursing, meaning of life and human wonder).

The findings and the literature (Gunawan et al 2021:180; Sabanciogullari & Dogan 2017:1677) indicated that the self-concept of professional nurses is poor. In this study, however, professional nurses' self-image showed the opposite. Most professional nurses regarded themselves as persons of worth and were satisfied with themselves. Professional nurses experienced conflict with their self-esteem and professional self-image influenced by the disrespectful behaviour of the public, doctors and management toward them. As a result, their professional self-esteem was measured lower than their personal self-esteem. There were still doctors, patients and public members that made some professional nurses feel inferior through their treatment. Personal identity defines the role of the individual in society. The Identity Theory defines who one is, and Social Identity Theory what one does.

When professional nurses' personal and professional identity is not fully integrated, their personal values can outweigh their professional values. Most professional nurses considered it important to associate with the profession and desired to do so but experienced conflict due to a perception that many professional nurses are undisciplined and behave unprofessionally. The professional nurse also faces the challenge that organisational values dominate nursing values in organisations.

An ideal nursing identity requires professional nurses to have a sense of belonging to a group (group identity). Professional nurses' group identity is intertwined and blurred with other nursing groups, and the identity and professional boundaries are not distinguishable.

There can be tension between the science and art of caring with technology and external drivers motivating professional nurses to perform in a manner that overshadows internal drivers subjecting the professional nurse to undue pressure. The results found the opposite and showed that internal drivers (77.3%) dominate external drivers (37.9%). Despite the negative picture and all the challenges in the profession, most professional nurses feel proud of and loyal to the profession. This supports the use of supportive guidelines by nurse leaders and educators to develop a nursing identity in South Africa.

The second theme emerged as the *image of nursing,* measured by the public's image of nursing, symbols, role models and marketing and media. The role models in the profession act as ambassadors and gain professional status and shape a socially acceptable and desirable nursing identity. The widespread practice of removing professional nurses from the bedside, the status of bedside role models and administration burdens require thoughtful reform. The augmented

socialisation process, development and correct placement of a professional nurse need to be reviewed to develop future leaders and role models.

Nursing symbols, past practices and customs have been identified as exerting a powerful influence in shaping the nursing identity. Symbols play an important role in keeping the nursing heritage alive and are a powerful tool to communicate shared values, distinguish professional nurses from other professions, and support the nursing identity as a profession serving the greater good of society. Symbols are powerful tools for creating social identity and commonalities among professional nurses within the group and distinguishing between professional nurses and other workers with different qualifications. Symbols enhance identity development by distinguishing between the members and balancing the need to be similar to and identify with the chosen reference group and the need to be a unique individual. Nursing symbols bind professional nurses together (86.3%) as a professional group. Professional nurses emphasised leadership's responsibility to ensure that the public understands nursing symbols and the distinctive meaning attached to their symbols.

The appearance and behaviour of professional nurses portray the image of the profession. Professional etiquette is considered a vital trait of an ideal professional nurse. For this reason, professional nurses need to focus on professionalism, appropriate personal and professional manners and etiquette and public appearance. In this study, professionalism was based on science and unique communication skills (art), non-verbal presence and physical appearance and the verbal addressing of people that exude or radiate professionalism. Most professional nurses' views were that they show professionalism, although they raised a concern about the lack of professionalism of students and a perceived poor physical appearance of professional nurses. Professional nurses indicated that the public could not distinguish between them and other workers in the workplace, which is detrimental to the professional image. From the findings in this study, it is clear that professional nurses regard it as essential to wear a uniform that distinguishes them from any other worker.

Society assesses and values a profession based on the public image portrayed by the profession members. Professional nurses do not consider themselves public figures and therefore let golden opportunities pass by to promote the public image and gain public trust. The media and marketing are vital and powerful mediums to change public perceptions and enhance the nursing identity. Factors that influence the status and public image of the profession are the image portrayed by professional nurses at the bedside, their appearance, visibility on all possible platforms, professionalism, marketing of the profession, public insight into the profession and public recognition of professional achievements. In addition, interaction with the media, and most notably, symbols in the profession, play an important influencing role. Participants felt that it all

comes down to effective leadership in a profession. The professional nurses agreed that they spend too little time at the bedside, where they have the most significant opportunity to influence the public's image of professional nurses.

It was agreed that the media is extremely powerful and had been underutilised and misused in the past and did a great deal of damage to the profession's image. Participants agreed that nurse leaders are responsible for changing the misconceptions and distorted images of nursing and preventing the media from turning professional nurses into 'enemies' of the community. The media can be used to promote the image and status of the profession and market the nursing profession by using all possible platforms and mediums in the media.

The third theme emerged as *institutional and organisational culture.* Professional nurses reported that internal and external drivers motivate them to perform. It is thus significant that professional nurses and organisations take cognisance of the motivators to develop their nursing identity. Professional nurses acknowledged an explicit nursing culture but agreed that different organisational cultures (organisational identity) exist in private and public facilities, and professional nurses were pressured to abandon the traditional nursing culture and adopt different organisational cultures. In the private sector, commercial business interests overshadow nursing values. There is a need for standard nursing culture and values to flourish in all hospitals throughout South Africa.

The fourth theme emerged as *Nursing Education.* Key informants and professional nurses stated that nurse educators shape the profession and must function as role models to close the gap in the development of future nurse leaders. Participants agreed that not enough is being done to develop and strengthen leadership in nursing in the country.

Participants expressed the need that nursing leadership should enhance the marketing, recruitment and education process to improve the preparedness of prospective students. An effective selection criterion and recruitment process will allow the correct and ideal candidate to enter the profession. The process requires that novice professional nurses are supported in their struggle to develop a personal identity and value system and integrate this into their professional identity.

It was further reiterated that the content of the nursing education curriculum requires reform and implementation of improvements suggested in this study without delay. Nurse educators need to understand their social accountability and influence their professional identity development. The profession is expected to act responsibly and always be mindful of public trust. Self-regulation to assure quality in performance is at the heart of this relationship.

It was further agreed that to stop a looming crisis in the profession, and consequently, in the country, governance of the education process needs reform. The nursing education process must include a robust programme that addresses the preparation stage where a career choice is made through accrual training, preparing the young adult professional nurse to enter the profession.

The *corporate governance* theme proposed that professional nurses be allowed to fulfil their patient advocacy role and be given the required autonomy to fulfil their roles in the working environment effectively. The majority of the professional nurses indicated that they have the courage to advocate for patients. Although professional nurses stated that they were allowed to function autonomously in clinical practice, they also indicated that they were not allowed to practise basic nursing care independently and therefore followed instructions from the doctor.

A professional body regulates the profession, and as such, it was agreed that the strict discipline required must be supported by all levels of leadership in the country. It requires leadership involvement and visibility on all possible platforms in the country to engage in and influence the political processes on a local, regional, national, and global level and ensure appropriate marketing and positive publicity of the profession.

The newly formulated guidelines provide a vehicle for developing a professional nursing identity. These guidelines serve as recommendations and suggestions for professional nurses and associated stakeholders such as educators, career counsellors, occupational psychologists, human resource managers, hospital management in general, SANC and the government.

Table 9.1 to Table 9.18 summarise the validated guidelines for the facilitation of the professional nursing identity in South Africa.

Table 9.1 Personal characteristics of the professional nurse

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 1: Nursing characteristics	Personal characteristics	• Personal characteristics are required of a professional nurse, which includes personality traits, professional nurse traits (expressive therapeutic touch and presence communication), predominant (caring, compassion and calling) and traditional traits (ethical and human qualities). • A high self-image is a robust foundation for successful personal and professional life and influences image and identity. • When professional nurses present with low self-esteem and lack assertiveness, they may fall victim to abuse and oppression from managers, medical practitioners and the public. • Professional nurses are not completely integrated into the nursing culture and values, and they require development to become an integrated and well-rounded mature individual. • Self-care traits (physical, emotional and mental health) are required of a professional nurse to have the ability to show compassion, manage stress and stay mentally healthy.	**Guideline 1** **Personal characteristics of the professional nurse** • To support and facilitate continuous development of the personal characteristics of the professional nurse. • To support and facilitate the development of a recruitment, selection and placement guide and support a professional development process. • To support and facilitate the integration of personal and professional values and identity.	Nurse leaders and nurse educators should collaboratively: • Develop a personal characteristic strategy to define and describe the proposed personality characteristics to assist with selection, recruiting, marketing and placement and development of staff. • Develop a compulsory CPD programme to enhance personal characteristics (personality traits (caring, calling, compassion), professional etiquette, integrated and well-rounded mature individual, self-concept and self-care traits), professional nurse traits, and predominant and traditional traits. • Develop a CPD programme to develop the self-image by identifying personal characteristics and elucidating synergies and conflicts with professional traits. • Psychological assessment to develop self-knowledge and insight and identify personal developmental areas. • Ensure opportunities for all levels of students to identify and communicate their experience of the synergies and conflicts and suggest alignment strategies. • Provide a recognition strategy to enhance and reward professional nurses and students who exemplify the required self-care traits (physical, emotional and mental health).

Table 9.2 Characteristics of the professional nurse

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 1: Nursing characteristics	Professional nurse characteristics	• Professional characteristics and unique traits are required from a professional nurse. The professional characteristics include professional socialisation, integration, professional image, professional nurse traits, professionalism, professional boundaries, professional etiquette, and behaviour after working hours. Moreover, the unique traits include the aesthetic art of nursing (experience beauty in healing and astonished about sickness), the meaning of life (ability to find meaning in misery) and human wonder (appreciate miracles and mystery. • The professional nurse's in-group identity blurred with lower qualified nurse groups. • A strategy to improve professional nurse in-group identity, guided by a process based on a well-developed strategy. • Support professional socialisation (in-group identity) for the professional nurse throughout the career. • Professional image and professionalism will contribute to the social status and prestige of the profession. • Enhance professionalism concerning professional etiquette and boundaries, visibility and behaviour after working hours. • Novice and professional nurses integrate personal and professional values and identities.	**Guideline 2** **Characteristics of the professional nurse** • To support nurse leaders in shaping the required characteristics of professional nurses. • To facilitate in-group identity.	Nurse leaders should collaboratively: • Develop a strategy for professional nurses in the workplace to strengthen the in-group and collective identity. Suggest that the professional nurse in-group identity process involve a facilitator and mediator with a social-psychological background. • Develop a strategy and CPD programme about the professional characteristics and unique traits (aesthetic art of nursing, meaning of life and human wonder) of the professional nurse for professional nurses and students. • Empower professional nurses to portray a professional image and professionalism and discuss identity and role and identity blurring. • Encourage patient and multi-disciplinary team feedback specific to the different nursing levels and design a reward system specific to each level. • Support professional nurses to attend the compulsory CPD programme and implement the strategy about professional characteristics and unique traits to improve the group identity of professional nurses. • Develop a compulsory CPD programme to support novice and professional nurses in integrating personal and professional values and identities. • Give novice and professional nurses opportunities to enhance their professional image and professionalism in the working environment. Refer to Guideline 6. Explicit educational objectives in the curricula should include: • Nursing students participate in community outreach projects and speak to the media regarding their educational journeys.

Table 9.3 Characteristics of the nursing profession

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 1: Nursing characteristics	Characteristics of the profession	• Distinctive traits of the profession are: ○ the history of nursing as the departure point to establish a clear image of a nurse and strengthen the nursing identity and need to be acknowledged and understood by professional nurses ○ recognition of unique contributions by professional nurses • The nursing culture is questionable and requires rebuilding. • The nursing profession struggles to gain appropriate social standing/status. • Nursing professions' position in relation to other professions. Other professions dominate the nursing profession. • The nursing hierarchy influenced bedside nursing (identity and role blurring, promotion cause a lack of role models at the bedside). • Public ignorance regarding the characteristics of the profession, such as nursing hierarchy and distinguishing devices (Guidelines 5 & 8). • Tension between the science and the art of caring with technology increasingly affects nursing practice. • Profession nurses have difficulty practising independently and planning nursing care based on doctors' orders.	**Guideline 3** **Characteristics of the profession** • To support nurse leaders to shape the individual characteristics to the requirements of the nursing profession for the benefit of society. • Allow professional nurses to add value to the characteristics of the profession.	Nurse leaders and professional nurses should collaboratively: • Reinforce the characteristics of the profession to create a clear image of the profession. • Develop a strategy to educate the public about the nursing image and identity, such as hierarchy, distinguishing devices, symbols, roles, science, the art of nursing, ethos, and ethics (enhance in-group identity). • Develop a recognition strategy that identifies and publicly rewards unique contributions by professional nurses. • Develop a robust strategy to liberate the profession from domination and suppression from other professions. • Develop a strategy to restore the respect of medical doctors for the vital role that professional nurses play in patient recovery. • Develop a clear career path for clinical nursing to ensure clinical excellence remains at the bedside rather than limiting promotional opportunities to managerial positions. Promote leadership and role model input at the bedside. • Implement regular debriefing sessions where professional nurses get an opportunity to share their conscious, caring moments and incidents where they experience human wonder. It will keep the art of nursing alive and reinforce nurses' internal motivation.

Table 9.3 Characteristics of the nursing profession (cont)

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 1: Nursing characteristics	Characteristics of the profession	• Internal drivers essentially drive nursing. However, business financial objectives allow external motivators to dominate. • Due to anomie in society, ethos, ethics, and morality are fundamental to the profession. • A moral developed and mature professional nurse is required.	**Guideline 3** **Characteristics of the profession** • To support nurse leaders to shape the individuals' characteristics to the requirements of the nursing profession for the benefit of society. • Allow professional nurses to add value to the characteristics of the profession.	• Encourage nurse leaders to strengthen and nurture ethos and ethics and enhance moral courage (maturity and moral conscience) and reasoning skills throughout a professional career. Provide CPD programme and conduct discourse sessions quinquennial (5 yearly). • Conduct discourse sessions to allow professional nurses to add value to the characteristics of the profession, quinquennial (5 yearly). The ideal characteristics of the profession can be challenged and continuously developed. • Individuals should be aware of 'synergies and conflicts' with the characteristics of the profession.

Table 9.4 Role models

Theme	Category	Concluding statement	Guideline	Recommendation for implementation

Theme 2: Image of Nursing	Role models	• Role models act as ambassadors, gain professional status and shape a socially acceptable and desirable nursing identity.
		• The professional nurse strongly influences the public image, professional image and the development of role models and leaders.
		• Visibility of professional nurses in public and with stakeholders.
		• There is a longstanding practice of removing clinical role models from the bedside for promotion opportunities, improving status or better remuneration. This phenomenon set off an unintended chain of events.
		  ○ It might give the impression that basic nursing care is an inferior task.
		  ○ Diminishes the opportunity for novice and young professional nurses to learn from role models.
		  ○ It results in inappropriate utilisation of resources and deprives the patient of direct access to high-level nursing care.
		• Internal and external drivers influence career path. (Guideline 9)
			Guideline 4
			The professional nurse as an exemplary role model
			• To support nurse leaders to develop role models and improve bedside professional nurse status.
				Nurse leaders and professional nurses should:
				• Ensure professional nurses cultivate an appreciation for the nursing heritage.
				• Require all professional nurses to participate as speakers or make a written contribution to magazines or publications.
				Nursing management should:
				• Orientate and support role models at the bedside to assist them in applying their knowledge and skills to develop future leaders. Create formal mentorship relationships between role models and inexperienced professional nurses to achieve clinical and personal objectives.
				• Develop and implement a mentorship programme to add value to developing a professional identity.
				• Support role models to apply their skills in the working environment to influence the public and stakeholders. Require professional nurses to visit and give direct clinical feedback on daily patient interaction.
				• Review daily professional nurses' administrative workload and require appropriate delegation of menial tasks.
				• Develop a career path for clinical nursing to ensure clinical excellence remains at the bedside rather than limiting promotional opportunities to managerial positions. Promote the required leadership and role model input at the bedside.
				Nurse educator leaders should:
				• Require a rigorous roster where clinical facilitators and nurse educators support students and professional nurses at the bedside to develop and apply their professional skills.

Table 9.5 Nursing symbols

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 2: Image of Nursing	Nursing symbols	• Nursing symbols are a powerful tool to communicate shared values, distinguish professional nurses from other professions, and play a significant role in the identity of professional nurses. • The public and some multi-disciplinary team members are ignorant of the different levels of nurses and the difference between professional nurses the rest of the workers in the organisation. • Meaningful rituals add value to the profession's image and identity. • Nursing symbols inspire professional pride. • Nursing symbols are beneficial to the image and status of professional nurses. • A significant difference in the feeling and pride in wearing epaulettes at work versus in public (group identity). • Nursing symbols bind professional nurses together as a professional group (social identity).	**Guideline 5** **Nursing symbols represent professional identity (group and collective group identity)** • To provide support to professional nurses. • To strengthen the desire for social group membership and collective group identity of the professional nurse.	Nurse leaders and professional nurses should: • Use nursing symbols to communicate the professional nursing identity to the public and multi-disciplinary teams and strengthen professional nursing identity. • Display nursing symbols, the lamp and Nurses' Pledge of Service in the workplace to communicate the profession's values. • Empower professional nurses to portray a professional image and professionalism (public trust). • Create opportunities for professional nurses to say the Nurse's Pledge of Service during auspicious occasions. • Ensure transparent consultation with representatives of each nursing category in choosing uniform styles. • Allow individual professional nurses to highlight the personal value each attaches to the nursing symbols and use this information to allow each department to formulate a value statement. • Celebrate all incidents where professional nurses rescue members of the public during their off time.

Table 9.6 Professional nurse traits

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 2: Image of Nursing	Professional nurse traits	• Professional nurses are unaware of their public identity and role as public figures and professional appearances. • Display professional nurse traits that include appropriate personal and professional appearance (healthy physical appearance, professional etiquette and manners, professional behaviour and self-presentation, public speaking). • The nursing image should exemplify emotional and mental well-being.	**Guideline 6** **Nursing traits that portray the image of a professional nurse** • To support the professional nurse to cultivate a habit of radiating a professional image.	Nurse leaders and professional nurses should collaboratively: • Provide a written policy and a compulsory CPD programme on professional image and professionalism, which is a composite of many aspects of professional nurses' appropriate professional and public appearance, physical appearance, professional etiquette and manners, self-presentation, role in public, public visibility, public speaking, and behaviour of an integrated and well-rounded mature professional nurse. Link this Guideline 6 to the professional characteristics from Guideline 2. • Provide a written dress code policy prescribing and cultivating pride in a professional image with requirements such as proper grooming, public behaviour, appropriate dressing and appearance. • A compulsory CPD programme throughout the professional nurse career regarding professional nurses' image expectations and professionalism. • Schedule public information sessions presented by professional nurses to educate the public on clinical topics in line with international and national health awareness days.

Table 9.7 Public image

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 2: Image of Nursing	Public image	• The public image is a critical barometer indicating society's view of the profession's value in society. • Professional nurses believe that society does not value the profession. • Professional nurses neglect opportunities to improve the public image. • The public has a distorted perception of what nursing entails, based on personal experience with nurses, unawareness of what nursing entails and distorted images of nurses in the media. • Professional nurses need to increase visibility. • Create awareness of the professional nurses' public image.	**Guideline 7** **The public image of nursing (social identity)** • To support professional nurses to influence public perceptions about the nursing profession.	Nurse leaders and professional nurses should: • Create awareness among professional nurses to recognise and acknowledge the effect of their behaviour at work and in public. • Commission community opinion polls regarding the nursing image and use the information to develop community outreach and a workplace-specific programme to enhance the nursing image. • Publish the result of the opinion polls and improvement programmes implemented in local media. • Communicate all incidents to the media when professional nurses come to the rescue of public members during their off times. • Collect and publicise inspiring stories that exemplify the appropriate nursing image during the management of a pandemic or significant emergency response. • Publicly celebrate significant nursing achievements and unique contributions by professional nurses. • Develop a strategy to inform the public about the nursing image, including the nursing hierarchy, distinguishing devices and symbols (enhance in-group identity). • Develop a strategy and compulsory CPD programme to equip professional nurses to improve the public image by dealing with transgressions of professional conduct and managing complaints and abuse in the workplace. • Teach lower qualified nurses professional etiquette, self-concept, self-presentation, physical appearance and public image.

Table 9.8 Marketing and media

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 2: Image of Nursing	Marketing and media	**Marketing** • Inadequate marketing of the profession and, at times, communicating an erroneous image of the profession to the public. • The profession can benefit from marketing by changing perceptions and educating the public and school educators to promote nursing as a career of choice. • Role models and reason(s) influence prospective candidates to choose nursing as a career. • Cultivate the necessary respect that the profession deserves. • Appropriate selection criteria for admission to nursing education. • The public and school educators are uninformed and ignorant about the nursing profession. • Marketing should start at middle school and continue to school levers to attract prospective candidates to choose nursing as a career. **Media** • Vital and powerful medium for visibility and voice of the profession. • Should portray an accurate image of nursing. • Nurse leaders and professional nurses to be visible and speak about issues at an international and national level, in public and professional arenas.	**Guideline 8** **Marketing of the nursing profession and utilisation of the media to enhance the image of nursing** • To support and facilitate professional nurses to attract the ideal person to choose nursing as a career and improve the profession's social standing, image and professionalism.	**Marketing** Nurse leaders of organisations and institutions, SANC, the government, and private businesses should collaboratively take responsibility for marketing the profession and utilising the media favourably: • Develop and implement a well-planned marketing strategy and campaign on a national level. • Prospective students to undergo appropriate personality and aptitude tests. • Develop a robust strategy to promote nursing as a career choice. • Develop a strategy to ensure consistency in selecting suitable candidates, including well-defined scientific selection criteria that should include the proposed personality traits to assist with selection, recruiting, marketing and placement of staff. **Media** • Robust strategies for empowering nursing to employ the media to create a stronger, more powerful image of nursing. • Utilise different media approaches to market the nursing profession, such as radio, television talks, newspapers, and social media. Write opinion-editorial pieces and letters to local newspapers and magazines about the staff contributions and nursing-related articles and news. • Monitor and respond to the media regarding accurate or/and inaccurate media cover. • Nurse leaders are involved in media reporting to the public. Prevent the media from selective reporting and portraying professional nurses as 'enemies' of the communities they serve.

Table 9.9 External drivers

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 3: Institutional and organisational culture	External driver originating from the milieu [organisation]	• External drivers motivate, influence and direct professional nurses to perform their work. • Different organisational cultures (organisation identities) exist in private and public sector organisations which pressure professional nurses to break away from the traditional nursing culture. • Government views the nursing profession as equal to other professions in tertiary education. **Nursing culture** • In the private sector, commercial business interests dominate nursing values and culture. • Different organisational cultures exist in both private and public sectors. Each private hospital groups possess unique and distinctive values and culture. • Most professional nurses are initially socialised into the traditional nursing culture.	**Guideline 9** **Support the external drivers originating from the milieu** • To support nurse managers in utilising external motivators to benefit the professional nurse and the nursing profession.	Nurse leaders should: • Utilise external drivers as motivators to influence professional nurses to enhance the professional nursing identity. External motivators include promotional opportunities, dress code, career path, • High-level nursing input into business strategy and value statements to ensure nursing culture and values remains the core of the business in all hospitals in South Africa. • Business to recognise professional nurses who exemplify the highest nursing values. • Utilise external drivers in selecting, recruiting, marketing and staff placement. • Organisations to support acculturation of personal and nursing culture.

Table 9.10 Internal drivers

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 3: Institutional and organisational culture	Internal driver originating from within	• Internal motivators influence the course of the professional nurses' careers. • Internal drivers that originated from themselves, such as altruism (desire for unselfish service) and calling, motivate professional nurses to perform their work. • Professional nurses identify with the distinctive characteristics of the nursing profession, such as empathy.	**Guideline 10** **Enhance internal motivation originating from within** • To assist nurse leaders in using internal drivers to enhance the professional nurse's self-discovery, self-concept and career path.	Nurse leaders should: • Utilise internal drivers to motivate professional nurses to enhance their self-concept. • Give professional nurses regular opportunities to restate and share their reasons for choosing nursing as a career. • Develop posters by utilising professional nurse statements of intent for choosing nursing as a promise of quality service to patients. • Compulsory annual CPD programme to internalise nursing values and enhance internal motivation. • Utilise internal drivers in selecting, recruiting, marketing and placement of staff.

Table 9.11 Nurse educators

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 4: Nursing education	Nurse educators	• Insufficient expertise and leadership to develop leaders and the nursing profession. • Not enough is being done to develop, sustain and strengthen nurse leadership in this country. • Visibility of nurse leaders on all possible platforms to develop leaders and represent the profession. • Nurse educators must function as role models. • Equip school and nursing educators to understand, influence and shape the nursing identity. • Nurse educators must be integrated and well-rounded, mature individuals and increase their participation in clinical practice and presence at the bedside. Suitable candidates for the profession. • Build a professional identity on the type of person allowed to enter the nursing profession. • Allow suitable candidates into the profession using an appropriate marketing and recruitment strategy and selection criteria. • The education process starts by providing relevant information to the public, school leavers and prospective students to allow suitable candidates to enter the profession.	**Guideline 11** **The leading role of the nurse educators is to shape and influence the nursing identity.** • To support and facilitate nurse leaders to ensure suitable educators function as role models and fulfil a leading role in the profession. • To support and facilitate nurse educators and administrators to implement an augmented education process that assists in achieving the vision of preparing a professional nurse with a strong nursing identity.	• Nurse leaders should invest in leadership development programmes to prepare professional nurses for leadership positions and develop the nursing profession. • A strategy and annual CPD training to appoint suitable nurse educators and clinical facilitators. • Equip and inspire nurse educators and clinical facilitators to teach subjects with enthusiasm. Ssubjects such as nursing and caring ethos, ethical principles, moral conduct, professional values, nursing history, and unique characteristics of professional nurses lay the nursing foundation. Nurse leaders and professional nurses should: • Marketing and recruitment strategy to target prospective students from pre to secondary school focusing on 11-13-year students who are susceptible to form perceptions of a career that best suits them. • Scientific selection criteria to allow the ideal person into the profession.

Table 9.12 Education process

<table>
<tr><th>Theme</th><th>Category</th><th>Concluding statement</th><th>Guideline</th><th>Recommendation for implementation</th></tr>
<tr><td>Theme 4: Nursing education</td><td>Education process</td><td>• Prepare prospective students before entering the profession to recruit and select the appropriate candidate.

• Prepare novice professional nurses before entering the profession to retain professional nurses with a strong nursing identity foundation.

• Enhance integration of personal, professional, and characteristics of the profession.</td><td>Guideline 12

Augmented education process to shape the nursing identity.

• To support and facilitate nurse educators and administrators to implement an augmented education process that assists in achieving the vision of preparing a professional nurse with a strong nursing identity.</td><td>Nurse leaders should:

• Strategy to prepare novice professional nurses before entering the profession.

• Prepare prospective students through school and media information sessions (Guideline 8).

• Prepare nursing students and novice professional nurses to find, clarify and develop their own identity and personal value system to cultivate sound personal norms, values, ethical and human qualities.

• Support students and novice professional nurses by integrating personal and professional characteristics and the profession’s characteristics.

• Development of a transitional programme for novice professional nurses before entering the profession (Twine 2017:54).

Nurse educators should include in the curriculum:

• Exit level outcomes to ensure that professional nurses maintain the public image, identify with the nursing characteristics and acknowledge the attributes of a professional nurse.</td></tr>
</table>

Table 9.12 Education process (cont)

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 4: Nursing education	Education process	• Education requires an augmented curriculum to include personal characteristics, professional and unique traits of a professional nurse, social identity, nursing history, social accountability, caring ethos and ethics, professional image, cultivated professional identity and development of leaders for the future. • Nurse educators should customise the nursing curriculum and educate to fulfil the country's health needs, embrace social accountability and enhance the nursing identity. • Education requires an augmented curriculum about professionalism which is a composite of many aspects of a professional nurse; physical appearance, professional etiquette and manners, self-presentation, role in public, public visibility and speaking, professional boundaries, the behaviour of an integrated and well-rounded mature professional nurse and the behaviour after working hours.	**Guideline 12** **Augmented education process to shape the nursing identity.** • To support nurse educators and administrators in implementing an augmented education process that assists in achieving the vision of preparing a professional nurse with a strong nursing identity.	Nurse educators should include in the curriculum: • Knowledge and insight into personal identity and Social Identity Theory, nursing history and the nursing culture, humanistic (sociology) and mental sciences (psychiatric, psychology), caring ethos, ethical and moral values and behaviour to form a foundation to build the future of the profession. This knowledge and insight are the building blocks that influence and shape the professional identity. • Nursing Code of Ethics for Nursing Practitioners and the Nurse's Pledge of Service explain the history and personal commitment. • The unique traits of a professional nurse: ○ Aesthetics art of nursing; 'good is beautiful' and identify beautiful moments in the context of nursing. Beautiful and sublime moments occur during the nurse-patient interaction (Siles-González & Solano-Ruiz 2016:154-156). ○ Meaning of life; participate in finding own identity and meaning in life and seeking to discern and understand own identity as a person and reflect on life as a professional nurse. ○ Human wonder; develop an appreciation for the beauty of health and healing from sickness and a sense of wonder for miracle healing. Deeper spiritual understanding by the professional nurse to assist patients in finding meaning in their existence, disharmony, suffering, and turmoil; promote patients' self-control, choice, and self-determination with their health-illness decisions. (Watson 2011:1, 24, 46, 49). • Educate and develop professional nurse traits regarding professional image and professionalism (Guideline 6). • Compulsory CPD programme enhances personality traits, professional nurse traits and self-care (physical, emotional and mental health) (Guideline 1).

Table 9.13 Professional regulatory body

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 5: Corporate Governance	Professional regulatory body	• Communicate the regulatory body' vision and role to the public and professional nurses to influence the profession's status. • Visibility of council members, professional nurses and the public. • The regularity body shows devotion to professional nurses rather than just getting involved in disciplinary matters. • Take the leadership position in dealing with strike action by labour law. • Leadership involvement in all possible platforms and positive media interaction. • Leadership must engage in policy development and implementation.	**Guideline 13** **Support to the professional regulatory body.** • To support and facilitate the regulatory body to enhance the professional status and image of the profession.	Nurse leaders and professional nurses should: • Invite council members to address nursing staff on relevant topics during National Awareness Days. • Council members to consider adopting a different hospital each year and facilitate a leadership development or improvement programme with measurable outcomes. An annual celebrating event will allow each council member to showcase their adopted facility. • Council members to participate in negotiating with strike representatives to ensure patient safety and acceptable nursing conduct. • Request input from council members in media interactions to ensure the right message or image of nursing is upheld. • Leadership involvement in all possible platforms. • Council to consider publishing standard policies to improve nursing best practices in all health care facilities.

Table 9.14 Leaders and leadership

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 5: Corporate Governance	Leaders and leadership	• Lack of leadership in South Africa. • Strategic leadership involvement on a national level. • Public and professional visibility. • Leaders should develop leaders to take up leadership positions to develop the profession. • Nurse managers abandon their responsibility to maintain discipline in the profession and do not give middle-level managers who seek to maintain discipline the necessary support. • Professional nurses feel de-professionalised and dehumanised, and their plea to authority appears to fall on deaf ears; a vicious circle of demoralisation is set into motion.	**Guideline 14** **Support leaders and augment leadership.** • To provide support to managers, educators and professional nurses to uphold discipline in the profession, institutional and organisational governance and leadership in the nursing sector in the country. • To provide support to professional nurses to take up leadership positions and be involved on a national level. • To support leaders to be seen and heard on all possible public and professional platforms to proclaim the profession's status, image and identity.	Nurse leaders and professional nurses should: • Develop leaders that direct and inspire nurses to live their profession and develop the professional nursing identity. • Create opportunities for young professional nurses to act in vacant leadership positions as a personal development initiative and provide mentoring sessions to evaluate performance and identify further areas of improvement. Cultivate a mentoring culture to add meaning to their work and a sense of fulfilment (Malloy et al 2015:1). • In collaboration with a multi-disciplinary team, identify desired nursing leadership traits and develop targeted training programmes and recognition programmes to develop and promote the same. • Collaborate on a national level to develop a disciplinary code that underwrites the principles of fairness and corrective discipline rather than punitive discipline. • Nursing leadership to review significant disciplinary incidents and develop an advisory to guide managers to improve misconduct management. • Actively promote participation in national leadership bodies, for example, National Nursing Leaders Forums. Recognise contributions in the media. • Psychological assessment, coaching and mentoring, which might play an essential role in developing nurse leaders and professional identity.

Table 9.15 Public visibility

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 5: Corporate Governance	Public visibility	• Professional nurses should realise and acknowledge that they are public figures. • Public figures from SANC, nursing directors should be well-known in the profession and the public. • Professional nurses must develop skills to represent the profession in the media and take responsibility for moving from 'silence to voice' and acting as public speakers. • Frontline professional nurses portray and promote an accurate image of the profession. • Bedside visibility is limited to lower qualified nurses with less training than professional nurses.	**Guideline 15** **Public visibility of professional nurses** • To provide support to professional nurses to present the profession in public. • To provide support to professional leaders to be seen and heard on all possible public and professional platforms to proclaim the profession's status, image and identity.	Nurse leaders and professional nurses should: • Nursing students to participate in community outreach projects and speak to the media regarding their educational journeys. • Develop robust strategies to increase visibility by regularly propagating nursing philosophy, values, and identity via nurse leaders in the workplace, media, and schools. Encourage healthy community projects and public information sessions about nursing and its unique contributions to the media and society. • Develop CPD training to enhance ability as a public speaker and develop discourse skills. • Organise competitions for professional nurses to submit videos commenting on ethical nursing and other relevant topics. Winners to be published on YouTube. • Develop a CPD programme to develop the art of public speaking.

Table 9.16 Political arena and government engagement

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 5: Corporate Governance	Political and government arena	• Professional nurses feel demoralised by the political influence and decisions of the government and reject political interference in nursing. • Professional nurses are reluctant to become active in the political arena, possibly due to a lack of skills, confidence or perceive a lack of congruity between professional behaviour and the view of politicians (Huston 2014:384). • Professional nurses should become involved in the political system to protect the nursing profession and the well-being of society improve the image of nursing and (Milstead 2017:12, 54; Shariff 2014:20). It is thus advisable that professional nurses become politically involved to protect and defend the profession. • Professional nurses' voices are silent. • Dynamic tension between patient and nurses' rights within the legal framework of South Africa since the constitution emphasises individual rights.	**Guideline 16** **Political and government arena engagement.** • To support professional nurses to become skilled to represent the profession in the political and government arenas.	Nurse leaders, educators, and professional nurses should: • Empower professional nurses to participate in the political arena and regain political influence to use legitimate power wisely and defend the professional nature of nursing in the interest of the nursing profession (Morley & Jackson 2017:342). o Health care policy education as part of the curriculum. o Encourage nurse educators to some level of political involvement in a leadership position, for example, on city councils or local offices. • Collaborate nationally and obtain broad input to lobby the Department of Health on essential areas of health policy as an organised voice for nursing. • Engage professional nurses in education and debriefing sessions in the workplace to express and understand their role in advocating and ensuring that patient rights are protected. Use a system of sharing personal stories to collect and communicate examples of how the individual rights of the nurse can support their responsibility in this regard. • Support annual discourse sessions to listen to the voice of professional nurses. • Ensure government views the nursing profession as equal to other professions. • Annual discourse about the dynamic tension between patient and nurses' rights.

Table 9.17 Unions

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 5: Corporate Governance	Unions	• Professional nurses feel that industrial action is the only avenue for their voices to be heard by the government, adversely affecting the profession's public view. • The South African public and professional nurses have raised ethical concerns about striking healthcare workers. • South Africans would be more inclined to support healthcare workers in their endeavours if they did not strike, leaving patients vulnerable. • Professional nurses are concerned that Trade Union members, who are not in the nursing profession, negotiate nursing remuneration packages and force decisions concerning the profession on an organisational level, whilst they are ill-informed about what the profession entails.	**Guideline 17** **Professional approaches to union involvement** • To support professional nurses' approaches to labour issues. • To support professional nurses to represent the profession by negotiating nursing remuneration packages.	Nurse leaders and professional nurses should: • Develop a national management framework for a balanced, proactive approach towards healthcare industrial action that contributes to the professional image. • Professional nurses determine and negotiate nursing remuneration packages. • In collaboration with Human Resources Department, a representative forum to ensure nursing input in all remuneration and other benefit negotiations.

Table 9.18 Private and public sector

Theme	Category	Concluding statement	Guideline	Recommendation for implementation
Theme 5: Corporate Governance	Private and public sector	• Different perceptions exist of health care delivery in the public and private sector. • In complex work environments, professional nurses were sadly 'forced' to break away from the traditional nursing culture in delivering nursing care. • Each organisation has a distinctive culture, although most professional nurses are initially socialised into the nursing culture and afterwards adopt the organisational culture. • However, in private hospitals, commercial business interests and organisational cultures dominate traditional nursing values and culture. • There is a perception that private and public patients have different attitudes towards professional nurses and visa-versa. • Abuse by the patient, public, multi-disciplinary team and employees.	**Guideline 18** **Private and public sector standardisation.** • To provide support to professional nurses to change perceptions and re-establish the nursing culture in all health care facilities in South Africa.	Nurse leaders and professional nurses should: • Development of an appropriate marketing strategy for the nursing profession as elucidated in Table 9.9. • Organise nursing pride celebration/workshops for public and private sector professional nurses to re-establish a traditional nursing culture and identity. • Encourage organisations and institutions to include statements and strategies that they acknowledge and encompass the nursing values and culture. • Equip and support professional nurses to deal with abuse and complaints in the workplace to create a safe working environment. • Support strategies that enable professional nurses to apply the nursing culture. • Provide and implement a written policy containing principles that counteract abusive behaviour towards nursing staff.

9.5 LIMITATIONS OF THE STUDY

The researcher identified the following limitations:

- During the interview with the seventh key informant, a friend entered the room and started participating in the interview. The interview was completed out of respect for the key informant. However, the data of this interview had to be disregarded to ensure the rigour of the data.
- An application to SANC for approval to distribute questionnaires to all registered professional nurses in South Africa was rejected. Due to the non-approval from SANC, the researcher applied and obtained approval from private and public hospitals. The private hospitals responded to the request and were permitted to conduct research.
- The public sector did not respond to the submitted request for quantitative research in the public sector. The researcher obtained approval from additional hospitals in the private sector. Due to the unresponsiveness of the public sector, quantitative research was limited to the private sector. However, professional nurses of the public sector are representedin private hospitals. Public sector nursing staff work in private hospitals through Nursing Agencies and thus form part of the population.
- Although obtaining consent was challenging, the facilities that permitted participation allowed a sampling that covered both private and public sectors, ensuring a representative sample.
- The possibility of respondent fatigue was there, considering the questionnaire had 80 questions. However, the response rate was 79% (n=254) of the 320 questionnaires distributed, regarded as a reasonable response rate.

9.6 RECOMMENDATIONS

The following recommendations evolved from the study with recommendations for policy, strategies and a framework, education and training, clinical practice and further research. The recommendations are based on the conclusions drawn from the study's findings, which informed the proposed guidelines.

9.6.1 Recommendations for policies, strategies and framework

Consider the following recommendations for implementing the guidelines to support professional nurses, nurse leaders and educators in developing a nursing identity.

- Ensure a team approach in collaboration with departments on a national level, SANC, universities and nurse educators of nursing colleges and associations in South Africa, nurse

leaders in the private and public sector to develop the recommended policies, strategies and framework and the implementation of the guidelines. The recommended **policies** to be written are:

- A policy for **professional image** expectations. A composite of professional and public appearance, physical appearance, professional etiquette and manners, self-presentation, role and public visibility, public speaking, and an integrated and well-rounded mature professional nurse (Guideline 6, Table 9.6 and Box 8.6(b)). Link Guideline 6 to the professional characteristics of Guideline 2.
- A policy to counter **abusive behaviour** towards nursing staff (Guideline 18, Table 9.18 and Box 8.18(b)).

The recommended **strategies** to be developed and written:

- Develop a **personal characteristic** strategy to define and describe the proposed personal characteristics. It is a composite of personal characteristics (personality traits (caring, calling, compassion), professional etiquette, integrated and well-rounded mature individual, self-concept and self-care traits), professional nurse traits, and predominant and traditional traits (Guideline 1, Table 9.1 and Box 8.1(b)).
- Develop a **professional characteristic** strategy to define, describe and enhance the professional characteristics (professional socialisation, integration, professional image, professional nurse traits, professionalism, professional boundaries, professional etiquette, behaviour after working hours) and unique traits (aesthetic art of nursing, meaning of life and human wonder) of the professional nurse for professional nurses and students (Guideline 2, Table 9.2).
- Develop a **recognition and reward** strategy for physical, emotional and mental self-care.
- Develop an in-group **and collective identity** (social identity) strategy to strengthen the in-group and collective identity of the professional nurses (Guideline 2, Table 9.2, Box 8.3(b) and Box 8.5(b)) and the profession (Guideline 3).
- Develop a **strategy for professional boundaries** between professional nurses and patients (Guideline 2, Table 9.2 and Box 8.2(b)).
- Develop a **public education** strategy to educate the public about the nursing image and identity (Guideline 3, Table 9.3).
- Develop a **recognition and reward** strategy that acknowledges best professional practices and unique contributions that enhance the profession's status, image, and uniqueness (Guideline 3, Table 9.3 and Box 8.3(b).
- Develop a **social hierarchy** strategy to **liberate** the nursing profession from the oppression of other professions and restore the respect of medical doctors (Guideline 1 and Box 8.3(b)).

- Develop a **clinical career path** to retain professional nurses at the bedside and improve their status (Guideline 3, Table 9.3 and Box 8.4(b)).
- Develop a national strategy to inform the public about the nursing image, including nursing hierarchy, symbols, and distinguishing devices (Guideline 7, Table 9.7 and Box 8.5(b)). Link the strategy to public education (Guideline 3).
- Develop a **public image strategy to support** professional nurses to influence public perceptions about the nursing profession (Guideline 7, Table 9.7 and Box 8.7(b)). Link the strategy to public education (Guideline 3).
- Develop a personal characteristic strategy to define and describe the proposed personality characteristics to assist with **selecting, recruiting, marketing and placement and developing staff** (Guideline 8, Table 9.8 and Box 8.9(b) and Box 8.12(b), Guideline 9 Table 9.9 and Guideline 10 Table 9.10).
- Develop an **educational marketing** strategy (Guideline 8, Table 9.8 and Box 8.8(b)).
- Develop an **education** strategy to support education departments, educators and clinical facilitators (Guideline 11, Table 9.11 and Box 8.11(b) and Box 8.12(b)). Link Guideline 11 to Guideline 8.
- Develop a **marketing** strategy to promote nursing as a choice of career (Guideline 8, Table 9.8 and Box 8.8(b) and (Box 8.12(b)). Link this guideline to Guideline 11.
- Develop a **media** strategy to enhance the nursing image (Guideline 8, Table 9.8 and Box 8.8(b)).
- Develop a **marketing and recruitment** strategy to target prospective students and appoint suitable candidates for the nursing profession (Guideline 11, Table 9.11 and Box 8.11(b)). Link this guideline to Guideline 8.
- Develop a strategy to appoint **suitable nurse educators and clinical facilitators** to enhance the nursing identity (Guideline 11, Table 9.11 and Box 8.11(b)).
- Develop a strategy for **prospective students and novice professional nurses** to prepare them before entering the profession, retain staff and prevent emotional trauma (Guideline 12, Table 9.12 and Box 8.12(b)). The strategy should include information sessions at schools and media and a transitional programme for novice professional nurses.
- Develop a **visibility strategy** to enhance professional nurses' visibility and voice on all possible platforms (Guideline 15, Table 9.15 and Box 8.15(b)). Regularly propagate the nursing philosophy, values, and identity via nurse leaders and educators in the workplace, media, and schools. Encourage healthy community projects and public information sessions about nursing and its unique contributions to the media and society.
- Develop a **political arena and government engagement** strategy for participation in the political arena and government engagement to influence national health policy (Guideline 16, Table 9.16 and Box 8.16(b)). Health care policy formulation must form part of the

curriculum. Encourage educators to some level of political involvement in leadership positions, for example, on city councils or local offices.

The recommended **framework** to be written:

- o Develop a national management framework for a balanced, proactive approach towards **healthcare industrial action** that contributes to the professional image (Guideline 17, Table 9.17 and Box 8.17(b)).

- Conduct workshops on planning, organising and preparing to write the policies, strategies and framework, and the recommended Guidelines rollout.
  - o Recommend that decision-makers at the national, regulatory and institutional levels develop and implement the recommended guidelines.
  - o Provide explicit instruction on monitoring the implementation and outcome of the guidelines.
  - o Recommend a reasonable time frame of 18 months to develop, implement and monitor the recommended Directives.
  - o Nurse leaders and educators to familiarise themselves with the professional nurse's personal and professional characteristics and the characteristics of the profession and align policies and strategies accordingly.

9.6.2 Recommendations for education and training

Educators are one of the most influential determinants in developing a nursing identity. The following recommendations for nursing education are proposed.

Management of nursing education institutions should:

- Nurse leaders and educators conduct a workshop to familiarise themselves with the professional nurse's personal and professional characteristics and the characteristics of the profession and align teaching and facilitation policies and strategies accordingly.
- Develop leadership development programmes to prepare professional nurses for leadership positions (Guideline 11, Table 9.11 and Box 8.11(b).
- The nursing curriculum should include explicit educational objectives to enhance the nursing identity (Guideline 12 and Box 8.12(b).
- Develop an education strategy to support education departments, educators and clinical facilitators in enhancing their leadership roles and political processes. (Guideline 11, Table 9.11 and Box 8.11(b) and box 8.12(b)). Link Guideline 11 to Guideline 8.

- Create training opportunities for nurse educators and facilitators to become competent in developing a nursing identity.

Recommendations regarding nurse educators:

- Heads of departments to appoint suitable nurse educators and clinical facilitators to enhance the development of a nursing identity (Guideline 11, Table 9.11 and Box 8.11(b)).
- Nurse educators must familiarise themselves with the personality and professional nurse traits, predominant and traditional traits, and unique traits of the professional nurse by conducting a workshop to align their teaching and facilitation strategies accordingly (Guidelines 1 and 2).

Recommendations regarding CPD programmes:

- Develop CPD training programmes to develop nursing students, novice and professional nurses. Recommended CPD programmes:
  - Enhance **nursing characteristics**; personal characteristics (personality traits (caring, calling, compassion), professional etiquette, personal and professional integration, integrated and well-rounded mature individual, self-concept and self-care traits), professional nurse traits, predominant and traditional traits. (Guideline 1 and Box 8.1(b)).
  - Enhance the **professional characteristics** (professional socialisation, integration, professional image, professional nurse traits, professionalism, professional boundaries, professional etiquette, behaviour after working hours) and unique traits (aesthetic art of nursing, meaning of life and human wonder) of the professional nurse (Guideline 2 and Box 8.2(b)).
  - Strengthen and nurture ethos and ethics and enhance moral courage (maturity and moral conscience) and reasoning skills throughout a professional career. Provide CPD programme and conduct discourse sessions quinquennial (5 yearly) (Guideline 3).
  - Develop the self-image of the professional nurse (Guideline 1).
  - Enhance the professional image. The professional image is a composite of professional appearance in public, physical appearance, professional etiquette and manners, self-presentation, role in public, public visibility, public speaking, and behaviour of an integrated and well-rounded mature professional nurse (Guideline 6 and Box 8.6(b)). Link this guideline to the professional characteristics of Guideline 2.
  - Enhance internalisation of nursing values and internal drivers (Guideline 9 and Box 8.9(b) and Guideline 10 and Box 8.10(b)).
  - Personality traits, professional traits and physical and emotional self- care and mental health (Guideline 1, Table 9.1 and Guideline 12, Table 9.12).

- Support novice and professional nurses to integrate personal and professional values and identities (Guideline 2, Table 9.2).
- Develop the art of public speaking (Guidelines 6 and 15).
- Engage in the educational marketing strategy and promotion of nursing as a choice of career strategy to support implementation (Guideline 8, Table 9.8 and Box 8.8(b)).
- Enhance visibility at the bedside and on all platforms to develop future role models and leaders (Guideline 4, Table 9.4 and Box 8.4(b); (Guideline 11, Table 9.1 and Box 8.1(b); link with Guideline 15, Table 9.15 and Box 8.15(b) and Guideline 3, Table 9.3 and Box 8.3(b).

9.6.3 Recommendation for practice

Organisation management, nurse leaders, educators, and professional nurses should collaboratively:

- Conduct a workshop to familiarise professional nurses with the personal and professional characteristics of the professional nurse to enhance these characteristics.
- Develop a career path for clinical nursing to ensure clinical excellence remains at the bedside rather than limiting promotional opportunities to managerial positions.
- Support professional nurses to strengthen their in-group and collective identity. Introduce in-group discussions to reflect and clarify their position in the profession, commitment and contributions to the profession, and their concerns; management to allow members time off to attend in-group meetings; use of symbols; participate in a yearly charity project, presentations at leadership forum; outreach to hospitals that require improvement intervention and participation in the marketing of the profession in the community.
- Suggest the involvement of a facilitator or mediator with a social-psychological background to enhance the in-group identity of professional nurses.
- Suggest the involvement of a facilitator or mediator with a social-psychological background to workshop the process to enhance the in-group identity of professional nurses.
- Invite members of the regulatory body and the Department of Health to events such as nursing ceremonies, marketing events, symposia, or visits to health or training organisations to enhance visibility and improve professional status and image.
- Organisations allow the professional nurse to cultivate a habit of radiating a professional image through a yearly discourse on the topic and allowing exposure and participation in events that require that professional behaviour.
- Support professional nurses to influence the public perceptions about the nursing profession by organising and allowing participation in community outreach programmes and public marketing projects.

- The utilisation of external and internal motivators to benefit the profession. External motivators that could be used include promotion opportunities, dress code, nursing administration tasks, money and promotion for the status, and internal motivators are calling and altruism.

9.6.4 Recommendations for further research

The findings of the present research and the proposed guidelines pointed out several areas for further in-depth research that would further enhance the understanding of some of the topics raised in this study. The themes that need to be investigated in further research are:

- Identify personality traits required in the different nursing areas to care for patients as a determinant of successful recruitment of prospective nursing students and recruitment, selection and placement of staff in different nursing areas.
- Research in both nursing education and in the workplace to identify factors that influence the professional self-esteem of the professional nurse.
- Investigate influencing factors of the nursing identity that will keep the professional nurse at the bedside.
- Investigate reasons for not wanting to be recognised as a health care worker in public.
- Investigate what environmental factors contribute to the obesity of nurses in South Africa.
- Explore the demands of the profession on professional nurses' family life.
- Investigate the role and identity blurring of professional and lower category nurses.
- Explore the factors influencing the professional nurse to feel less proud and empowered when wearing distinguishing devices in public than at work.
- Explore the factors that influence the professional nurse's willingness to associate with the nursing profession.
- The COVID-19 pandemic has profoundly influenced the professional identity in terms of education, personal stress, complex ethical issues, professional status, distrust of nursing knowledge, low professional attraction and change in relationships with patients and families. Studies are necessary to understand and explore the comprehensive impact of the COVID-19 pandemic on nurses and nursing education to uphold the nursing identity.

9.7 CONTRIBUTION OF THE STUDY

The study findings are released when professional nurses are frontline workers experiencing extreme levels of stress and uncertainty due to the COVID-19 pandemic. Despite being lauded as heroes for their frontline service during the pandemic, the profession's image must regain society's trust as clinical experts and attractive career opportunities with a solid professional

identity. The global shortage, mainly due to not enough trained students, will not be served by the defeated, tired and traumatised image portrayed in the media.

This study makes a unique contribution to the body of knowledge in nursing. It provides guidelines for developing a professional nursing identity and re-establishment of the nursing profession as sacred in the eyes of the professional nurse as much as in public opinion. Following the guidelines could re-position nursing as clinical experts rather than hand-maidens and, if adopted widely, could provide the breakthrough needed to attract talent.

The study is particularly relevant in that the findings provide valuable insights and can empower members and non-members of the profession to pursue effective life-changing approaches to changing nursing characteristics, education and teaching, organisations and institution policies and clinical practice for the renaissance nursing identity. Overall, this benefits advanced knowledge about developing and re-establishing the nursing identity in an unsettled environment.

May this study contribute to the development of the nursing identity in South Africa.

9.8 CONCLUSION

A resurgence of the nursing identity as a concept in education and workplace ethics is essential to recruit prospective nurses, retain competent professional nurses, inspire professional performance, reposition the profession in the eyes of the public, and re-establish the profession.

Successful implementation of these guidelines might ensure that professional nurses and stakeholders achieve relevant, effective and efficient facilitation of the nursing identity. A robust nursing identity will improve the public image and the profession's value and status in society and other professions. It is expected that the interest in nursing as a career will increase and complement the World Health Organization (WHO) initiative to designate 2021 as "Nurses a voice to lead. A vision for future healthcare." In 2022, we seek to show how nursing will look into the future and how the profession will transform the next stage of healthcare.

This thesis proposes Social Identity Theory as a valuable research framework to assist in clarifying and describing the professional identity of professional nurses. The thesis outlines the critical elements of an individual, professional persona, and the profession's image and then describes the main concepts of Identity Theory and Social Identity Theory in relation to the nursing identity. Finally, a connection is established between the usefulness of both theories in investigating professional identity and recognising the contextual nature of the social activity of the profession within the workplace and society.

This study achieved the research objectives of exploring the factors influencing the professional nursing identity in South Africa, the perceptions that established (shape) the professional nursing identity, understanding the professional nursing identity as it manifests in the profession and formulating guidelines for developing a professional nursing identity.

LIST OF REFERENCES

Abdelrahman, SM. 2018. Relationship among public nursing image, self-image, and self-esteem of nurses. *The International Organization of Scientific Research (IOSR) Journal of Nursing and Health Science* 7(1):10-16. From: http://www.iosrjournals.org/iosr-jnhs/papers/vol7-issue1/Version-9/B0701091016.pdf (accessed December 2020).

Ackerman, CE. 2020. What is self-worth and how do we increase it? (4 Worksheets). *Positive Psychology.com.* From: https://positivepsychology.com/self-worth/ (accessed November 2020).

Adhabi, EAR & Anozie, CB. 2017. Literature review for the type of interview in qualitative research. *International Journal of Education* 9(3):86-96.
From:
https://www.researchgate.net/publication/320009898_Literature_Review_for_the_Type_of_Interview_in_Qualitative_Research (accessed January 2021).

Akdemir, N. 2018. Visible expression of social identity: The clothing and fashion. *Gaziantep University Journal of Social Sciences*, 17(4):1389-1397.
From: https://dergipark.org.tr/tr/download/article-file/543644 (accessed January 2021).

Allan, H, Traynor, M, Kelly, D & Smith, P. 2016. *Understanding sociology in nursing*. London: SAGE.
Al Banna, DA. 2017. Core professional and personal values of nurses about nursing in Erbil City Hospitals: A profession, not just career. *Nursing & Care Open Access Journal* 2(6):169-173.
From: https://medcraveonline.com/NCOAJ/NCOAJ-02-00056.pdf (accessed June 2017).

Allnurses blog. 2017. *Leaving bedside nursing*. From: http://allnurses.com/general-nursing-discussion/leaving-bedside-nursing-1048352.html (accessed September 2017).

Altinbasak-Farina & Burnaz. 2019. *Ethics, social responsibility and sustainability in marketing.* Turkey: Springer.

American Psychological Association. 2015. Professional practice guidelines: Guidance for developers and users. *American Psychologist* 70(9):823-831.
From: http://www.apa.org/practice/guidelines/developers-and-users.pdf (accessed March 2017).

Archer, MS. 2000. *Being human. The problem of agency.* United Kingdom: Cambridge University Press.

Archer, MS. 2013. *Social origins of educational systems. Classical texts in critical realism.* London: Routledge.

Argote, L & Levine, JM. (ed). 2020. *The Oxford handbook of group and organizational learning*. Oxford Library of Psychology. New York: Oxford University Press.

Armstrong, SJ & Rispel, LC. 2015. Social accountability and nursing education in South Africa. *Global Health Action* 8:1-9. From:
https://www.tandfonline.com/doi/pdf/10.3402/gha.v8.27879?needAccess=true (accessed April 2017).

Arthur, D 1995. Measurement of the professional self-concept of nurses: Developing a measurement instrument. *Nurse Education Today* 15:328-335. From: http://www.nurse-educationtoday.com/article/S0260-6917(95)80004-2/abstract (accessed April 2017).

Arthur D & Randle, J. 2007. The professional self-concept of nurses: a review of the literature from 1992–2006. *Australian Journal of Advanced Nursing* 24(3):60-64. From: http://ajan.com.-au/Vol24/Vol24.3-10.pdf (accessed April 2017).

Ashforth, BE & Mael, F. 1989. Social identity theory and the organization. *Academy of Management Review* 14(1):20-39.
From: http://www.jstor.org/stable/258189?origin=JSTOR-pdf&seq=1#page_scan_tab_ contents (accessed September 2016).

Ashforth, BE, Spencer, H, Harrison, SH & Corley, KG. 2008. Identification in organizations: An examination of four fundamental questions. *Journal of Management* 34:325-374.
From: http://leedsfaculty.colorado.edu/dahe7472/Journal%20of%20-Management-2008-Ashforth-325-74.pdf (accessed April 2017).

Aurini, JD, Heath, M & Howells, S. 2016. *The how of qualitative research: strategies for executing high quality projects*. Los Angeles: SAGE.

Babbie, ER. 2015. *The practice of social research*. 14th edition. Australia. Cengage Learning.

Babbie, ER. 2016. *The basics of social research*. 7th edition. Boston: Cengage Learning.

Babu, S. 2014. *Psychology for nurses*. Bangalore: Elsevier.

Baillie, L & Black, S. 2014. *Professional values in nursing*. Florida: CRC Press.

Bain, PG, Vaes, J & Leyens, JP (eds). 2013. *Humanness and dehumanization*. New York: Routledge.
From: https://books.google.co.za/books?id=-cfeAQAAQBAJ&printsec=frontcover& source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false (accessed January 2021).

Balaam, M. 2017. Virtuous, invisible and unconcerned: nurses, nursing and the media. Thesis at Queen Margaret University.
From:
https://eresearch.qmu.ac.uk/bitstream/handle/20.500.12289/7391/2616.pdf?isAllowed=y&sequence=1 (accessed January 2021).

Baljoon, RA, Banjar, HE & Banakhar, MA. 2018. Nurses' work motivation and the factors affecting it: A scoping review. *Internal Journal of Nursing and Clinical Practice* 5:277.
From: https://www.graphyonline.com/archives/IJNCP/2018/IJNCP-277/#headerCitation (accessed January 2021).

Bayoumy, HMM, Shaqiqi, WA & Bogami, NA. 2015. Exploring importance of professional attributes of nursing students as prior indicators of preparedness for successful clinical education. *International Journal of Nursing and Clinical Practices* (2):1-7. From: file:///C:/Users/User/Downloads/article-IJNCP-127%20(1).pdf (accessed August 2018).

Beaton, G. 2010. *Why professionalism is still relevant*. Legal Studies Research Paper No. 445. Melbourne Law School. University of Melbourne.
From: file:///C:/Users/User/Down-loads/SSRN-id1545509.pdf (accessed January 2017).

Belle, MJ. 2017. Critical care nurses' professional identity constructions in an Australian Intensive Care Unit: Contextual and contingent. Thesis. University of Tasmania. Tasmania.

Bell, E, Campbell, S & Goldberg, LR. 2015. Nursing identity and patient-centeredness in scholarly health services research: A computational text analysis of PubMed abstracts 1986-2013. *BioMed Central Health Services Research* 15:2-15.
From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4312431/pdf/12913_2014_Article_660.pdf e (accessed June 2020).

Ben Natan, M & Becker, F. 2010. Israelis, perceived motivation for choosing a nursing career. *Nurse Education Today* 30(4):308-313.

Benner, P, Sutphen, M, Leonard, V & Day, L. 2010. *Educating nurses: A call for radical transformation.* San Francisco: Wiley & Sons.

Bergbauer, S. 2018. *Explaining European identity formation: Citizens' attachment from Maastricht treaty to crisis*. Frankfurt: Springer.

Berl, A. 2020. Personality traits within the field of nursing and desired field of work. Senior Honors Theses. From: https://digitalcommons.brockport.edu/honors/279/ (accessed January 2021).

Berman, A, Snyder, SF, Kozier, B, Erb, GL, Levett-Jones, T, Dwyer, T, Hales, M, Harvey, N, Moxham, L, Park, T, Parker, B, Reid-Searl, K, Standly, D. 2015. *Kozier & Erb's Fundamentals of Nursing*. Australian edition 3. Pearson Australia: Pearson Australia Group Pty.

Birden, H, Glass, N, Wilson, I, Harrison, M, Usherwood, T & Nass, D. 2014. *Teaching professionalism in medical education: A best evidence in medical education (BEME) systematic review*.
From: http://www.tandfonline.com/doi/pdf/10.3109/0142159X.2013.789132?need-Access=true (assessed January 2017).

Blaauw, D, Ditlopo, P & Rispel, LC. 2014. Nursing education reform in South Africa: lessons from a policy analysis study. *Global Health Action* 7:1-12.
From: http://www.rhap.org.za/wp-content/uploads/2015/07/Nursing-education-reform-in-South-Africa-lessons-from-a-policy-analysis-study.pdf (accessed March 2017).

Black, B. 2016. *Professional nursing: concepts and challenges*. 8th edition. North Carolina: Elsevier.

Blum, CA. 2014. Practicing self-care for nurses: A nursing program initiative. *Online Journal of Issues in Nursing. A Scholarly Journal of the American Nurses Association* 19 (3):1.
From:
http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-19-2014/No3-Sept-2014/Practicing-Self-Care-for-Nurses.html (accessed March 2017).

Bolman, LG & Deal, TE. 2013. *Reframing organizations: artistry, choice, and leadership*. 5th edition. San Francisco: John Wiley & Sons.

Booth, A, Sutton, A & Papaioannou, D. 2016. *Systematic approaches to a successful literature review*. 2nd edition. Los Angeles: SAGE.

Boykin, A, Schoenhofer, S & Valentine, K. 2013. *Health care system transformation for nursing and health care leaders. Implementing a culture of caring*. New York: Springer.

Brewington, J & Godfrey, N. 2020. Headlines. From: National league for nursing. The professional identity in nursing initiative. *Nursing Education Perspective* 41(3):201.
From: https://www.nursingcenter.com/pdfjournal?AID=5523215&an=00024776-202005000-00021&Journal_ID=3332683&Issue_ID=5522452 (accessed November 2020).

Brierley, A. 2021. *Connecting with young people in trouble: risk, relationships and lived experience*. Hampshire: Waterside.

Brimm, L. 2018. *The global cosmopolitan mindset: Lessons from the new gloval leaders*. London: Macmillan.

Brink, H, Van der Walt, C & Van Rensburg, GH. 2018. *Fundamentals of research methodology for healthcare professionals*. 4th edition. Pretoria: Juta.

Brouwers, M, Kho, ME, Browman, GP, Cluzeau, F, Feder, G, Fervers, B, Hanna, S, Makarski, J. 2013. (On behalf of the AGREE Next Steps Consortium). AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Canadian Medical Association Journal*:2. From: https://www.agreetrust.org/wp-content/uploads/2013/10/AGREE-II-Users-Manual-and-23-item-Instrument_2009_UPDATE_2013.pdf (accessed January 2020).

Brown, AD. (eds). 2020. *The Oxford handbook of identities in organizations*. United Kingdom: Oxford University Press.

Browne, C, Wall, P, Batt, S & Bennet, R. 2018. Understanding perceptions of nursing professional identity in student entering an Australian undergraduate nursing degree. *Nurse Education in Practice* 32:90-96.
From: file:///C:/Users/User/Downloads/1-s2.0-S1471595317306741-main.pdf (accessed November 2019).

Bryman, A. 2016. *Social research methods*. 4th edition. Oxford: University Press.

Buresh, B & Gordon, S. 2013. *From silence to voice: What nurses know and must communicate to the public.* 3rd edition. London: Cornell University Press.

Burkhardt, M. & Nathaniel, AK. 2019. *Ethics and issues in contemporary nursing – E-Book*. St. Louis Missouri: Elsevier Health Sciences.

BusinessDictionary. 2017. Sv “organisation”.
From: http://www.businessdictionary.com/definition/organization.html (accessed May 2017).

Busch, IM, Moretti, F, Travaini, G, Wi, AW & Rimondini, M. 2019. Humanization of care: Key elements identified by patients, caregivers, and healthcare providers. A systematic review. *The Patient-Patient-Centred Outcomes Research* 12:461-474. Switzerland: Springer.

Cambridge English Dictionary. 2020. Sv “identity”. Cambridge: Cambridge University Press.
From: https://dictionary.cambridge.org/dictionary/english/identity (accessed November 2020).

Carlson, K. 2016. *Be a well-rounded nurse. The sentinel watch*. American Sentinel University. From: http://www.americansentinel.edu/blog/2016/09/19/nurse-keith-be-a-well-rounded-nurse/ (accessed April 2018).

Candlin, CN & Sarangi, S. 2011. *Handbook of communication in organisations and professions*. Volume 3 of Handbooks of Applied Linguistics. Berlin: Walter de Gruyter.

Cara, C. 2003. A pragmatic view of Jean Watson’s caring theory. *International Journal for Human Caring 7*(3):51-61.
From: http://www.watsoncaringscience.org/files/PDF/Pragmatic_-View.pdf (accessed May 2017).

Careerstone Group. 2018. *Five tips for creating a positive professional image*.
From: http://careerstonegroup.com/blog/70/Five-Tips-for-Creating-a-Positive-Professional-Image (accessed November 2018).

Catalano, J. 2019. *Nursing now! Today’s issues, tomorrow’s trends*. 8th edition. Philadelphia: FA Davis.

Cawley, T & Mcnamara, PM. 2011. Public health nurse perceptions of empowerment and advocacy in child health surveillance in West Ireland. *Public Health Nursing* 28(2):150-158. From: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1525-1446.2010.00921.x (accessed September 2018).

Caza, BB & Creary, SJ. 2016. *The construction of professional identity*. Cornell University School of Hotel Administration. From: http://scholarship.sha.cornell.edu/articles/878 (accessed April 2017).

Chalari, A. 2016. *The sociology of the individual,* edited by N Aguilera. UK: SAGE.

Chambers, C & Ryder, E. 2016. *Compassion and caring in nursing*. Oxford: Radcliffe.

Champniss, G, Wilson, HN & Macdonald, EK. 2015. *Why your customers' social identities matter. Harvard Business Review*. From: https://hbr.org/2015/01/why-your-customers-social-identities-matter (accessed January 2019).

Chang, E & Daly, J. 2015. *Transitions in nursing: Preparing for professional practice*. 4th edition. Sydney: Elsevier.

Cheng, JT, Tracy, JL & Anderson, C. 2014. *The psychology of social status*. Springer: New York.

Chênevert, D, Jourdain, G & Vandenberghe, C. 2016. The role of high-involvement work practices and professional self-image in nursing recruits' turnover: A three-year prospective study. *International Journal of Nursing Studies* 53:73-84.
From: https://www.sciencedirect.com/science/article/pii/S0020748915002680?via%3Dihub (accessed January 2021).

Cherry, B & Jacob, SR. 2016. *Contemporary nursing: issues, trends and management*. 7th edition. Missouri: Elsevier.

Chua, K. 2014. *Is the nursing profession an art or science?* DiversityNursing Blog.
From: http://www.nurse-together.com/nursing-profession-art-or-science (accessed February 2017).

Cilar, L, Spevan, M, Trifkovič & KČ, Štiglic, G. 2020. What motivates students to enter nursing? Findings from a cross-sectional study. *Nurse Education Today* 90:1.
From: https://www.sciencedirect.com/science/article/abs/pii/S0260691719314923?via%3Dihub (accessed January 2021).

City Press. 2018. Are some nurses the rudest professionals? 28 November.

Cleary, M & Horsfall, J. 2013. Integrity and mental health nursing: Factors to consider. *Issues Mental Health Nursing* 34:673-677.
From: https://www.tandfonline.com/doi/full/10.3109/01612840.2013.794179 (accessed June 2020).

Cohen, L, Manion, L & Morrison, K. 2017. *Research methods in education*. 8th edition. New York: Routledge.

Collins English Dictionary. 2018. Sv "affiliation".
From: https://www.collinsdictionary.com/dictionary/english/affiliation (accessed March 2018).

Constitution of the Republic of South Africa see Republic of South Africa.

Cook, ET. 1913. *The life of Florence Nightingale*. Volume 1. London: MacMillan.
From: https://archive.org/details/lifeofflorenceni01cookuoft (accessed November 2016).

Cordier, E & Cordier, D. 2015. Do emergency nurses have enough emotional intelligence? *Emergency Nurse* 23(3):26-29.
From: https://journals.rcni.com/emergency-nurse/do-emergency-nurses-have-enough-emotional-intelligence-en.23.3.26.e1388 (accessed February 2017).

Cossham, A & Johanson, G. 2019. The benefits and limitations of using key informants in library and information studies research. *Information Research* 24(3):1-7.
From: http://informationr.net/ir/24-3/rails/rails1805.html (accessed January 2021).

Costello, AN. 2017. Professional nursing values: Accounts of the witnessed. Theses. University of Southern Mississippi. Mississippi.
From: https://aquila.usm.edu/cgi/viewcontent.cgi?article=1516&context=honors_theses (accessed January 2021).

Coughlan, M & Cronin, P. 2016. *Doing a literature review in nursing, health and social care*. 2nd edition. California: SAGE.

Crawford, P, Brown, B, Kvangarsnes, M & Gilbert, P. 2014. The design of compassionate care. *Journal of Clinical Nursing* 23:3589-3599.
From: file:///C:/Users/User/Downloads/Crawford_et_al-2014 Journal_of_Clinical_ Nursing%20-(1).pdf (accessed October 2017).

Cremo, A & Bux, T. 2017. *Developing a leadership pipeline. Senior leaders and executives*. USA: American Society for Training and Development.

Creswell, JW & Creswell, JD. 2017. *Research design: Qualitative, quantitative, and mixed methods approaches*. 5th edition. Thousand Oaks California: SAGE.

Creswell, JW & Plano Clark, VL. 2018. *Designing and conducting mixed methods research*. 3rd edition. Thousand Oaks (CA): SAGE.

Crocker, J. 2002. Self-esteem that's based on external sources has mental health consequences study says. *American Psychological Association* 33(11):16.
From: http://www.apa.org/monitor/dec02/selfesteem.aspx (accessed March 2017).

Crocker, C. 2015. *Daily Mail online*. Why are so many nurses FAT? This nurse tipped the scales at over 17 stone before a patient shamed her into losing weight.
From: http://www.dailymail.co.uk/femail/article-3203898/Why-nurses-FAT-nurse-tipped-scales-17-stone-patient-shamed-losing-weight.html (accessed April 2017).

Crossman, A. 2017. *Social science. An overview of labelling theory*.
From: https://www.thoughtco.com/labeling-theory-3026627 (accessed March 2017).

Cruess, R, Cruess, S & Steinert, Y. 2016. *Teaching medical professionalism. supporting the development of a professional identity*. 2nd edition. United Kingdom: Cambridge University Press.

Dahlkemper, T. 2017. *Nursing leadership, management, and professional practice for the LPH/LVN*. 6th edition. Philadelphia: FA Davis.

Daily Maverick. 2020. South Africa is facing a healthcare worker crisis – thousands more nurses will be needed. 24 September:2020.

Daly, J & Jackson, D. 2020. *Contexts of nursing: An introduction*. 6th edition. Australia: Elsevier.

Daly, J, Speedy, S & Jackson, D. 2014. *Contexts of nursing*. 4th edition. Australia: Elsevier.

Daneshkohan, A, Zarei, E, Mansouri, T, Maajani, K., Siyahat, M, Ghasemi, I. & Rezaeian, M. 2015. Factors affecting job motivation among health workers: A study. From Iran Abbas. *Global Journal of Health Science* 7(3):153-160.
From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802073/pdf/GJHS-7-153.pdf (accessed January 2021).

Darquennes, J, Salmons, JC & Vandenbussche, W (editors). 2019*. Language contact. An International Handbook*. Berlin/Boston: Walter de Gruyter.

Da Silva, R, Goulart, CT, Lopes, LFD, Serrano, PM, Siqueira, ALS, Costa & Guido, L. 2014. Hardy personality and burnout syndrome among nursing students in three Brazilian universities—An analytic study. *BioMed Central Nursing* 13(9):2.
From: www.biomedcentral.com/1472-6955/13/9 (accessed October 2017).

De Araujo Sartorio, N & Pavone Zoboli, ELC. 2010. Images of a 'good nurse' presented by teaching staff. *Nursing Ethics* 17(6):687-694.
From: https://www.researchgate.net/publication/-49629143_Images_of_a_'good_nurse'_presented_by_teaching_staff (assessed May 2017).

Deaux, K & Snyder, M. 2018. *The Oxford handbook of personality and social psychology*. 2nd edition. New York: Oxford University Press.

De Chesnay, M. 2015. *Nursing research using data analysis. Qualitative designs and methods in nursing*. New York: Springer.

De Vliegher, K, Milisen, K, Wouters, R, Scheepmans, K, Paquay, L, Debaillie, R, Geys, L, Okerman, F, Van Deuren, I, & Dierckx de Casterlé, B. 2011. The professional self-image of registered home nurses in Flanders (Belgium): A cross-sectional questionnaire survey. *Applied Nursing Rese*arch 24:29-36.
From: file:///C:/Users/User/Downloads/Belimage-HC%20_open%20access_.pdf (accessed January 2021).

Degazon, CE, Ben Natan, M, Shaw, HK & Ehrenfeld, M. 2015. Multi-ethnic high school students' perceptions of nursing in the USA and Israel: A descriptive quantitative study. *Nurse Education Today* 35(1):57-62.

DeLaet, R. 2020. *Introduction to health care and careers*. Enhanced Edition. Burlington: Jones & Bartlett.

Democratic Nursing Organisation of South Africa. 2017. *DENOSA Gauteng hopes community will hold Health MEC to her word*.
From: http://denosa.org.za/Media_View_Province.php?id=1&ids=35830 (accessed January 2021.

DENOSA see Democratic Nursing Organisation of South Africa.

Department of Health see Republic of South Africa. Department of Health.

Desta, EA, Gebrie, M & Dachew, BA. 2015. Nurse uniform wearing practices and associated factors among nurses working in Northwest Ethiopia: A cross-sectional institution-based study. *BioMed Central Nursing* 14(65):1-5.
From: https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-015-0117-3 (accessed November 2020).

Devine, CA & Chin, ED. 2018. Integrity in nursing students: A concept analysis. *Nursing Education Today* 60:133-138.
From:
https://www.researchgate.net/publication/320744304_Integrity_in_nursing_students_A_concept analysis (accessed January 2021).

Dewar, B, Adamson, E, Smith, S, Surfleet, J & King, L. 2014. Clarifying misconceptions about compassionate care. *Journal of Advanced Nursing* 70(8):1738-1747. From: http://0-onlinelibrary.wiley.com.oasis.unisa.ac.za/doi/10.1111/jan.12322/epdf (accessed August 2017).

Dhlomo, S. 2015. Too many nursing colleges: MEC. *Daily News,* 11 May 2015.
From: https://www.iol.co.za/dailynews/news/too-many-nursing-colleges-mec-1856882
(accessed July 2017).

Dickens, C. 2008. *Oliver Twist*. New York: Sterling.
From:
https://books.google.co.za/books?id=1IjDbiIRP8sC&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false (accessed April 2019).

Dictionary.com. 2017. Sv "self-worth". From: https://www.dictionary.com/browse/self-worth?s=t (accessed November 2020).

Dictionary.com. 2021. Sv "affective". From: https://www.dictionary.com/browse/affective (accessed November 2020).

Dillon, DL, Dolansky, MA, Casey, K, & Kelley, C. 2016. Factors related to successful transition to practice for acute care nurse practitioners. *AACN Advanced Critical Care* 27(2):173-182.

DiVall, M. V, Kolbig, L, Carney, M, Kirwin, J, Letzeiser, C, & Mohammed, S. 2014. Interprofessional socialization as a way to introduce competencies to first-year health science students. *Journal of Interprofessional Care* 28:576-578.
From:
https://www.tandfonline.com/doi/full/10.3109/13561820.2014.917403?scroll=top&needAccess=true (accessed September 2018).

Donabedian, A. 2003. *An introduction to quality assurance in health care*. Oxford: Oxford University Press.

Duma, S. 2012. The state of nursing regulation. *Fundisa Journal* 1(1):1-20. From: file:///C:/Users/User/Downloads/20-74-1-PB.pdf (accessed April 2017).

Duru, DC. 2020. Strategies for retaining bedside nurses. Dissertations Walden University. Minnesota.
From:
https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=10376&context=dissertations
(accessed January 2021).

Dyess, SM, Sherman, RO, Pratt, BA & Chiang-Hanisko, L. 2016. Growing nurse leaders: Their perspectives on nursing leadership and today's practice environment. *Online Journal of Issues in Nursing* 21(1).
From:
http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-21-2016/No1-Jan2016/ArticlesPre-vious-Topics/Growing-Nurse-Leaders.html#Dyess (accessed May 2017).

Eldhose, NJ. 2014. Personality psychology. Study material for BSC counselling psychology. School of Distance Education. *Personality Psychology* 1-58.
From: http://14.139.185.6/website/SDE/sde203.pdf (accessed May 2017).

Ellemers, N. 2020. *Social identity theory: Social psychology*. Encyclopaedia Britannica.
From: https://www.britannica.com/topic/social-identity-theory (accessed December 2020).

Ellemers, N, Kortekaas, P & Ouwerkerk, JW. 1999. Self-categorisation, commitment to the groups and group self-esteem as related but distinct aspects of social identity. *European Journal of Social Psychology* 29:371-389.
From: http://onlinelibrary.wiley.com/doi/10.1002/-(SICI)1099-0992(199903/05)29:2/3%3C371::AID-EJSP932%3E3.0.CO;2-U/full (accessed May 2017).

Eley, D, Eley, R, Bertello, M & Rogers-Clark, C. 2012. Why did I become a nurse? Personality traits and reasons for entering nursing. *Journal of Advanced Nursing* 68(7):1546-1555.
From: http://0-onlinelibrary.wiley.com.oasis.unisa.ac.za/doi/10.1111/j.1365-2648.2012.05955.x/epdf (accessed May 2017).

Encyclopaedia Britannica. 2021. The editors of encyclopaedia. "Sairey Gamp". *Encyclopaedia Britannica*.
From: https://www.britannica.com/topic/Sairey-Gamp (accessed February 2021).

Encyclopedia.com. 2017. Sv "well-rounded".
From: http://www.encyclopedia.com/humanities-/dictionaries-thesauruses-pictures-and-press-releases/well-rounded (accessed July 2017).

Engelbrecht, N, Heyns, T & Coetzee, IM. 2017. South African undergraduate nursing students experience of intra-professional violence. *Gender and Behaviour* 15(1):8492-8508.

Escalona, ML, Arias, LF & Treviῆo, FA. 2015. Social identity in a service organization: A scale's content and construct validity social identity scale. *Psychology Research* 5(1):68-75.
From: http://www.davidpublisher.com/Public/uploads/Contribute/-550a22461e5de.pdf (accessed May 2017).

Esterhuizen, JM. 2019. The influence of nursing organisations on the development of the nursing profession in South Africa:1914-2014. D. Litt et Phil. Unisa: Pretoria.

Fagermoen, MS. 1997. Professional identity: Values embedded in meaningful nursing practice. *Journal of Advanced Nursing* 25:434-441.
From:http://0web.a.ebscohost.com.oasis.unisa.-ac.za/ehost/pdfviewer/pdfviewer?vid=5&sid=e4a19cc3-38d0-4675-af332d47ba5dd3c4%40ses-sionmgr4004&hid=4212 (accessed February 2019).

Farham, B. (ed.). 2018. The right to strike. *South Africa Medical Journal* 108(8):605.
From:
https://www.researchgate.net/publication/326700770_The_right_to_strike/fulltext/5b603dbaaca272a2d676c69a/The-right-to-strike.pdf?origin=publication_detail (accessed January 2021).

Faraz, A. 2017. Novice nurse practitioner workforce transition and turnover intention in primary care. *Journal American Association Nurse Practice* 29(1):26-34.

Farlex. 2021a. *The Free Dictionary.* Sv "autonomy".
From: https://encyclopedia.thefreedictionary.com/autonomy (accessed January 2021).

Farlex. 2021b. *The Free Dictionary.* Sv "descriptive research".
From: https://encyclopedia.thefreedictionary.com/descriptive+research (accessed January 2021).

Farlex. 2021c. *The Free Dictionary.* Sv “emic”.
From: https://www.thefreedictionary.com/emic (assessed January 2021).

Farlex. 2021d. *Segen Medical Dictionary*. Sv “guideline”.
From: https://www.thefreedictionary.com/course+of+action (assessed January 2120).

Field, R, Duffy, J & Huggins, A. 2013. Supporting transition to law school and student well-being: The role of professional legal identity. *The International Journal of the First Year in Higher Education* 4(20):1-19. From: file:///C:/Users/User/Downloads/167-1341-1-PB.pdf (accessed December 2016).

Field, R, Duffy, J & James, C. (eds). 2016. Promoting Law Student and Lawyer Well-Being in Australia and Beyond. London: Rouledge.

Finkelman, A. 2017. *Professional nursing concepts: Competencies for quality leadership*. 4th edition. Burlington: Jones and Bartlett.

Fiske, ST, Gilbert, DT & Lindzey, G. 2010. *Handbook of social psychology Volume two*. 5th edition. New Jersey: John Wiley & Sons.

Fitzgerald, A. 2020. *Professional identity: A concept analysis*. *Nursing Forum an Independent Voice for Nursing*:1-26. Wiley Periodicals, Inc.
From: file:///C:/Users/User/Downloads/ConceptAnalysis%20(4).pdf (accessed November 2020).

Fitzpatrick, JJ & McCarthy, G. 2016. *Nursing concept analysis. Applications to research and practice*, edited by Fitzpatrick & McCarthy. Springer: New York.

Flinkman, M, Isopahkala-Bouret, U & Salanterä, S. 2013. Young registered nurses’ intention to leave the profession and professional turnover in early career: A qualitative case study. *International Scholarly Research Notices Nursing*:1-12.
From: file:///C:/Users/User/Downloads/916061.pdf (accessed March 2017).

Florence Nightingale see Nightingale.

Flyn, A, Kramer, S & Laher, S. (eds.). 2019. Transforming Research Methods in the Social Sciences: Case studies from South Africa. Johannesburg: Wits University Press.

Fonseca, RJ. 2018. Oral and Maxillofacila Surgery – E-book: 3 volume set. Missouri: Elsevier.

Frankl, VE. 2006. *Man’s search for meaning*. Boston: Beacon Press.

Frankl, VE. 2010. *The feeling of meaninglessness: A challenge to psychotherapy and philosophy*. Milwaukee: Marquette University Press.

Frankl, VE. 2014. *Man’s Serch for meaning*. Boston: Beacon Press.

Frankl, VE. 2017. *Man search for meaning*. Young Readers Edition. Bacon Press: Boston.

Frankl, VE. 2020. *Yes to Life: In Spite of Everything*. Bacon Press: Boston.

Frede, D. 2017. *Plato’s ethics: An overview*. The Stanford Encyclopaedia of Philosophy. Winter edition.
From: https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=plato-ethics *(*accessed September 2018).

Freidson, E. 2013. *Professionalism: The third logic*. San Francisco: John Wiley & Sons.

Frones, I. 2015. *The autonomous child: Theorizing socialization*. Oslo Norway: Springer.

Fulcher, J & Scott, J. 2011. *Sociology*. 4th edition. UK: Oxford University Press.

Fundiconnect. 2018. *Nursing in South Africa*. Fundiconnect.
From: https://www.fundi.co.za/fundiconnect/nursing-in-south-africa/ (accessed January 2021).

Geyer, N & Young, A. 2009. *Juta's manual of nursing*. Volume 1. 2nd edition. Paarl: Juta.

Geyer, N, Mogotlane, S & Young, A. 2009. *Juta's manual of nursing Volume 1*. 2nd edition. Lansdowne: Juta.

Gibas, B & Dębska, G. 2016. The symbols and traditions of nursing in the opinion of nursing students. *Sciendo* 15(1):50-54.
From: https://content.sciendo.com/view/journals/pielxxiw/15/1-/article-p50.xml (accessed January 2019).

Giddens, JF. 2019. *Concepts for Nursing Practice E-Book.* 3rd edition. Missouri: Elsevier.

Given, LM. 2015. *100 Questions (and answers) about qualitative research*. California: SAGE.

Godsey, JA, Houghton, DM, & Hayes, T. 2020. Registered nurse perceptions of factors contributing to the inconsistent brand image of the nursing profession. *Nursing Outlook* 68(6):808-821.
From: https://www.nursingoutlook.org/article/S0029-6554(19)30654-2/fulltext (accessed January 2021).

Goffman, E. 1959. *The presentation of self in everyday life*. USA: Random House.

Goleman, D. 2020. *Emotional intelligence. Why it can matter more than IQ*. 25th anniversary edition. London: Bloomsbury.

Goltz, HH & Smith, ML. 2014. Forming and developing your professional identity. Easy as PI. *SAGE Journals* 15(6):785-789.

Goodolf, DM & Godfrey, N. 2020. A think tank in action: Building new knowledge about professional identity in nursing. *Journal of Professional Nursing*.
From: file:///C:/Users/User/Downloads/1-s2.0-S8755722320302040-main%20(1).pdf (accessed November 2020).

Goon, DT, Maputle, MS, Okukoga, A, Lebese, R, Khoza, LB & Anyanwu, FC. 2016. Overweight, obesity and underweight in nurses in Vhembe and Capricorn districts, Limpopo. *South African Journal for Clinical Nutrition* 26(3):147-149.
From: http://www.sajcn.co.za/index.php/SAJCN/article/view/680/1047 (accessed February 2017).

Goudreau, KA & Smolenski, M. 2014. *Health policy and advanced practice nursing: impact and implications*. New York: Springer.
Gowen, B. 2016. *Why nurses are leaving the bedside*. *Savour the essence of life blog*. From: http://briegowen.com/2016/04/11/why-nurses-are-leaving-the-bedside/ (accessed September 2017).

Gray, JR & Grove, SK. 2020. *Burns and Grove's the practice of nursing research – E-Book: Appraisal, synthesis, and generation of evidence*. 9th edition. Missouri: Elsevier.

Gray, JR, Grove, SK & Sutherland, S. 2017. *Burns and Grove's the practice of nursing research – E-Book: Appraisal, synthesis, and generation of evidence*. 8th edition. Missouri: Elsevier.

Green, BN & Johnson, CD. 2015. Interprofessional collaboration in research, education, and clinical practice: Working together for a better future. *The Journal of Chiropractic Education* 29(1)1-10. From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4360764/ (accessed January 2021).

Gregg, MF & Magilvy, JK. 2001. Professional identity of Japanese nurses: Bonding into nursing. *Nursing and Health Sciences* 3(1):47-55.

Griffith, JA, Baur, JE & Buckley, MR. 2019. Creating comprehensive leadership pipelines: Applying the real options approach to organizational leadership development. *Human Resource Management Review* 29(3):305-315.
From: https://www.sciencedirect.com/science/article/abs/pii/S1053482218304145 (accessed January 2021).

Griffith, R & Tengnah, C. 2017. *Law and professional issues in nursing*. 4th edition. Los Angeles SAGE/Learning Matter.

Grove, SK & Gray, JR. 2018. *Understanding nursing research: Building an evidence-based practice*. 7th edition. Missouri: Elsevier.

Grove, SK, Gray, RJ & Burns, N. 2014. *Understanding nursing research – E-Book: Building an evidence-based practice*. 6th edition. Missouri: Elsevier.

Guba, EG & Lincoln, YS. 1989. *Fourth generation evaluation*. California: SAGE.

Gunawan, J, Aungsuroch, Y, Sukarna, A, Nazliansyah & Efendi, F. 2021. The image of nursing as perceived by nurses: A phenomenological study. *Nursing and Midwifery Studies* 9(4):180-185. From: https://www.nmsjournal.com/temp/NursMidwiferyStud74180-1775393_045553.pdf (accessed January 2021).

Hair, J, Anderson, R, Black, B & Babin, B. 2016. *Multivariate data analysis*. 7th edition. Essex: Pearson Education.

Hair, JF, Hule, GTM, Ringle, CM & Sarstedt, M. 2017. A primer on partial least squares structural equation modelling. 2nd edition. Los Angeles: SAGE.

Hallam, J. 2012. *Nursing the image: Media, culture and professional identity*. London: Routledge.

Hanna, DR & Romana, M. 2007. Debriefing after a crisis. What's the best way to resolve moral distress? Don't suffer in silence. *Nursing Management* 39-47.
From: http://www.bhs.org.au/-sites/default/files/finder/pdf/cnhe/journal%20club/2008/LeadingOpinions200802.pdf (accessed August 2017).

Harder, N, Lemoine, J & Harwood, R. 2019. Psychological outcomes of debriefing healthcare providers who experience expected and unexpected patient death in clinical or simulation experiences: A scoping review. *Journal of Clinical Nursing* 29(3-4):330-346. From: https://onlinelibrary.wiley.com/doi/10.1111/jocn.15085 (accessed June 2020).

Harmer, V. 2010. Are nurses blurring their identity by extending or delegating roles? *British Journal of Nursing* 19(5):295-299.

Haslam, SA, Reicher, SD & Platow, MJ. 2020. *The new psychology of leadership: Identity, Influence and power*. 2nd edition. New York: Routledge.

Haynes, DT. 1999. A theoretical integrative framework for teaching professional social work values. *Journal of Social Work Education* 35(1):39-50.

Heavey, E. 2015. *Statistics for nursing*: *A practical approach*. 2nd edition. Burlington: Jones & Bartlett.

Healy, S & Tyrrell, M. 2013. Importance of debriefing following critical incidents. *Emergency Nurse* 20(10):32-37. From: https://www.deepdyve.com/lp/royal-college-of-nursing-rcn/importance-of-debriefing-following-critical-incidents-zHhTy6O4JT (accessed June 2020).

Helming, M, Barrere, CC, Avino, K & Shields, D. 2014. *Core curriculum for holistic nursing*. 2nd edition. USA: Jones & Bartlett Learning.

Hem, MH, Halvorsen, K & Nortvedt, P. 2014. Altruism and mature care: Some rival moral considerations in care ethics. *Nursing Ethics* 21(7):794-802.
From:
http://0jour-nals.sagepub.com.oasis.unisa.ac.za/doi/pdf/10.1177/0969733014521094 (accessed July 2017).

Heyvaert, M, Hannes, K & Onghena, P. 2016. *Using mixed methods research synthesis for literature reviews: The mixed methods research synthesis approach*. 4th series. Los Angeles: SAGE.

Hills, M, Watson, J. & Cara, C. 2021. *Creating a caring science curriculum.* 2nd edition. New York: Springer.

Hirsch, M. 2015. *Invitation to the sociology of international law*. Oxford: Oxford University Press.

Hofler, L & Kendal, T. 2016. Transition of new graduate nurses to the workforce. Challenges and solutions in the changing health care environment. *North Carolina Medical Journal* 77(2):133. From: http://www.ncmedicaljournal.com/content/77/2/133.full (accessed September 2018).

Holloway, I & Wheeler, S. 2016. *Qualitative research in nursing and healthcare*. 4th edition. Oxford: Wiley-Blackwell.

Hood, L. 2014. *Leddy and Pepper's conceptual bases of professional nursing*. 8th edition. Philadelphia: Wolters Kluwer.

Huff, RM, Kline, MV & Peterson, DV. 2014. *Health promotion in multicultural populations*: *A handbook for practitioners and students*. 3rd edition. Los Angeles: SAGE.

Hughes, F. 2017. Editorial. nurses are the voice to lead. *Journal of Nursing Management* 25:83-84. From: https://onlinelibrary.wiley.com/doi/pdf/10.1111/jonm.12472 (accessed January 2021).

Husband, C. 2016. *Research and policy in ethnic relations. Compromised dynamics in neoliberal era*. Great Britain: Policy Press.

Huston, CJ. 2014. *Professional issues in nursing: Challenges and opportunities*. 3rd edition. Philadelphia: Wolters Kluwer.

Ibarra, H. 1999. Harvard Business School. Provisional selves: Experimenting with Image and identity in professional adaptation. *Administrative Science Quarterly* 44:764-791. From: https://hbswk.hbs.edu/archive/provisional-selves-experimenting-with-image-and-identity-in-professional-adaptation (accessed September 2017).

Investopedia. 2017. Sv "corporate governance". From: Investopedia 2017 vs "corporate governance".
From: http://www.investopedia.com/terms/c/corporategovernance.asp (accessed May 2017).

Jeffreys, MR. 2010. *Teaching cultural competence in nursing and health care*. 2nd edition. New York: Springer.

Jeffreys, MR. 2012. *Nursing student retention: Understanding the process and making a difference*. 2nd edition. New York: Springer.

Jeffreys, MR. 2015. *Teaching cultural competence in nursing and health care: Inquiry, action, and innovation*. 3rd edition. New York: Springer.

Jennings, B, Arras, JD, Barret, DH & Ellis, BA. 2017. *Emergency ethics: Public health preparedness and response*. 1st edition. New York: Oxford University Press.

Johnson, JA. 2015. Nursing professional development specialists as role models. *Journal for Nurses in Professional Development* 31(5):297-299.
From: https://www.nursingcenter.com/pdfjournal?AID=3206500&an=01709760-201509000-00009&Journal_ID=54029&Issue_ID=3206238 (accessed January 2020).

Johnson, A. 2016. *Debriefing in the emergency department. Master's Projects 424*.
From: http://repository.usfca.edu/cgi/viewcontent.cgi?article=1443&context=capstone (assessed September 2017).

Johnson, M, Cowin, LS, Wilson, I & Young, H. 2012. Professional identity and nursing: contemporary theoretical developments and future research challenges. *International Nursing Review: Official Journal of the International Council of Nurses* 59(4):562-569.
From: http://onlinelibrary.wiley.com/doi/10.1111/j.1466-7657.2012.01013.x/abstract (accessed January 2017).

Johnstone, MJ. 2015. *Bioethics: A nursing perspective*. 6th edition. NSW Australia: Elsevier Health Sciences.

Jones, EE. 2019-2020. College of Education and Human Services. Utah State University. Department of Nursing and Health Professions.
From: https://nursing.usu.edu/resources/bsn-handbook.pdf (accessed January 2021).

Jones, JS, Fitzpatrick, JJ & Rogers, VL. 2016. *Psychiatric-mental health nursing: An interpersonal approach*. 2nd edition. Texas: Springer.
From: https://books.google.co.za/books?isbn=0826131298 (accessed March 2017).

Josse-Eklund, A, Jossebo, M, Sandin-Bojo, AK, Wilde-Larsson, B & Petzall, K. 2014. Swedish nurses' perceptions of influencers on patient advocacy. *Nursing Ethics* 21 (6):673-683.

Joynes, VCT. 2017. Defining and understanding the relationship between professional identity and interprofessional responsibility: implications for educating health and social care students. *Advances in Health Sciences Education* 23(1)133-149.
From: https://link.springer.com/content/pdf/10.1007%2Fs10459-017-9778-x.pdf (accessed September 2018).

Kagan, I, Biran, E, Telem, L, Steinovits, N, Alboer, D, Ovadia, KL & Melnikov, S. 2015. Promotion or marketing of the nursing profession by nurses. *International Nursing Review* 62(3):368-376.
From: https://onlinelibrary.wiley.com/doi/abs/10.1111/inr.12178 (accessed January 2021).

Kaihlanen, A, Lakanmaa, RL & Salminen, L. 2013. The transition from nursing student to registered nurse: The mentor's possibilities to act as a supporter. *Nursing Education in Practice* 13(5)418-422.
From: https://www.sciencedirect.com/science/article/pii/S1471595313000024-?via%3Dihub (September 2018).

Kassin, S, Fein, S, Markus, HR, McVain, A & Wiliams, I. 2019. *Social psychology.* 2nd Australian & New Zealand edition. Australia: Cengage.

Kaptein, M. 2019. Prescribing outside-work behavior: Moral approaches, principles, and guidelines. *Employee Responsibilities and Rights Journal* 31:165-185.
From: file:///C:/Users/User/Downloads/Kaptein2019_Article_PrescribingOutside-WorkBehavio.pdf (accessed February 2021).

Katrandjian, O. 2012. *Study finds percent of nurses are overweight or obese*. ABC News.
From: http://abcnews.go.com/Health/study-finds-55-percent-nurses-overweight-obese/story?id=15472375 (accessed May 2017).

Kelly, P & Tazbir, J. 2013*. Essentials of nursing leadership and management*. 3rd edition. Australia: Cengage Learning.

Kemmer, LF & Da Silva, MJP. 2007. Nurses' visibility according to the perceptions of the communication professionals. *Rev latino-am Enfermagem* 15(2):191-198.
From: http://www.scielo.br/pdf/rlae/v15n2/v15n2a02.pdf (accessed March 2016).

Kennedy, B. 2015. The personality characteristics of emergency nurses. A thesis submitted in the fulfilment of the degree Master of Philosophy (Nursing). Sydney Nursing School University of Sydney.

Kennedy, B, Curtis, K & Waters, D. 2014. Is there a relationship between personality and choice of nursing specialty: An integrative literature review. *Biomedical Central Nursing* 13:40. From: https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-014-0040-z (accessed May 2017).

King, CR & Gerard, S. 2016. *Clinical nurse leader certification review*. 2nd edition. New York: Springer.

Klainberg, MB & Dirschel, KM. 2010. *Today's nursing leader: Managing, succeeding, excelling*. Massachusetts: Jones and Bartlett.

Kohlberg, L. 1963. *The philosophy of moral development: Moral stages and the idea of justice.* Michigan: Harper & Row.

Kohlberg, L. 2016. *Theories of moral development. Nursing theories: A companion to nursing theories and models.*
From: http://currentnursing.com/nursing_theory/Theory_of_Moral_-Development.html (accessed March 2017).

Kolar, K, Mijatovic, D, Todorovski, M & Babić, J. 2018. Choosing nursing as a profession. *Croatian Nursing Journal* 2(1):53-62.

Korstjens, I & Moser, A. 2017. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *The European Journal of General Practice* 24(1):1-5. From: file:///C:/Users/User/Downloads/SeriesPracticalguidancetoqualitativeresearchPart4trustworthinessandpublishing.pdf (accessed January 2018).

Kotzé, WJ. 2015. Charlotte Searle commemorative lecture. *Professional Nursing Today* 19(2):8-12.
From: http://www.pntonline.co.za/index.php/PNT/article/view/779/1205 (accessed April 2017).

Koutoukidis, G, Stainton, K & Hughson, J. 2016. *Tabbner's nursing care: Theory and Practice*. 7th edition. Elsevier. Australia.

Kroger, J & Marcia, JE. 2011. The identity statuses: origins, meanings and interpretations. *In Handbook of Identity Theory and Research* (1):31-53. New York: Springer.

Kukkonen, P, Suhonen, R & Salminen, L. 2016. Discontinued students in nursing education—who and why? *Nurse Education Practice* 17:67-73.

Kyer, J. 2017. The death of bedside nursing (and shy it should matter to everyone …). National Health Care Provider Solutions. *NHCPS.com Journal Articles*. From: https://nhcps.com/the-death-of-bedside-nursing-2/ (accessed May 2017).

Kyle, RG, Neall, RA & Atherton, M. 2016. Prevalence of overweight and obesity among nurses in Scotland: A cross-sectional study using the Scottish Health Survey. *International Journal of Nursing Studies* 53:126-133.
From: http://www.journalofnursingstudies.com/article/S0020-7489(15)00332-6/fulltext (accessed May 2017).

Lacasse, C. 2013. Developing nursing leaders for the future: Achieving competency for transformational leadership. *Oncology Nursing Forum* 40(5):431-433.
From:
file:///C:/Users/User/Downloads/Developing_Nursing_Leaders_for_the_Future_Achievin.pdf (assessed August 2018).

Landman, WA. 2002. Nursing: The profession of caring. Ethics thought pieces. *Nursing Update* 26(1):21-22. Democratic Nurses Association of South Africa (DENOSA). From: https://www.tei.org.za/index.php/resources/articles/business-ethics/2222-nursing-the-profession-of-caring-willem-a-landman (accessed September 2018).

Laabs, C. 2011. Perceptions of moral integrity: Contradictions in need of explanation. *Nursing Ethics* 18(3):431-440.
From: https://www.researchgate.net/publication/51113220_Perceptions-_of_moral_integrity_Contradictions_in_need_of_explanation (accessed September 2017).

LaSala, CA & Bjarnason, D. 2010. Creating workplace environments that support moral courage. *The Online Journal of Issues in Nursing* 15(3):1-5.
From: http://www.medscape.com/viewarticle/737896_3 (accessed March 2017).

Leary, RM & Tangney, JP. 2012. *Handbook of self and identity.* 2nd edition. New York: Guilford Press.

Leavy, P. 2017. *Research design: Quantitative, qualitative, mixed methods, arts-based, and community-based participatory, research approaches*. New York: Guilford.

Leebov, W. 2015. Nursing communication: How to make sure patients feel our caring. *Allnurses.com*.
From: http://allnurses.com/nurse-colleague-patient/nursing-communication-how-378288.html (accessed March 2017).

Leininger, M. 1984. *Care: The essence of nursing and health*. Slack: New Jersey.

Lepeley, MT, Von Kimakowitz, E & Bardy, R. 2017. *Human centered management in executive education: Global imperatives, innovation and new direction*. MacMillan: Hampshire.

Leveen, I. 2014. *Juliet's nurse*. New York: Simon and Schuster. From: http://www.simonandschuster.com/books/Juliets-Nurse/Lois-Leveen/9781442376335 (accessed April 2017).

Leyens, JP. 2014. *Humanity forever in medical dehumanization.* New York, NY: Psychology Press.
From: https://psycnet.apa.org/record/2013-40652-011 (accessed January 2021).

Liaw, SY, Wu, LT, Chow, YL, Lim, S & Tan, KK. 2017. Career choice and perceptions of nursing among healthcare students in higher educational institutions. *Nursing Education Today* 52:66-72.
From: https://ac.els-cdn.com/S026069171730031X/1-s2.0-S026069171730031X-main.pdf?_tid=8e055fdf-7296-44c0-9016-4bcfee303946&acdnat=1532149964_8559981d5e21ba558ade493e23340131 (accessed July 2018).

Lipscomb, M. 2017. *Social theory and nursing*. New York: Routledge.

Lobell, LK. 2009. *Self-love, Is it selfish?* WordPress.com site.
From: https://iamredridinghood.wordpress.com/2009/11/10/self-love-is-it-selfish/ (accessed March 2017).

Lumen Learning. 2017. *Boundless sociology. Childhood socialization*.
From: https://courses.lumenlearning.com/boundless-sociology/chapter/childhood-socialization/ (accessed May 2017).

Maben, J, Adams, M, Peccei, R, Murrells, T & Robert, G. 2012. 'Poppets and parcels': the links between staff experience of work and acutely ill older peoples' experience of hospital care. *International Journal of Older People Nursing* 7(2):83-94.
From: http://0-onlinelibrary.wiley.com.oasis.unisa.ac.za/doi/10.1111/j.1748-3743.2012.00326.x/epdf (accessed October 2017).

Mael, F & Ashforth, BE. 1992. Alumni and their alma mater: A partial test of the reformulated model of organizational identification. *Journal of Organizational Behavior* 13:103-123.

Maheshwari, S. 2019. *Engage! Co-creating organizational vitality and individual fulfilment*. India: SAGE.

Malkappagol, RG. 2018. *Effect of emotional maturity and personality on well-being among teachers*. Solapur: Laxmi Book Publication.

Malloy, DE, Fahey-McCarthy, E, Murakami, M, Lee, Y, Choi, E, Hirose, E & Hadjistabropoulos, T. 2015. Finding meaning in the work of nursing: An international study. *The Online Journal of Issues in Nursing* 20(3)1-2.
From: http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-20-2015/No3-Sept-2015/Articles-Previous-Topics/Finding-Meaning-in-Nursing.html (accessed September 2018).

Mangum, S, Garrison, C, Lind, C & Hilton, H. 1997. First impressions of the nurse and nursing care. *Journal of Nursing Care Quality* 11(5):39-47.

Maor, S & Cojocar, S. 2017. To be or not to be a nurse? Motives for choosing the nursing profession. *Social Research Reports* 9(1):65-77.
From: https://www.researchreports.ro/images/documente/srr-09-01-05.pdf (accessed January 2021).

Marrone, ST. 2016. Marketing strategies to promote nursing programs and services. *Journal of Nursing Education and Practice* 6(11):133-137.
From: file:///C:/Users/User/Downloads/9133-32998-1-PB%20(2).pdf (September 2017).

Masters, K. 2020. *Role development in professional nursing practice*. 5th edition. Burlington, MA: Jones & Bartlett Learning.

Matheen, W. 2011. Parent-child relationship and emotional maturity of City College Girls. *Research Paper* 1(1)1-4. From: http://oldgrt.lbp.world/UploadedData/575.pdf (accessed August 2018).

Mathibe-Neke, JM. 2015. The role of the South African Nursing Council in promoting ethical practice in the nursing profession: A normative analysis. MSc University of Witwatersrand: Johannesburg.
From:
http://wiredspace.wits.ac.za/bitstream/handle/10539/18498/FINAL%20Research%20report%202015%20no%20%204_formatted.doc%201%20May_JGKB%20review_12May2015.pdf?sequence=1&isAllowed=y (accessed April 2019).

Mauk, KL & Hobus, M. 2019. *Nursing as ministry*. Burlington: Jones & Bartlett.

Mavor, KI, Platow, MJ & Bizumic, B. 2017. *Self and social identity in educational contexts*. London: Routledge.

McKelvy, K. 2018. Nurse expectations as compared to perceived reality. Dissertation 1589. University of Southern Mississippi.
From:
https://aquila.usm.edu/dissertations/1589?utm_source=aquila.usm.edu%2Fdissertations%2F1589&utm_medium=PDF&utm_campaign=PDFCoverPages (accessed June 2019).

McFarland, MR & Wehbe-Alamah, HB. 2018. *Leininger's transcultural nursing: concepts, research and practice.* 4th edition. Burlington: McGraw Hill Professional.

Meiring, A. 2013. The image of nurses and nursing as perceived by the South African Public. *Africa Journal of Nursing Midwifery* 15(2):3-15.
From: http://repository.up.ac.za/handle/2263/40743 (accessed March 2017).

Melrose, S, Park, C & Perry, B. 2015. *Creative clinical teaching in the health professions*. Canada: Athabasca University Press.

Merriam-Webster Dictionary. 2017. Sv “etiquette”.
From: https://www.merriamwebster.com/-thesaurus/etiquette (accessed February 2017).

Merriam-Webster Dictionary. 2018. Sv “compassion”.
From: https://www.merriam-webster.com/-dictionary/compassion (accessed October 2018).

Merriam-Webster Dictionary. 2021a. Sv “facilitate”.
From: https://www.merriam-webster.com/dictionary/facilitate (accessed January 2021).

Merriam-Webster Dictionary. 2021b. Sv “professional”.
From: https://www.merriam-webster.com/dictionary/professional (assessed January 2021).

Merriam-Webster Dictionary. 2021c. Sv “rhetoric”.
From: https://www.merriam-webster.com/dictionary/rhetoric (accessed January 2021).

Merriam-Webster Dictionary. 2021d. Sv "self-image".
From https://www.merriam-webster.com/dictionary/self-image (accessed January 2021).

Meyer, SM & Van Niekerk, SE. 2008. *Nurse educator in practice*. Cape Town: Juta.

Mills, J, Wand, T & Fraser, JA. 2015. On self-compassion and self-care in nursing: Selfish or essential for compassionate care? *International Journal of Nursing Studies* 52(4):791-793.
From: http://www.journalofnursingstudies.com/article/S0020-7489(14)00267-3/fulltext (accessed October 2017).

Milstead, JA & Short, NM. 2017. *Health policy and politics. A nurses' guide*. 6th edition. Burlington: Jones & Bartlet.

Mishra, S. 2015. Respect for nursing professional: Silence must be heard. *Indian Heart Journal* 67(5):413-415.

Montoya-Reyes, M, Mendoza-Munoz, I, Jacobo-Galicia, G & Cruz-Sotelo, SE. 2022. *Ergonomics and business policies for the promotion of well-being in the workplace*. Mexico: IGI Global (accessed March 2022).

Moola, S. 2017. The evolution of a professional identity as perceived by Saudi student nurses. *Global Journal of Health Science* 10(2):1-10.
From: file:///C:/Users/User/Downloads/The_Evolution_of_a_Professional_Identity_as_Percei.pdf (accessed November 2020).

Mooney, M, Glacken, M & O'Brien, F. 2008. Choosing nursing as a career: A qualitative study. *Nurse Education Today* (28):385-392.

Morley, G & Jackson, J. 2017. Is the art of nursing dying? A call for political action. *Journal of Research in Nursing* 22(5):342-351.

Morris-Thompson, T, Shepherd, J, Plata, R & Marks-Maran, D. 2011. Diversity, fulfilment and privilege: The image of nursing. *Journal of Nursing Management* 19(5):683-692.
From: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2834.2011.01268.x (accessed January 2021).

Mtemeri, J. 2017. *Factors influencing the choice of career pathways among high school students in Midlands province, Zimbabwe*. Psychology of Education. Unisa. Pretoria.

Nahra, C. 2020. Altruism and moral enhancement. *Kriterion* 61(147):633-648. From: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-512X2020000300633 (accessed May 2020).

Nancy, R. 2019. How artificial intelligence is changing nursing. *Nursing Management* 50(9):30-39.
From:
https://journals.lww.com/nursingmanagement/Fulltext/2019/09000/How_artificial_intelligence_is_changing_nursing.8.aspx (accessed January 2021).

National Council of State Boards of Nursing. 2014. *A nurse's guide to professional boundaries*.
From: https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf (accessed April 2017).

National League for Nursing. 2010. *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorates in nursing*. New York: Author.
From:
https://journals.lww.com/neponline/Citation/2011/05000/Outcomes_and_Competencies_for_Graduates_of.17.aspx (accessed March 2017).

Nazarko, L. 2016. *Most experienced nurses need to return to the bedside*. Nursing Standard.
From: https://journals.rcni.com/nursing-standard/most-experienced-nurses-need-to-return-to-the-bedside-ns.30.32.33.s38 (accessed September 2017).

Neal-Boylan, L. 2013. *The nurse's reality gap: Overcoming barriers between academic achievement and clinical success*. Canada: Sigma Theta Tau.

Neff, KD. 2003. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity* 2:85-102.

Neff, K. 2017. *Self-compassion*. Educational Psychology Department, The University of Texas at Austin. From: http://self-compassion.org/ (accessed March 2017).

Nelson, KW & Jackson, SA 2003. Professional counsellor identity development: A qualitative study of Hispanic student interns. *Counsellor Education and Supervision* 43(1):2-14.

Nestel, D, Kelly, M, Jolly, B & Watson, M. 2017. *Healthcare simulation education: Evidence, theory and practice*. Oxford UK: John Wiley & Sons.
From: https://www.wiley.com/en-us/Healthcare+Simulation+Education%3A+Evidence%2C+Theory+and+Practice-p-9781119061595 (accessed June 2020).

Nibagwire, JD. 2019. Factors influencing first year nursing students' career choice at ta University in the Western Cape.
From:
https://etd.uwc.ac.za/xmlui/bitstream/handle/11394/7377/Nibagwire_MA_CHS_2019.pdf?sequence=1&isAllowed=y (accessed January 2021).

Nightingale, F. 1860. *Notes on nursing: What it is, and what it is not*. Issue 688; Issue 1860. New York: D Appleton.
From:
https://books.google.co.za/books?id=tA9KAAAAcAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false (accessed January 2020).

Nightingale, F. 2020. Florence Nightingale Nurse Biography. *Biography.com*.
From: https://www.biography.com/scientist/florence-nightingale (assessed May 2019).

Nursing Act, 2005 (Act No. 33 of 2005) see South Africa 2005.

Nursing Colleague Facebook Internet Page.
From: https://www.facebook.com/groups/203-3841431-18975/ (accessed February 2014).

O'Brien, ME. 2021. *Spirituality in nursing: Standing on holy ground*. 7th edition. Burlington: Jones & Bartlett.

O'Donnell, H. 2011. Expectations and voluntary attrition in nursing students. *Journal of Nurse Education in Practice* (11):54-63.
From: https://www.sciencedirect.com/science/article/abs/pii/S147159531000106X (accessed June 2020).

O'Donnell, VR, Chinelatto, LA, Rodrigues, C & Hajau, FC. 2020. A brief history of medical uniforms: from ancient history to the COVID-19 time. *Journal of the Brazilian College of Surgeons* 47:1-4.
From: https://www.scielo.br/pdf/rcbc/v47/0100-6991-rcbc-47-e20202597.pdf (accessed January 2021).

Oguisso, T & De Freitas, GF. 2016. Care – the essence of the nursing professional identity. *Journal of School of Nursing* 50(2):190-191.
From: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342016000200188&lng=en&nr-m=iso&tlng=en (accessed April 2018).

Őhlén, J & Segesten, K. 1998. The professional identity of the nurse: concept analysis and development. *Journal of Advanced Nursing* 28(4):720-727.

Olajide, AO, Sowunmi, CO, Adeleke, BO, Ojo, A, Ogunmodede, EO & Ajibade, BL. 2020. Intrinsic and extrinsic factors influencing job satisfaction among nurses working in two selected government owned hospital in Lagos, Nigeria. *Journal of Medical Science and Clinical Research* 8(4):448-501.
From: file:///C:/Users/User/Downloads/Intrinsic_and-_Extrinsic_Factors_Influencing_Job_Sa.pdf (accessed January 2021).

Oliveira, M, Dendasck, CV & Oliveira, E. 2017. The art and science of nursing. *Multidisciplinary Scientific Journal. Special Edition of Health* 11(4):18-23.
From: https://www.nucleodoconhecimento.com.br/health/the-art-and-science-of-nursing (accessed January 2021).

Önder, E, Önder, G, Kuvat, Ö & Taş, N. 2014. Identifying the Importance level of factors influencing the selection of nursing as a career choice using AHP: Survey to compare the precedence of private vocational high school nursing students and their parent. 2nd World Conference on Design, Arts and Education DAE-2013. *Procedia Social and Behavioral Sciences* 122:398-404. From: https://pdf.sciencedirectassets.com (accessed October 2020).
Online American Psychological Association Dictionary. 2020. Sv "identity''. From: identity – APA Dictionary of Psychology (accessed December 2020).

Online Etymology Dictionary. 2001-2017a. Sv "etiquette".
From: https://www.etymonline.com/search?q=etiquette (accessed April 2017).

Online Etymology Dictionary. 2001-2017b. Sv "personal".
From: https://www.etymonline.com/search?q=personal&ref=searchbar_searchhint (accessed February 2021).

Online Etymology Dictionary. 2001-2017c. Sv "person".
From: http://www.etymonline.com/-index.php?term=person&allowed_in_frame=0 (accessed April 2017).

Online Etymology Dictionary. 2001-2018a. Sv "professional".
From: https://www.etymonline.com/word/professional (accessed April 2017).

Online Etymology Dictionary. 2001-2018b. Sv "profession".
From: https://www.etymonline.com/word/profession (accessed March 2017).

Online Etymology Dictionary. 2001-2021. Sv "autonomy".
From: https://www.etymonline.com/search?q=autonomy (accessed February 2021).

O'Riordan, C. 2019. Balancing altruism and self-interest: GP and patient implications. *Irish Journal of Management* 37(1):1-5.
From: https://content.sciendo.com/view/journals/ijm/37/1/article-p1.xml?language=en (accessed January 2021).

Osteen, P. 2013. Motivations, values, and conflict resolution: Students' integration of personal and professional identities. *Journal of Social Work Education* 47(3):423-444.
From:
https://www.researchgate.net/publication/259905595_Motivations_values_and_conflict_resolution_Students_integration_of_personal_and_professional_identities (February 2017).

Östman, L, Näsman, Y, Eriksson K & Nyström, L. 2019. Ethos: The heart of ethics and health. *Nursing Ethics* 26(1):26-36. From: https://pubmed.ncbi.nlm.nih.gov/28343436/ (accessed January 2021).

Owens, TJ, Robinson, DT & Smith-Lovin, L. 2010. Three faces of identity. *Annual Review of Sociology* 36:477-499.

Oxford Learner's Dictionary. 2020a. Sv "profession". Oxford: Oxford University Press.
From: https://www.oxfordlearnersdictionaries.com/definition/english/profession?q=profession (accessed November 2020).

Oxford Learner's Dictionary. 2020b. Sv "professional".
From:
https://www.oxfordlearnersdictionaries.com/definition/american_english/professional_1#:~:text=(of%20people)%20having%20a%20job,in%20a%20highly%20professional%20way (accessed November 2020).

Oxford Lexico English Dictionary. 2020. Sv "identity".
From: https://www.lexico.com/definition/identity (accessed November 2020).

Oxford Living Dictionary. 2021. Sv "self-image".
https://www.oxfordlearnersdictionaries.com/definition/american_english/self-image
From: (accessed January 2021).

Oxford Lexico Dictionary. 2021. Sv "institution".
From: https://www.lexico.com/definition/institution (accessed April 2021).

Paderes, SC. 2017. *Relighting the lamp. Medium.com blog*.
From: https://medium.com/@salvechristiapaderes/relighting-the-lamp-2ed2d7307b81 (accessed January 2019).

Pagana, K.D. 2010. 7 Tips to improve your professional etiquette. *Nursing Management* 41(1):45-48.
From: http://journals.lww.com/nursingmanagement/Citation/2010/01000/7_tips-_to_improve_your_professional_etiquette.11.aspx and http://downloads.lww.com/wolters-kluwer_vitalstream_com/journal_library/orn_19333145_2010_4_2_14.pdf (accessed June 2018).

Palmer, R. 2014. *Characteristics of nursing and professional practice*.
From: http://www.authorstream.com/Presentation/rrpalmer-651522-the-ethos-of-nursing/ (assessed February 2017.

Pompilio, E. 2019. The pros and cons of technology in nursing. *Elite Healthcare Education*.
From: https://www.elitecme.com/resource-center/nursing/the-pros-and-cons-of-technology-in-nursing (accessed January 2021).

Parida, SR. 2021. Nursing is a profession, Why? From: https://nurseinnursing.com/nursing-is-a-profession/ (accessed March 2022).

Park, JY & Park EY. 2019. The Rasch analysis of Rosenberg self-esteem scale in individuals with intellectual disabilities. *Frontier in Psychology Personality and Social Psychology* 10:1-10. From: https://www.frontiersin.org/articles/10.3389/fpsyg.2019.01992/full (accessed November 2020).

Paton, F. 2017. *Nurse Henrietta Stockdale: Pioneer of first state registration for nurses. Nurseslabs.* From: https://nurseslabs.com/henrietta-stockdale-nurse-pioneered-first-state-registration-nurses/ (accessed September 2018).

Pavlish, C & Hunt, R. 2012. An exploratory study about meaningful work in acute care nursing. *Nursing Forum* 47(2):113-122. From: https://www.researchgate.net/publication/224707402_An_Exploratory_Study_About_Meaningful_Work_in_Acute_Care_Nursing (accessed September 2018).

Pavlov, S & Markov, Z. 2016. Future professional choice and altruism. *Metodički Obzori* 11(1):41-59. From: file:///C:/Users/User/Downloads/iii.pdf (accessed January 2021).

Peate, I & Wild, K. 2018. *Nursing practice: Knowledge and care*. 2nd edition. United Kingdom: Wiley Blackwell.

Pepito, JA & Locsin, R. 2019. Can nurses remain relevant in a technologically advanced future? *International Journal of Nursing Sciences* 6(1):106-110. From: https://www.sciencedirect.com/science/article/pii/S2352013218301765#bib47 (accessed January 2021).

Pera, SA & Van Tonder, S. 2020. *Ethics in health care*. 4nd edition. Landsowne: Juta.

Perry, WC. 2011. *constucting professional identity through and online community: distance supervision in a graduate counseling and a graduate marriage and family therapy program*. Florida: Boca Raton.

Perry, L, Lamont, S, Brunero, S, Gllagher, R & Diffield, G. 2015. The mental health of nurses in acute teaching hospital settings: a cross-sectional survey. *BioMed Centre Nursing* 14(15):1-8. From: https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-015-0068-8 (accessed February 2017).

Plano Clark, VL & Ivankova, V. 2015. *Mixed methods research. A guide to the field. 3 mixed methods research series*. London: SAGE.

Quesenberry, KA. 2019. *Social media strategy. marketing, advertising and public relations in the consumer revolution*. 2nd edition. Rowman & Littlefield: London.

Rakoczy, S. 2018. 'Florence Nightingale: Discernment as trusting experience'. *HTS Teologiese Studies/Theological Studies* 74(3):1-8. From: https://hts.org.za/index.php/hts/article/view/5043/11788 (accessed November 2020).

Reece, B & Reece, M. 2017. *Effective human relations. Interpersonal and organizational applications*. 13th edition. Boston: Cengage Learning.

Rehman, AA & Alharthi, K. 2016. An introduction to research paradigms. *International Journal of Educational Investigations* 3(8):51-59.
From:
file:///C:/Users/User/Documents/Nursing%20Identity%202020/Articles/Nov%202020/IJEI.Vol.3.No.8.05-ResearchParadigms%20(1).pdf)accessed November 2020).

Remshardt, MA. 2012. *Do you know your professional boundaries*? *Nursing made incredibly easy*. Texas: Wolters Kluwer.
From: http://journals.lww.com/nursingmadeincrediblyeasy/Full-text/2012/01000/Do_you_know_your_professional_boundaries_.3.aspx (accessed May 2017).

Rentala, S. 2018. *Basics in nursing research and biostatistics*. New Delhi: Jaypee Brothers Medical.

Republic of South Africa. 1996. *Constitution of the Republic of South Africa*. Chapter 2: Bill of Rights. Pretoria: Government Printing Works.
From: https://www.gov.za/documents/constitution/chapter-2-bill-rights (accessed March 2022).

Republic of South Africa. Department of Health. Staatskoerant 2019. *National Policy on Nursing Education and Training.*
From: https://www.gov.za/sites/default/files/gcis_document/201904/42380gon544.pdf (accessed March 2022).

Richards, K. 2016. Self-care is a lifelong journey. *Nursing Economics* 31(4):198-202.
From: http://0-eds.a.ebscohost.com.oasis.unisa.ac.za/eds/pdfviewer/pdfviewer?vid=1&sid=5ee3171e-07a4-495d-be33-5baf1066a24a%40sessionmgr4009 (August 2017).

Richardson-Tench, M, Nicholson, P & Taylor, B. 2018. *Research in nursing, midwifery and allied health: Evidence of best practice*. 6th edition. Australia: Cengage Learning.

Rispel, L. 2016. *Social accountability and nursing education in South Africa: A 'vacuum of uncertainty' or window of opportunity*? The Centre for Health Policy Health Policy and Systems Research Policy Brief. University of the Witwatersrand. From: http://www.chp.-ac.za/LinkClick.aspx?fileticket=26rFMnVIN-o%3D&portalid=0 (accessed August 2017).

Rispel, L & Bruce J. 2015. A profession in peril? Revitalising nursing in South Africa. South African. South African Human Rights 2014-2015:117-125. *Health Review* 4(9). From: http://www.rhap.org.za/wp-content/uploads/2015/10/A-profession-in-peril-Revitalising-nursing-in-South-Africa.pdf (accessed March 2017).

Rose, T, Nies, MA & Reid, J. 2018. The internalization of professional nursing values in baccalaureans nursing students. *Journal of Professional Nursing* 34:25-30.

Rosenberg, M. 1979. *Components of Rosenberg's self-esteem scale. Conceiving the self*. New York: Basic Books.

Rosenberg, M. 2015. *Society and the adolescent self-image*. New York. Princeton University Press.

Rosenberg, M, Schooler, C, Schoenbach, C & Rosenberg, F. 1995. Global self-esteem and specific self-esteem: Different concepts, different outcomes. *American Sociological Review* 60(1):141.
From: https://www.researchgate.net/publication/271953721_Global_Self-Esteem_and_Specific_Self-Esteem_Different_Concepts_Different_Outcomes (accessed January 2019).

Rosenthal, M. 2016. Qualitative research methods: Why, when, and how to conduct interviews and focus groups in pharmacy research. *Pharmacy Teaching and Learning* 8:509-516. From: https://www.sciencedirect.com/science/article/pii/S1877129715301970?via%3Dihub (accessed January 2017).

Rossiter, JC, Foong, A & Chan, PT. 1999. Attitudes of Hong Kong high school students towards the nursing profession. *Nurse Education Today* (19):464-471. From: file:///C:/Users/User/Downloads/Attidutes_of_Hong_Kong_high_school_stude.pdf (accessed April 2017).

Rowe, J. 2010. The meaning of autonomy in nursing practice. *Journal of Clinical Nursing* 19:2226-2234. From: file:///C:/Users/User/Downloads/Rowe-2010-Journal_of_Clinical_Nursing.pdf (accessed May 2017).

Rubin, A & Babbie, ER. 2016. *Empowerment series: Research methods for social work*. 9th edition. Boston: Cengage Learning.

Rumsey, DJ. 2016. *Statistics for dummies*. 2nd edition. Ohio: Wiley & Sons.

Sabanciogullari, S & Dogan, S. 2015. Relationship between job satisfaction, professional identity and intention to leave the profession among nurses in Turkey. *Journal of Nursing Management* 23(8):1076-1085.

Sabanciogullari, S & Dogan, S. 2017. Professional self-concept in nurses and related factors: A sample from Turkey. *International Journal of Caring Sciences* 10(3)1676-1684. From: file:///C:/Users/Client/Downloads/63_6_sabanciogullari_original_10_3%20(1).pdf (accessed May 2018).

Salem, M. 2019. Public image of nursing. *Advanced Practices in Nursing* 4(3):1-3. From: https://www.researchgate.net/publication/338998100_Public_Image_Of_Nursing (accessed November 2020).

SANC see South African Nursing Council.

Sawatsky, AP, Beckman, TJ & Hafferty, FW. 2017. Cultural competency, professional identity formation and transformative learning. *Medical Education* 51:462-464.

Schwarts, E & Perltier, MJ. 2015. *Don't let your doctor kill you: How to beat physician arrogance, corporate greed and a broken system*. New York: Post Hill.

Schoonenboom, J & Johnson, RB. 2017. How to construct a mixed methods research design. *International Journal of Multiple Research Approaches* 69(2):107-131. From: https://www.researchgate.net/publication/318228078_How_to_Construct_a_Mixed_Methods_Research_Design (accessed June 2020).

Schott, C, Van Kleef, D & Noordegraaf, M. 2016. Confused professionals? Capacities to cope with pressures on professional work. *Public Management Review* 18:4:583-610. From: https://www.researchgate.net/publication/276833024_Confused_Professionals_Capacities_to_cope_with_pressures_on_professional_work (accessed May 2019).

Scudder, L. 2012. The loss of empathy in nursing education. *Journal for Professional Nursing* 28:34-40. From: http://www.medscape.com/viewarticle/759695 (accessed April 2014).

Scott, PA. 2014. Lack of care in nursing: Is character the missing ingredient? *International Journal of Nursing Studies* 51:177-180.
From: https://ac.els-cdn.com/S0020748913002460/1-s2.0-S0020748913002460-main.pdf?_tid=ab45020e-b100-11e7-aa8f-00000aab0f6c&acdnat=-1508000389_da8c679d465c3d8db7d18e6e85221333 (accessed October 2017).

Searle C. 1985. Nursing is the concern of all citizens. *Curationis* 8(2):4-8.
From: https://www.-curationis.org.za/index.php/curationis/article/viewFile/524/463 (accessed November 2018).

Shahr, HAS, Yazdani, S & Afshar, L. 2019. Professional socialization: An analytical definition. *Journal Medical Ethics and History of Medicine*12(7):1-14.
From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7166248/pdf/JMEHM-12-17.pdf (accessed January 2021).

Shahriari, M, Mohammadi, E, Abbaszedeh, A & Bahrami, M. 2013. Nursing ethical values and definitions: A literature review. *Iran Journal of Nursing and Midwifery Research* 18(1):1-8. From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3748548/ (accessed June 2017).

Shakespeare, W. 1595. *Romeo and Juliet. Act 1 Scene III*.
From: https://genius.com/William-shakespeare-romeo-and-juliet-act-1-scene-3-annotated (assessed April 2017).

Shariff, N. 2014. Factors that act as facilitators and barriers to nurse leaders' participation in health policy development. *Bio Medical Central Nursing*:13-20.
From: https://bmcnurs.biomedcentral.com/articles/10.1186/1472-6955-13-20 (accessed April 2017).

Sharma, B & Jiwan, T. 2015. Self-compassion: Basis of quality nursing care. *Asian Journal Nursing Education and Research* 5(2):279.
From: https://self-compassion.org/wp-content/uploads/2016/06/Sharma-Jiwan_2015.pdf (accessed February 2018).

Sharma, SK, Kumar, R & Meena, BS. 2017. High school students' perception of nursing as a career – a pilot survey. Indian Journal of Adbvanced Nursing 3(1):15-23. From: file:///C:/Users/Client/Downloads/35.Schoolstudentsperception.pdf (accessed March 2022).

Sherman, R & Pross, E. 2010. Growing our future nurse leaders to build and sustain healthy work environments at the unit level. *Online Journal of Issues in Nursing* 15(1):1. From: http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No1Jan2010/Growing-Nurse-Leaders.html%20-%20Aiken08 (accessed April 2017).

Shishehgar, M, Kerr, D & Blake, J. 2018. A systematic review of research into how robotic technology can help older people. *Smart Health* 7-8:1-18.
From: https://www.sciencedirect.com/science/article/abs/pii/S2352648316300149?via%3Dihub (accessed January 2021).

Shulman, D. 2016. *The presentation of self in contemporary social life*. Los Angeles: SAGE.

Siles-González, J & Solano-Ruiz, C. 2016. Sublimity and beauty: A view from nursing aesthetics. *Nursing Ethics* 23(2):154-166.
From: file:///C:/Users/User/Downloads/sublime2016.pdf (accessed October 2020).

Sinclair, D, Isba, R, Kredo, T, Zani, B, Smith, H & Garner, P. 2013. World Health Organization guideline development: An evaluation. *PLOS ONE* 8(9):9-10.
From: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0063715 (accessed February 2020).

Silva, TA, De Freitas, GF, Takashi, MG & Albuquerque, TDA. 2019. Professional identity of nurses: A literature review. *Enfermeria Global* 34:589-600.
From:
https://pdfs.semanticscholar.org/49cc/dc98bff38e13a9c907d02b770330d62b6f36.pdf?_ga=2.169667041.1182535030.1605349536-1718618375.1592714549 (accessed November 2020).

Singh, A & Mathuray, B. 2018. The nursing profession in South Africa – are nurses adequately informed about the law and their legal responsibilities when administering health care? *De Jure* (51)122-139.
From: http://www.scielo.org.za/pdf/dejure/v51n1/09.pdf (accessed January 2021).

Skott, J. 2018. Changing experiences of being, becoming, and belonging: Teachers' professional identity revisited*. Mathematics Education* 51:469-480.
From:
file:///C:/Users/Client/Downloads/Skott2019_Article_ChangingExperiencesOfBeingBeco.pdf (accessed March 2022).

Slay, H & Smith, DA. 2011. Professional identity construction: Using narrative to understand the negotiation of professional and stigmatized cultural identities. *Human Relations* 64(1):85-107.
From: https://www.researchgate.net/publication/254097634_Professional_Identity_Construc-tion_Using_Narrative_to_Understand_the_Negotiation_of_Professional_and_Stigmatized_Cultural_Identities (accessed April 2017).

Slettmyr, A & Schandl, A. 2017. The ambiguity of altruism in nursing: A qualitative study. *Nursing Ethics* 26(2):368-377.
From: https://journals.sagepub.com/doi/pdf/10.1177/0969733017709336 (accessed January 2021).

Smeltzer, SC, Bare, BG, Hinkle, JL & Cheever, KH. 2014. *Brunner and Suddarth's textbook of medical-surgical nursing. Volume 1*. 12th edition. Philadelphia: Lippincott Williams & Wilkins.

Smith, KM, Brown, A & Crookes, PA. 2015. History as reflective practice: a model for integrating historical studies into nurse education. *The Australian Journal of Nursing Practice, Scholarship and Research* 22(3):341-347.
From:
https://ro.uow.edu.au/cgi/viewcontent.cgi?referer=https://www.google.co.za/&httpsredir=1&article=3674&context=smhpapers (accessed January 2021).

Smith, MJ, Carpenter, RD & Fitzpatrick, JJ D (eds). 2015. *Encyclopaedia of Nursing Education.*

Song, WJ. 2016. 'Caring' – An understanding of professional identity by first-year nursing students. *Whitireia Nursing and Health Journal* 23:37-44.
From:
http://search.proquest.com/openview/685f3a055fe2549163179d253e1c2084/1?pqorigsite=gscholar&cbl=27514 (accessed April 2017).

Sorrentino, SA, Remmert, L & Wilk, MJ. 2016. *Mosby's Canadian Textbook for the Support Worker* – E-Book. 4th edition. Canada: Elsevier.

South Africa. 2005. *Nursing Act, 2005 (Act No. 33 of 2005).* Pretoria: Government Printer.
From: http://www.sanc.co.za/pdf/Nursing%20Act%202005.PDF (accessed January 2017).
From: http://www.sanc.co.za/pdf/Nursing%20Act%202005.PDF (accessed March 2019).

South African Government. 1996. *Constitution of the Republic of South Africa*. Act 108 of 1996, substituted by s.1(1) of the Citation of Constitutional Laws, 2005 (Act No. 5 of 2005). Pretoria: Government Printing Works (GPW).
From: https://www.justice.gov.za/legislation/constitution/SAConstitution-web-eng.pdf or https://www.gov.za/sites/default/files/images/a108-96.pdf (accessed March 2022).

South African History Online. 2022. *The origins of contemporary nursing organisation in South Africa*.
From: https://www.sahistory.org.za/archive/origins-contemporary-nursing-organisation-south-africa (accessed March 2022).

South African Nursing Council. 2012. Professor Wilma Kotzé. *Summary of the contributions of Professor Wilma Kotze to the transformation of nursing*. From: http://www.sanc.co.za/-archive/archive2012/awards1201.htm (accessed April 2017).

South African Nursing Council. 2022. *Nurses rights*. From: https://www.sanc.co.za/nurses-rights/ (accessed March 2022).

South African Nursing Council. 2020a. *Annual statistics. Provincial distribution of nursing manpower versus the population of the Republic of South Africa as at 31 December 2021*. From: http://www.sanc.co.za/stats_an.htm Provincial Distribution of Nursing Manpower versus the Population of South Africa, 2021 (accessed March 2022 2021).

South African Nursing Council. 2020b. *Distinguishing devices*.
From: https://www.sanc.co.za/distinguishing-devices/ (accessed March 2022).

South African Nursing Council. 2021. *Code of Ethics for nursing practitioners in South Africa.*
From: file:///C:/Users/Client/Downloads/Code-of-Ethics-for-Nursing-in-South-Africa.pdf (accessed March 2022).

South African Nursing History Forum. 2018. *Professor Charlotte Searle*.
From: http://www.sanhf.com/index.php/component/phocagallery/2-charlotte-searle/detail/34-searle7?-tmpl=component (accessed April 2017).

Southall, R. 2016. *The new Black middle class in South Africa*. Johannesburg: Jacana.

Spada. 2009. *British professions today: The state of the sector*.
From: http://www.ukipg.org.uk/executive_group_resources/spada-british-professions-today.pdf (accessed January 2017).

Sridevy, S & Prassanna, B. 2010. Public verses self-image of nurses. *International Journal of Nursing Education* 2(1):50-54.
From: http://scielo.isciii.es/pdf/asisna/v35n2/revision2.pdf (accessed January 2021).

Stachowicz-Stanusch, A, Amann, W & Mangia, G. (eds). 2017. *Contemporary perspectives in corporate social performance and policy. Corporate social irresponsibility. individual behaviors and organizational practices*. USA: Information Age Publishing.

Stanford Encyclopaedia of Philosophy. 2016. Sv "virtue ethics". USA: Stanford. From: https://plato.stanford.edu/entries/ethics-virtue/ (accessed March 2019)

Stanley, D. (eds). 2017. *Clinical leadership in nursing and healthcare: values into action.* Advanced healthcare practice. 2nd edition. UK: Wiley Blackwell.

Stefanou, C. 2016. *Drafting legislation: A modern approach*, edited by Stefanou and Zanthaki. London: Routledge.

Stellenberg, E. 2018. *Private hospitals face nursing malpractice havoc*. Health-e news. The South African health news service.
From: https://www.health-e.org.za/2018/10/23/private-hospitals-face-nursing-malpractice-havoc/ (accessed October 2018).

Stets, J & Burke, P. 2014. Self-esteem and identities. Identity as social process. *Sociological perspectives* 57(4):409-433.

Stets, GE & Burke, PH. 2000. Identity theory and social identity theory. *Social psychology quarterly* 63(3):224-237.
From: file:///C:/Users/User/Downloads/SocialdentityTheory.pdf (accessed April 2017).

Stonehouse, DP. 2017. The use of touch in developing a therapeutic relationship. *British Journal of healthcare assistants* 11(1)15-17.
From: http://usir.salford.ac.uk/id/eprint/46574/ (accessed December 2020).

Stryker, S., & Burke, P. J. 2000. The past, present, and future of an identity theory. *Social psychology quarterly* 63:284-297. From: http://files.eshkolot.ru/identity.pdf (accessed April 2017).

Summer, J. 2001. Caring in nursing: A different interpretation. *Journal of advanced nursing* 35(6):926-932. New Orleans, Louisiana: Blackwell.
From:
https://www.researchgate.net/publication/227845445_Caring_in_nursing_A_different_interpretation (accessed April 2019).

Summers, S & Summers, HJ. 2015. *Saving lives: Why the media's portrayal of nursing puts us all at risk*. 2nd edition. New York: Oxford University Press.
From:
https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780199337064.001.0001/acprof-9780199337064 (accessed January 2021).

Sverdlik, B. 2012. Who will be our nurse leaders in the future? The role of succession planning. *Journal of Nursing Administration* 42(7/8):383-385.
From:
file:///C:/Users/User/Downloads/Who%20will%20be%20our%20Nurse%20Leaders%20in%20the%20Future.pdf (accessed April 2019).

Tabassum, F. 2011. Professional self-esteem of secondary school teachers. *Asian Social Science* 8(2):206-210.
From: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.8-20.5609&rep=rep1&type=pdf (accessed October 2017).

Tajfel, H. 1978. *Differentiation between social groups: Studies in intergroup relations*. London, England: Academic Press.

Tajfel, H, Turner, J. C, Austin, W.G & Worchel, S. 1979. An integrative theory of intergroup conflict. *Organizational identity: A reader*:56-65.

Tajfel, H. 1982. *Social identity and intergroups relations*. Cambridge: Cambridge University Press.

Tajfel, H. 2010. *Social identity and intergroup relations*. European studies in Social Psychology. Cambridge: Cambridge University Press.

Tajfel, H & Turner, J.C. 1986. The social identity theory of intergroup behavior. *Political Psychology. Reading* 16:276-293.
From: http://christosaioannou.com/Tajfel%20and%20Turner%201986.pdf (accessed March 2017).

Tajfel, H & Turner. 2001. *An integrative theory of intergroup conflict. Chapter 3:33*-47. New York: Psychology Press.

Tashakkori, A, Johnson, B & Teddlie, C. 2020. *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. 2nd edition. Pennsylvania: SAGE.

Ten Hoeve, Y, Jansen, G & Roodbol, P. 2013. The nursing profession: Public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing* 70(2):259-309.
From: http://onlinelibrary.wiley.com/doi/10.1111/jan.12177/epdf (assessed March 2018).

Tesch, R. 1990. *Qualitative research: analysis types and software tools*. New York: Falmer.

Theofanidis, D & Sapountzi-Krepia, D. 2015. Nursing and caring: An historical overview from ancient greek tradition to modern times. *International Journal of Caring Sciences* 8(3):791-800.
From: http://internationaljournalofcaringsciences.org/docs/31_Theofanidis_special_8_3.pdf (accessed January 2017).

Thew, J. 2018. *Where are the nurses? Not in the news media. Health leaders*.
From: https://www.healthleadersmedia.com/nursing/where-are-nurses-not-news-media (accessed January 2021).

Thistlethwaite, J & McKimm, J. (eds). 2017. *Health care professionalism at a glance*. UK: Wiley & Sons.

Tielman, DJ. 2013. *Occupational prestige in comparative perspective. Department of Sociology University of California*. Los Angeles, New York: Academic Press.

Toncheva, S. 2012. Factors determining the professional image of a nurse. Contributing to Health. Department of Health Care, Faculty of Public Health Medical University. *Information for Nursing Staff* 44(1):24-30.

Townsend, MC. 2015. *Psychiatric mental health nursing: Concepts of care in evidence-based practice*. 8th edition. Philadelphia: FA Davis.

Traynor, M & Buus N. 2016. Professional identity in nursing: UK students' explanations for poor standards of care. *Social Science and Medicine* 166:186-194.
From: http://www.sciencedirect.com/science/article/pii/S0277953616304464 (accessed March 2017).

Trepte, S & Loy, LS. 2017. *Social identity theory and self-categorization theory*. The International Encyclopaedia of media effects. Germany: Wiley & Sons.

Trobec, I & Starcic, AI. 2015. Developing nursing ethical competences online versus in the traditional classroom. *Nursing Ethics* 22(3):352-366.
From: https://pubmed.ncbi.nlm.nih.gov/24917269/ (accessed January 2021).

Tsakissiris, J. 2015. *The role of professional identity and self-interest in career choices in the emerging ICT workforce*. Queensland University of Technology.
From: https://eprints.qut.edu.au/91646/1/Jane_Tsakissiris_Thesis.pdf (accessed November 2020).

Tseng, H, Wang, H & Weng W. 2013. Nursing students' perceptions toward the nursing profession from clinical practicum in a baccalaureate nursing program – a qualitative study. *The Kaohsiung Journal of Medical Sciences* 29(3):161-168.
From: http://www.sciencedirect.com/science/article/pii/S1607551X12002288 (accessed August 2017).

Twine, N. 2017. The first year as a nurse practitioner: An integrative literature review of the transition experience. *Journal of Nursing Education and Practice* 8(5):54-61.
From: file:///C:/Users/User/Downloads/11843-44729-1-PB%20(1).pdf (accessed September 2018).

Tynan, J & Godson, L (eds). 2019. *Uniforms: Clothing and discipline in the modern world.* Great Britain: Bloomsbury.

Turner, JC & Oakes, PH. 1989. *Self-categorization theory and social influence.* From: https://psycnet.apa.org/record/1989-97877-008 (accessed June 2018).

Turner, JC, Hogg, MA, Oakes, PH, Reicher, SD & Wetherell, MS. 1987. *Rediscovering the social group: A self-categorization theory.* Oxford, UK: Blackwell.

UNISA. 2017. *University of South Africa. Professor Charlotte Searle 1910-2001. Alumnus - Staff - Doyenne of Nursing*.
From: http://www.unisahistory.ac.za/personalities/overview/4/charlotte-searle/ (accessed April 2017).

Uys, LR & Klopper, HC. 2013. What is the ideal ration of categories of nurses for the South African public health system? *South African Journal of Science* 109:1-6. From: http://www.-sajs.co.za/sites/default/files/publications/pdf/Uys_commentary.pdf (accessed April 2017).

Vallabhaneni, SR. 2019. *Wiley CIA Exam review 2021, Part 2: Practice of Internal Auditing*. New Jersey: John Wiley & Sons.

Valenzuela, JP. 2019. Theory of nursing intuition and its philosophical underpinnings. *International Journal of Nursing Science* 9(1):19-23.
From: file:///C:/Users/Client/Downloads/10.5923.j.nursing.20190901.03.pdf (accessed March 2022).

Van den Broek, S, Tielemans, C, Ten Cate, O, Kruitwagen, C & Westerveld, T. 2021. Professional and interprofessional group identities of final year medical and nursing students. *Journal of Interprofessional Education and Practice* 22.
From:
https://reader.elsevier.com/reader/sd/pii/S2405452620300720?token=52BB787E3CED3973F4A970690D4B9A34F0B788942EE86A2238F17EC53FEBB06D333CE83E6E43E6AD46299B3B6FA73D42 (accessed November 2020).

Van Maanen, J. & Barley, SR. 1984. Occupational communities: Culture and control in organizations. *Research in Organizational Behavior* 6:287-365.

Van Schalkwyk, T. 2017. Investigation into factors influencing nursing values in South Africa. Thesis presented in partial fulfilment of the requirements for the degree of Master of Nursing Science in the Faculty of Health Sciences at Stellenbosch University. Stellenbosch.

Van Tubergen, F. 2020. *Introduction to sociology*. New York: Routledge.

Vignoles, VL. 2017. *Identity: Personal and social. Oxford handbook of personality and social psychology,* edited by Deaux, K & Snyder, M. 2nd edition.
From: file:///C:/Users/User/Documents/Nursing%20Identity%202020/Articles/Nov%202020/IdentityPersonalANDSocialinpressreformatted%20(1).pdf (accessed November 2020).

Visser, M. 2011. *Nursing under inconsistent organizational conditions: Evidence of double bind situations?*
From: http://doc.utwente.nl/99981/1/visser_e_a_hrm_network_11_def.pdf (accessed February 2017).

Walden, M. 2015. *How important is your work environment?* Infinity Consulting Solutions, INC Blog. We know the right people. From: http://www.infinity-cs.com/blog/how-important-is-your-work-environment (accessed March 2017).

Walker, HS. 2018. *Fire service ethics*. Burlington: Jones & Bartlett.

Walker, J, Payne, S, Jarrett, N & Ley, T. 2012. *Psychology for nurses and the caring professions.* 4th edition. New York: Open University Press.

Ware, LJ, Bruckenthal, P, Davis, GC & O'Conner-Von, SK. 2011. Factors that influence patient advocacy by pain management nurses: results of the American society for pain management nursing survey. *Pain Management Nursing* 12(1):25-32. From: https://ac.els-c.com/S1524904209001337/1-s2.0-S1524904209001337-main.pdf?_tid=2f702852-d674-4377-8fbf-5eb560eb6511&acdnat=1536496921_ab09de895a2aaeca1eb31343cbc08811 (accessed September 2018).

Watson, J. 1985. *Nursing: The philosophy and science of caring.* Colorado Associated University Press. Colorado: Boulder.

Watson, J. 1988. New dimensions of human caring theory. *Nursing Science Quarterly* 1(4):175-181.
From: https://vdocuments.mx/new-dimensions-of-human-caring-theory.html (accessed September 2018).

Watson, J. 2005*. Caring science as sacred science*. Pennsylvania: FA Davis.

Watson, J. 2011. *Human caring science*. *A theory of nursing*. 2nd edition. Canada: Jones & Bartlett Learning.

Watson, J. 2016. *Global advances in human caring literacy*, edited by SM Lee, PA Palmieri & J Watson. New York: Springer.

Watson, J. 2017. Clarifying the discipline of nursing as foundational to development of professional nursing. *Texto and Contexto - Enfermagem* 26(4):1-2.
From: https://www.scielo.br/pdf/tce/v26n4/en_0104-0707-tce-26-04-0000.pdf (accessed January 2021).

West, E. 2019. *Frontier nursing in Appalachia: History, organization and the changing culture of care*. Switzerland: Springer.

White, J, Phakoe, M & Rispel, LC. 2015. Practice what you preach: Nurses' perspectives on the Code of Ethics and Service Pledge in five South African Hospitals. *Global Health Action* 11(8):1-8.
From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4430685/pdf/GHA--26341.-pdf (accessed March 2017).

Wicker, P. 2017. *Peri-operative practice at a glance.* UK: John Wiley & Sons.

Wilkes, L, Cowin, L & Johnson, M. 2015. The reasons students choose to undertake a nursing degree. Nurse *Education Today* 22(3):259-265.
From: https://www.collegianjournal.com/article/S1322-7696(14)00004-3/pdf (accessed January 2021).

Wilkinson, A, Hislop, D & Coupland, C. 2016. Perspectives on Contemporary Professional Work: Challenges and experiences. Edward Elgar: Cheltenham UK.

Willetts, G & Clarke, K. 2014. Constructing nurses' professional identity through social identity theory. *International Journal of Nursing Practice* 20:164-169.

Williams, KF. 2012. Rethinking 'learning' in higher education. Viewing the student as social actor. *Journal Citation Report* 11(3):296-323.
From: http://0-eds.b.ebscohost.com.oasis.unisa.ac.za/eds/pdfviewer/pdfviewer?vid=4&sid=46703f96-314c-4773-9976-a125ae85c704%40sessionmgr101 (accessed January 2019).

Williams, C. 2017. Recruiting middle school students into nursing: An integrative review. *Nursing Forum* 1-5.
From:
https://www.researchgate.net/profile/Cheryl_Williams6/publication/320679432_Recruiting_middle_school_students_into_nursing_An_integrative_review/links/5e4ebc3a458515072dabe851/Recruiting-middle-school-students-into-nursing-An-integrative-review.pdf?origin=publication_detail (accessed January 2020).

Wittmann-Price RA, Godshall, M & Wilson, L. 2016. *Certified nurse educator review manual.* 3rd edition. New York: Springer.

Wolf, Z. 2013. *Exploring rituals in nursing: Joining art and science*. New York: Springer.

Worchel, S & Austin, WG. (eds.). 1986. *Psychology of intergroup relations*. Chicago, IL: Nelson-Hall.

World Health Organization. 2016. *Nurse educator core competencies*. Geneva, Switzerland: WHO Publication.
From: http://www.who.int/hrh/nursing_midwifery/nurse_educator050416.pdf (accessed September 2018).

Yazdannik, A, Yekta, ZP & Soltani, A. 2012. Nursing professional identity: Infant or one with Alzheimer. Iran Journal of Nursing and Midwifery Research 17(2 Suppl1):S178-S186.
From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3696964/ (accessed January 2015).

Yeo, M, Moorhouse, A, Kahn, P & Rodney, P. 2020. *Concepts and cases in nursing ethics*. 4th edition. Peterborough: Broadview Press.

Yin, R. 2015. *Qualitative research from start to finish*. 2nd edition. New York: Guilford Press.

Yubero, S & Morales, JF. 2006. La identificación en las organizaciones y su relación con la prototipicidad y el conflicto entre grupos profesionales (identification in organizations and its relation to prototypicality and conflict among professional groups). *Psycothema* 18(3):400-406. From: http://www.psicothema.com/pdf/3229.pdf (accessed May 2017).

Zarei, E, Najafi, M, Rajaee, R & Shamseddini, S. 2016. Determinants of job motivation among frontline employees at hospitals in Tehran. *Electronic Physician* 8(4):2249-2254. From: http://emidjournals.co.uk/wp-content/uploads/2019/05/The-Influence-of-Intrinsic-and-Extrinsic-Motivational-Strategies-on-Job-Performance-of-NHS-Nurses-in-London.pdf (accessed January 2021).

Zeigler-Hill, V & Shackelford, TK. (eds). 2018. *The SAGE handbook of personality and individual differences: Volume III: Applications of personality and individual differences*. London: SAGE.

Zeqiri, J & Alija, S. 2016. The organisational culture dimensions – The case of an independent private university in Macedonia. *Studia Universitatis Babes-Bolyai Oeconomica* 61(3):66-31. From: (PDF) The Organizational Culture Dimensions – The Case of an Independent Private University in Macedonia (researchgate.net) (accessed April 2020).

Zerwekh, J & Garneau, AZ. 2020. *Nursing today: Transition and trends*. 10th edition. St. Louis, Missouri: Elsevier Saunders.

Zhu, R, Ren, H, Wang, X, Zhang, C, Yu, Q, Duan, Z & Han, S. 2019. A critical reflection on the discipline of nursing based on the correct analysis. *Frontiers of Nursing* 6(1):54-58. From: https://content.sciendo.com/view/journals/fon/6/1/article-p53.xml?language=en (accessed January 2021).

ANNEXURES

Please note:

The title of the study was refined and approved by the College Research Ethics Committee of the College of Human Sciences, Unisa on 17 November 2020. Some of the original documents may still display the initial title as depicted in the original ethical clearance certificate, as it was submitted as such at the time.

Annexure A1: Original ethical clearance certificate from the Department of Health Studies, Unisa

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

HSHDC/493/2015

Date: 9 December 2015 Student No: 452-349-0

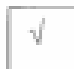
Project Title: Facilitation of the development of a professional nursing identity in South Africa.

Researcher: Estelle le Roux

Degree: D Litt et Phil Code: DPCHS04

Supervisor: Prof MJ Oosthuizen
Qualification: D Litt et Phil
Joint Supervisor: Prof GH van Rensburg

DECISION OF COMMITTEE

Approved  Conditionally Approved

Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

Annexure A2: New ethical clearance certificate for title change from the Department of Health Studies, Unisa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

17 November 2020

Dear E. Le Roux

NHREC Registration # : Rec-240816-052
CREC Reference # : 04523490_CHS _CREC_2020

Decision: Ethics Approval from 17 November 2020 to 31 October 2024

Principal Researcher(s): E. Le Roux

Supervisor: G. H. van Rensburg (email: vrensgh @unisa.ac.za)

New Title: Guidelines for the development of a professional nursing identity in South Africa

Degree Purpose: Doctoral Degree

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The **Low-*Risk* application** *was* ***reviewed*** by College of Human Sciences Research Ethics Committee, November 2020 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(31 October 2024).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number ***04523490 _CHS _CREC_2020*** should *be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Disclaimer : The initial certificate was issued Under the Following title:

(Old title: Facilitation of the development of a professional nursing identity in South Africa)

Yours Sincerely,

Signature :

Signature : PP

Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Prof K. Masemola
Executive Dean : CHS
E-mail: masemk@unisa.ac.za
Tel: (012) 429 2298

Annexure B: Ethical clearance letter from the University of Pretoria

******Title: Guidelines for the development of a professional nursing identity in South Africa**

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 28 August 2018.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 22/04/2017.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

11/11/2016

Approval Certificate
New Application

Ethics Reference No.: 418/2016

Title: The development of a Professional Nursing Identity in South Africa

Dear Estelle Le Roux

The **New Application** as supported by documents specified in your cover letter dated 7/11/2016 for your research received on the 11/11/2016, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 11/11/2016.

Please note the following about your ethics approval:
- Ethics Approval is valid for 2 years
- Please remember to use your protocol number (**418/2016**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:
- The ethics approval is conditional on the receipt of **6 monthly written Progress Reports**, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers; MBChB; MMed (Int); MPharMed,PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health).

012 356 3084 deepeka.behari@up.ac.za / fhsethics@up.ac.za http://www.up.ac.za/healthethics
Private Bag X323, Arcadia, 0007 - Tswelopele Building, Level 4, Room 60, Gezina, Pretoria

Annexure C: Request for permission to conduct an interview, consent form: Key informants and time frame of qualitative and quantitative data collection

13 Toscantia
230 Isie Smuts Street
Constantia Park
Pretoria
0181

Mobile: 082 413 6814
Enquiries: Estelle le Roux
E-mail: estelle@worldonline.co.za

Dear ______________________________

REQUEST FOR PERMISSION TO CONDUCT AN INTERVIEW

RESEARCH TOPIC: ****Guidelines for the development of a professional nursing identity in South Africa

I am presently studying for a Doctoral degree (Doctor in Philosophy) in the Department of Health Studies at the University of South Africa (Unisa) under the supervision of Professor Gisela van Rensburg (+ 27 (0) 12 429-6514 or email vrensgh@unisa.ac.za).

A professional identity guides one's practice as a healthcare professional. The nursing profession as a science and art requires members with a professional identity that conforms to its own norms (rules of behaviour) and values (desired behaviour) within an ethical-legal and nursing framework.

The purpose of this research is to understand the nursing identity ("universal nursing personality") of professional nurses in South Africa. A better understanding will contribute to development of guidelines to develop the nursing professional identity.

You are considered as a key informant in view of your position in the profession, your experience gained during your tenure and your valuable input [in view of the former] to explore the factors influencing the nursing identity in South Africa. Participation in this study is voluntary. It will involve a personal in-depth interview of approximately one hour to take place in a mutually agreed location. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from the interview at any time. The researcher will respect this decision at all times.

With your permission, the interview will be audio-recorded to facilitate the transcriptions of the data collected for analysis purposes. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points that you wish. All information you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Data collected during this study will be retained for a five-year time period in a lockable facility in my supervisor's office. There are no known or anticipated risks to you as a participant in this study.

If you have any questions regarding this study or would like additional information to assist you in reaching a decision about participation, please contact me at as indicated above. You may also contact my supervisor, Professor Gisela van Rensburg at + 27 (0) 12 429-6514 or email vrensgh@unisa.ac.za.

Ethical clearance was granted by the Research Ethics Committee of the Department of Health Studies, Unisa.

I look forward to a discussion with you and am thanking you in advance for your participation in this project.

Yours sincerely

Estelle le Roux

Estelle Le Roux
Student number: 0-452-349-0

CONSENT FORM: KEY INFORMANTS

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I have read the information presented in the information letter about a study being conducted by Estelle le Roux of the Department of Health Studies at the Unisa. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that I have the option of allowing my interview to be audio-recorded to ensure an accurate recording of my responses.

I am also aware that excerpts in the form of verbatim quotes from the interview may be included in the thesis and/or publications emanating from this research, with the understanding that the quotations will be anonymous.

I was informed that I may withdraw my consent at any time without penalty by advising the researcher.

This project has been reviewed by and received ethics clearance through UNISA's Department of Health Studies Research Ethics Committee.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.
YES NO

I agree to have my interview audio recorded. YES NO

Should you refuse audio-recording of the interview, the researcher reserves the right to take physical note of the information provided.

I agree to the use of anonymous quotations in any thesis or publication that comes of this research. YES NO

I hereby request feedback of the findings or results of the study. YES NO

Participant Name: ____ (Please print)

Participant Signature: ____

Researcher Name: ____

Researcher Signature: ____

Date: ______________________________

Table 1: Time frame of qualitative and quantitative data collection

<table>
<tr><th colspan="4">Qualitative data</th></tr>
<tr><td>**Date**</td><td colspan="2">**Activity**</td><td>**Number of participants**</td></tr>
<tr><td>September 2016</td><td colspan="2">**Pre-test key informant interview**
Key informant interviews</td><td>One (1)
Seven (7)</td></tr>
<tr><td>October 2016</td><td colspan="2">**Focus group interview**
Two private hospitals</td><td>Eight (8)
Seven (7)</td></tr>
<tr><td>November 2016</td><td colspan="2">**Focus group interview**
Two Government hospitals</td><td>Five (5)
Five (5)</td></tr>
<tr><td>May 2018</td><td colspan="2">Questionnaire pre-testing
Experts in questionnaire development</td><td>Six (6)</td></tr>
<tr><td>June 2018</td><td colspan="2">Secondary questionnaire pre-testing</td><td>Thirty-five (35)</td></tr>
<tr><th colspan="4">Quantitative data</th></tr>
<tr><td>January–May 2019</td><td>**Questionnaires distributed**

Thee-hundred-an-twenty (320)</td><td>**Questionnaires complete**

Two-hundred- and-seventy-two (272)</td><td>**Sample size**

Two-hundred-and- fifty-five (n=254)

Response rate 79% (n=254) of the 320 questionnaires distributed</td></tr>
<tr><td>January 2019</td><td colspan="3">Six (6) private hospital</td></tr>
<tr><td>February 2019</td><td colspan="3">Two (2) private hospitals</td></tr>
<tr><td>March-May 2019</td><td colspan="3">Four (4) private hospitals</td></tr>
</table>

Annexure D: Permission requested from and granted by Hospital Management to conduct focus group interviews

(1) Pretoria Eye Institute and Club Surgical Day Hospital January 2019

Ms E le Roux
13 Toscantia
230 Isie Smuts Street
Constantia Park
Pretoria
0181

E-mail: estelle@worldonline.co.za

Dear Ms Le Roux

PERMISSION TO CONDUCT RESEARCH

Your research proposal entitled "***Guidelines for the development of a Professional Nursing Identity in South Africa***" refers.

Hereby I give permission to conduct research at Pretoria Eye Institute and Club Surgical Day Hospital.

I wish you success with this project.

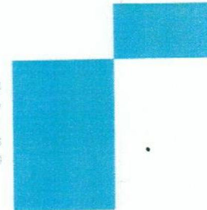
Yours sincerely

Liezel Schütte
Groups Operations Manager

(2) Zuid-Afrikaans Hospital (ZAH)

****** Title: Guidelines for the development of a professional nursing identity in South Africa**

No 1918/05508/08
Incorporated Association not for gain
Registered under Sec. 21
of the Companies Act 61, 1973
VAT Number: 4900127160



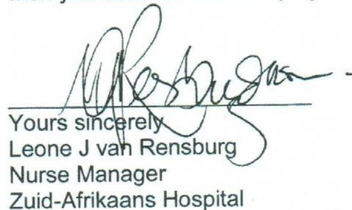
05 August 2019

Dear Ms Le Roux

RE: PERMISSION TO CONDUCT RESEARCH AT ZUID-AFRIKAANS HOSPITAL

Your research proposal entitled 'The development of Professional Nursing Identity in South Africa' refers.

It is in order for you to conduct your research at Zuid-Afrikaans Hospital. I wish you success with this project.



Yours sincerely
Leone J van Rensburg
Nurse Manager
Zuid-Afrikaans Hospital

Nie-uitvoerende direkteure/Non executive directors: GH Braak Snr (Voorsitter/Chairman); AR Prinsloo (Vise-Voorsitter/Vice-Chairman)
D Warmenhoven; GH Braak Jnr; K Fleischhauer, Dr CJ Olivier; Uitvoerende direkteur/Executive director: MC van den Berg

www.zah.co.za
A: 255 Bourke Straat | Muckleneuk | Pretoria | Gauteng
P: PO Box 30363 | Sunnyside | 0132
T: +27 12 343 0300 | F: 086 241 3717

(3) Life Health Care Group

****** Title: Guidelines for the development of a professional nursing identity in South Africa**

Life Healthcare Head Office
Oxford Manor, 21 Chaplin Road, Illovo 2196
Private Bag X13, Northlands 2116, South Africa
Telephone: +27 11 219 9000
Telefax: +27 11 219 9001
www.lifehealthcare.co.za

National Health Research Ethics Committee registration: **REC 251015-048**

REF: 08042019/1

08 April 2019

Dear Estelle le Roux

RE: APPLICATION TO CONDUCT RESEARCH:

Title of study: The Development of a Professional Nursing Identity in South Africa.

The Research & Scientific Committee of Life Healthcare Group hereby grants permission with no conditions for your study to be conducted at **Life Groenkloof, Eugene Marais and Wilgers Hospitals.**

1. If patient or institutional confidentiality is breached, Life Healthcare is entitled to withdraw this permission immediately. The Higher Education institution under which the research is taking place will be notified, and Life Healthcare reserves the right to take legal action against you, should the company feel that this is warranted.
2. An electronic copy of the research report must be submitted to the Life Healthcare Research Ethics Committee prior to publication. Failure to do this may result in permission to continue to examination being withdrawn. The Higher Learning institution will be notified of this withdrawal.
3. No direct reference may be made to Life Healthcare, its subsidiaries or any of its facilities or institutions in the research report or any publications thereafter. The Company and its facilities, patients and staff must be de-identified in the study, and remain so for any other studies which may utilise this information.
4. The research must be completed within the time allotted by the Higher Learning institution. If the research is being done in an individual capacity by an employee of the life Group, the research must be conducted within one year of permission being given by the Company, OR the proposed time period must be specified in the proposal, and approved. Permission may be withdrawn if the research extends beyond the approved time period.
5. Life Healthcare will not take responsibility for any unforeseen circumstances within its institutions which may materially change the context and potential outcomes of a student's research. Should this occur, the student will be required to approach their Higher Learning institution for guidance around alternatives.
6. Placement of the electronic research report and any publications on the Company's research register after approval by the associated Higher Education Institution.
7. Life Healthcare will not be liable for any costs incurred during or related to this study.

Yours sincerely,

On behalf of the Research & Scientific Committee

Life Healthcare Group Proprietary Limited
Reg. no 2003/024367/07 Registered address Oxford Manor, 21 Chaplin Road, Illovo 2196, Private Bag X13, Northlands 2116
Directors: CI Koekemoer, AM Pyle, PF Theron, PP van der Westhuizen, SB Viranna, KA Wylie

(3) Mediclinic

****** Title: Guidelines for the development of a professional nursing identity in South Africa**

MEDICLINIC CORPORATE OFFICE
25 DU TOIT STREET
STELLENBOSCH
7600
SOUTH AFRICA

PO BOX 456
STELLENBOSCH
7599
SOUTH AFRICA

T +27 21 809 6500

www.mediclinic.co.za

07 December 2018

Ms E Le Roux
13 Toscantia
230 Isie Smuts Street
Constantia Park
Pretoria
0181

E-mail: Estelle@worldonline.co.za

Dear Ms Le Roux

PERMISSION TO CONDUCT RESEARCH AT MEDICLINIC

Your research proposal entitled ***"The development of Professional Nursing Identity in South Africa"*** refers.

It is in order for you to conduct your research at Mediclinic Kloof, Mediclinic Midstream, Mediclinic Muelmed, Mediclinic Medforum and Mediclinic Heart Hospital and I wish you success with this project.

Yours sincerely

DR ESTELLE COUSTAS
Nursing Executive

ETHICS LINE +27 12 543 5332
TOLL-FREE 0800 005 316 (SOUTH AFRICA ONLY)

MEDICLINIC (PTY) LTD
REG. NO. 1969/009218/07

(4) Netcare Hospital

****** Title: Guidelines for the development of a professional nursing identity in South Africa**

Netcare Hospital Management (Pty) Limited

Tel: + 27 (0)11 301 0000
Fax: Corporate +27 (0)11 301 0499
76 Maude Street, Corner West Street, Sandton, South Africa
Private Bag X34, Benmore, 2010, South Africa

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2019-0003

Ms Estelle le Roux

E mail: estelle@worldonline.co.za

Dear Ms Le Roux

RE: THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

The above-mentioned research was reviewed by the Netcare Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Netcare Jakaranda, Moot & Pretoria East Hospitals, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Netcare Research Operations Committee.

ii) All information regarding Netcare will be treated as legally privileged and confidential.

iii) Netcare's name will not be mentioned without written consent from the Netcare Research Operations Committee.

iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.

v) All data extracted may only be used in an anonymised, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.

vi) Netcare must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Netcare Research Operations Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.

vii) A copy of the research report will be provided to the Netcare Research Operations Committee once it is finally approved by the relevant primary party or tertiary

Executive Directors: R H Friedland, K N Gibson

Company Secretary: L Bagwandeen

Reg. No. 1992/002177/07

institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date.

viii) Netcare has the right to implement any recommendations from the research.

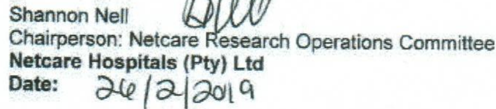
ix) Netcare reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects / Netcare or should the researcher not comply with the conditions of approval.

x) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.

Yours faithfully

Prof Dion du Plessis
Full member: Netcare Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy



Shannon Nell
Chairperson: Netcare Research Operations Committee
Netcare Hospitals (Pty) Ltd
Date: 26/2/2019

(5) Steve Biko Academic Hospital

****** Title: Guidelines for the development of a professional nursing identity in South Africa**

-Letter of approval-

To: Chief Executive officer: Dr ME Kenoshi **From: Estelle le Roux**

Re : Permission to do the following research at Steve Biko Academic Hospital

I am a Doctoral (D Lit et Phil) student from the University of South Africa and am requesting permission to conduct a study in the Steve Biko Academic Hospital that involves Registered Nurses completing a questionnaire.

The title of the study is: **The development of a Professional Nursing Identity in South Africa**

I intend to publish the findings of the study in a professional journal and/ or at professional meeting like symposia, congresses, or other meetings of such as a nature.

I undertake not to proceed with the study until we have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.

Yours sincerely

Signature of the Principal Investigator

Permission granted to research study at this hospital and to access the information as requested is hereby approved.

Chief Executive Officer : Steve Biko Academic Hospital

Dr. M.E. Kenoshi

Signature of the CEO

Hospital Official Stamp

Annexure E: Request for consent and agreement to participate in focus groups

13 Toscantia
230 Isie Smuts Street
Constantia Park
Pretoria
0181

Mobile: 082 413 6814
Enquiries: Estelle le Roux
E-mail: estelle@worldonline.co.za

Dear Participant

REQUEST FOR CONSENT TO PARTICIPATE IN FOCUS GROUPS: RESEARCH

TOPIC: ***Guidelines for the development of a professional nursing identity in South Africa

I am presently studying for a Doctoral degree (Doctor of Philosophy) in the Department of Health Studies at the University of South Africa (Unisa) under the supervision of Professor Gisela van Rensburg (+ 27 (0) 12 42- 6514 or email vrensgh@unisa.ac.za).

A professional identity guides one's practice as a healthcare professional. The nursing profession as a science and art requires members with a professional identity that conforms to its own norms (rules of behaviour) and values (desired behaviour) within an ethical-legal and nursing framework.

The purpose of this research is to understand the nursing identity of professional nurses in South Africa. The results of this research will contribute greatly to the development of guidelines to develop a professional nursing identity.

Your approval is required to participate in a focus group discussion. The researcher selectedEprofessional nurses as participants on the principle of convenience to participant in this process.

These focus group sessions will be facilitated by Estelle le Roux, together with an experienced researcher and co-facilitator.

Participation in this session is voluntary and involves *one*-hour input to and discussion of the issues associated with the professional nursing identity in South Africa**.** There are no known or anticipated risks to your participation in this session. You may decline answering any questions you feel you do not wish to answer and may decline contributing to the session in other ways if you so wish. All information you provide will be considered confidential and grouped with responses from other professional nurses.

During the session your name will not be identified regarding your input to the session. Furthermore, you will also not be identified in the report resulting from this session. The information collected from this session will be kept for a time period of five years at UNISA.

Given the group format of this session we will ask you to keep in confidence information that identifies or could potentially identify a participant and/or his/her comments. If you have any questions about participation in this session, please feel free to discuss these with the facilitator.

If you are interested in receiving a copy of the executive summary of the session outcomes, please contact the researcher.

The study has been reviewed and received ethics clearance through UNISA Department of Health Studies Research Ethics Committee.

Thank you for your assistance with this project.

Yours sincerely

Estelle Le Roux
Student number: 4523490

AGREEMENT TO PARTICIPATE

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I have read the information presented in the information letter about the session being facilitated by ***Estelle le Roux***. I have had the opportunity to ask the facilitator any questions related to this session, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that I have the option of allowing my interview to be audio recorded to ensure an accurate recording of my responses.

I am also aware that excerpts in the form of verbatim quotes from the interview may be included in the thesis and/or publications to come from this research, with the understanding that the quotations will be anonymous.

I am aware that I may withdraw from the session without penalty at any time by advising the facilitator of this decision.

This project has been reviewed by and received ethics clearance through a UNISA Department of Health Studies Research Ethics Committee.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this session and to keep in confidence information that could identify specific professional nurses and/or the information they provided.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study. YES NO

I agree to have my interview audio recorded. YES NO

I agree to the use of anonymous quotations in any thesis or publication that comes of this research. YES NO

I hereby request feedback of the findings or results of the study. YES NO

Participant:

Print Name____________________________

Signature _____________________________

Date _________________________________

Researcher:

Print Name____________________________

Signature _____________________________

Date _________________________________

Annexure F: Confidentiality agreement of independent coder

****** Title: Guidelines for the development of a professional nursing identity in South Africa**

CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT WITH REGARDS TO INDEPENDENT CODING OF DATA FOR THE STUDY

THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

I understand that identities of all participants are personal and confidential and may not be revealed to any person.

I understand that the research design and method of this study are intellectual property of the Ms E Le Roux.

I understand that all material received for coding is personal and confidential.

I understand that all material received will be deleted on completion consensus discussion with Ms E Le Roux

I undertake herewith to treat the following information with utmost professional confidentiality:

a) The name of each participant wherein a name is indicated
b) Coding material received
c) Content of the information made known to me of each person
d) Content of the research design and method of this study

Independent Coder Name: Dr Annie Temane

Signature:

Date: 19 December 2016

Researcher's name: Estelle le Roux

Researcher's signature: .....

Date: 20 December 2016

Annexure G: Interview schedule: Population A and B

INTERVIEW SCHEDULE A

Title: GUIDELINES FOR THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

Name: Estelle le Roux

Student number: 0-452-349-0

The question below will assist the researcher in directing the professional nurses to the discussion of their perception of the research topic.

> How do you perceive the nursing identity and what contributes or affects the development?

Probes will be used to elicit richer details by using a question such as "Why" or "What makes you think that?"

Estelle le Roux

Estelle Le Roux

Student number: 0-452-349-0

INTERVIEW SCHEDULE B

Title: GUIDELINES FOR THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

Name: Estelle le Roux

Student number: 0-452-349-0

The main question will be:

> How do you perceive the nursing identity and what contributes or affects the development?

Probing questions will be asked to elicit discussions. The focus of the study will be kept in mind to ensure that the discussions do not wander off.

1. Professional socialisation
2. Role model
3. Ideal characteristics and traits
4. Nursing image
5. Ethical behaviour
6. Set of beliefs attributes and values
7. Marketing and media
8. Public perception
9. Nursing culture
10. Visibility and public figure
11. Subcategories
12. Art and science
13. Selection criteria
14. Preparation for nursing

The researcher will use various communication techniques to encourage in-depth understanding of perceptions of the topic. The techniques include active listening, probing, nodding, use of silence, paraphrasing, reflection and summarising.

The researcher will be accompanied with an experienced co-researcher.

Estelle le Roux

Estelle Le Roux

Student number: 0-452-349-0

Annexure H: Information leaflet

13 Toscantia
230 Isie Smuts Street
Constantia Park
Pretoria
0181
May 2018

Enquiries: Estelle le Roux
Cellular: 082 413 6814
E-mail: estelle@worldonline.co.za

PARTICIPANT INFORMATION LEAFLET AND CONSENT
RESEARCH TOPIC: GUIDELINES FOR THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

Primary researcher: Estelle le Roux
Promoter: Professor GH van Rensburg (UNISA)

Dear Participant

I am presently studying for a Doctoral degree (Doctor of Philosophy) in the Department of Health Studies at the University of South Africa (UNISA). As part of the requirements for completion of the degree, I am required to collect data. This information leaflet contains information about the purpose of the study and your rights and responsibilities regarding the study. Please familiarise yourself with the purpose of the study before you agree to participate.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this research is to understand the nursing identity of professional nurses in South Africa. A better understanding will contribute to the development of guidelines for the development of a professional nursing identity.

WHAT WILL BE EXPECTED FROM YOU?

Before you participate in the study, you need to understand what the study is about and give permission to participate. Your completion of this questionnaire indicates your consent to participate in this study.

I would appreciate if you would **complete all questions** as truthfully as possible. Completion of the questionnaire is expected to take approximately ***20 minutes***. Indicate your response by means of a tick (√) in the appropriate block OR fill in the information asked in the provided space.

WHAT ARE THE RISKS INVOLVED IN THIS STUDY? OR CAN ANY OF THE STUDY PROCEDURES RESULT IN PERSONAL DISCOMFORT OR INCONVENIENCE.

The researcher does not anticipate any foreseeable physical and psychological discomfort or inconvenience. However, I realize that you have a busy schedule and therefore appreciate your time and expertise regarding the subject.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT IN THIS STUDY?

Participation in this study is voluntary and anonymous. Further, all information you provide will be considered confidential.

WHAT ARE THE POTENTIAL BENEFITS THAT MAY COME FROM THE STUDY?

The benefits of participating in this study are:

- Analysis and nature of the professional nursing identity in South Africa.
- The development, facilitation and uplifting of a professional nursing identity.
- Envisioned guidelines that may serve as a framework to enhance the professional nursing identity.

WILL YOU RECEIVE ANY FINANCIAL COMPENSATION OR INCENTIVE FOR PARTICIPATING IN THIS STUDY?

Unfortunately, no financial compensation will be given.

HOW WILL CONFIDENTIALITY AND ANONYMITY BE ENSURED IN THE STUDY.

All information obtained during this study will be strictly confidential. None of the information will be linked to your name. Your identity will not be revealed at any stages of this research or when the study is reported in scientific journals. All the data information that has been collected will be stored in a secure place after analysing the data.

IS THE RESEARCHER QUALIFIED TO CARRY OUT THE STUDY?

The researcher is a deputy nurse manager for 25 years and is closely involved in clinical nursing and nursing management.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has been reviewed and received ethical clearance through UNISA Department of Health Studies Research Ethics Committee.

WHO CAN YOU CONTACT FOR ADDITIONAL INFORMATION REGARDING THE STUDY?

The researcher, Estelle le Roux can be contacted during office hours at (012) 677 8000 extension 7080, or cell phone at 082 413 6814 or email: estelle@worlonline.co.za

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensgh@unisa.ac.za. Alternatively, you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

DECLARATION: CONFLICT OF INTEREST

There is no conflict of interest that may influence the study procedures, data collection, data analysis and publication of results.

Thank you for your assistance with this study.

Yours sincerely

Estelle le Roux

Estelle le Roux

Annexure I: Participants demographic data (key informants and professional nurses)

Dear Participant

Thank you for participating in this research study for my Doctoral degree (Doctor of Philosophy) in the Department of Health Studies at the University of South Africa (Unisa). It is highly appreciated and will be regarded with utmost confidence.

The study topic is: **GUIDELINES FOR THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA**

The objectives of the research are to:

- explore the factors influencing the professional nursing identity in South Africa.
- explore the perceptions of professional nurses of what establishes (shapes) a professional nursing identity.
- determine the nursing identity as it manifests in the profession.
- formulate guidelines for the development of a professional nursing identity.

I kindly request the following data that would be used to describe the demographic context of this study.

Hospital/Institute	
Where did you do your nursing training	
Current professional position	
Years' experience in nursing	
Age	
Gender	
Marital status	
Highest academic qualification	
Healthcare role models in your family	
Mother's occupation	
Father's occupation	
State your religion	
Short paragraph about what prompted you to take up nursing as a career.	

Thank you for your participation.

Estelle le Roux

Estelle Le Roux

BIOGRAPHICAL PROFILE OF SAMPLE A

Key informant	Value	(n)	%
Gender	Female	4	66.7%
	Male	2	33.3%
	Total		**100%**
Race (6)	White female	3	50.0%
	Asian female	1	16.7%
	White male	1	16.7%
	Black male	1	16.7%
	Total		**100%**
Age distribution (6)	40-49 [40]	1	16.7%
	50-59 [58, 58]	2	33.3%
	60-69 [62, 63, 66]	3	50.0%
	Total		**100%**
Marital status (6)	Married	2	33.3%
	Divorced	2	33.3%
	Single	2	33.3%
	Total		**100%**
Years working experience	10-29 [12]	1	16.7%
	30-39- [0]	0	0.0%
	40-49 [40, 40, 41, 46]	4	66.7%
	Information not provided	1	16.7%
	Total		**100%**
Education Pre-graduate institution (6)	University of Pretoria	2	33.3%
	Nursing Collage (RK Khan)	1	16.7%
	Nursing College (Springs)	1	16.7%
	Nursing College (Baragwaneth)	1	16.7%
	Nursing College (SG Lourens, Pretoria)	1	16.7%
	Total		**100%**
Postgraduate (6)	University of South Africa	2	33.3%
	University of Pretoria (UP)	4	66.7%
	Total		**100%**
Highest academic qualifications (6)	D Lit et Phil [1]; PhD [2]	3	50.0%
	M Cur Nursing Management/Education	2	33.3%
	Baccalaureate I et A	1	16.7%
	Total		**100%**
Positions in the profession	Professor in Nursing	1	16.7%
	Nursing Director	1	16.7%
	Nursing Education	2	33.3%
	Executive Officer	1	16.7%
	Nursing Manager	1	16.7%
	Total		**100%**
Mother's occupation (6) One mother was a nurse and one a medical private administrator, the rest come from different occupation such as cloth designer, businesswomen and housewives.			
Father's occupation (6) One father was a Gynaecologist, the other fathers were in the air force, a teacher, famer and businessmen.			
Religion (6)	Christian	6	100%
Healthcare role models in family	Fathers that are Gynaecologists or businessmen; mothers that are medical personal assistants, professional nurse and great aunt that was a nurse.		

What prompted you to take up nursing as a career	• Positive experience with visits to hospitals and clinics. • Informed about the nursing degree offered at UP. • Initially wanted to be a medical. When I could not get into medical school due to lack of funding, I then opted for Nursing. • "… since joining nursing, I identify with the values of nursing and can never change nursing for another career." • An interest in medicine and a strong sense of caring and service. • "Grant aunt was a midwife and through her story telling nursing became a magnet."

BIOGRAPHICAL PROFILE OF SAMPLE B

Focus group	Value	(n)	%
Gender (25)	Female	24	96.0%
	Male	1	4.0%
	Total		**100%**
Age distribution (25)	20-29	2	8.0%
	30-39	8	32.0%
	40-49	6	20.0%
	50-50	9	36.0%
	Total		**100%**
Marital status (25)	Married	17	68.0%
	Widow	1	4.0%
	Divorced	1	4.0%
	Single	6	24.0%
	Total		**100%**
Years' experience (25)	1-9	1	4.0%
	10-19	11	44.0%
	20-29	5	20.0%
	30-39	8	32.0%
	Total		**100%**

Education (Basic training)

The majority (80.0%' n=20) professional nurses were trained at nursing colleges and 20.0%, n=5) had university training in South Africa.

Postgraduate qualifications

Of the professional nurses, (n=16) 64.0% had post-basic qualifications. Professional nurses (n=7) mostly had post-graduate diplomas in various specialised disciplines such as intensive care, theatre and neonatology diplomas. Two master's, one honour degrees and three post-graduate degrees in specialised discipline such as nursing administration and education.

Highest academic qualifications

Participants with a Diploma in general nursing 4.0%(n=4) qualification, Diploma General Nursing and Midwifery (4.0%, n=4), Diploma post-basic (28.0%, n=7) qualification such as theatre, psychiatry, public health.
Baccalaureate degrees (28.0%, n=7), One (4.0%, n=1) Honours degree (n=1) and two Master degree (8.0%, n=2).

Focus group	Value	(n)	%
Positions in the profession (25)	Professional Nurse	19	76.0%
	Clinical facilitator	4	16.0%
	Operational Manager	2	8.0%
	Total		**100.0%**

<table>
<tr><td colspan="4">Mother’s occupation

There are slightly more family members that were nurses (n=3, 12.0%) than their fathers. Most mother were housewives (24.0%, n=6). The mother mostly is from other occupations such as secretary, cleaner, teacher domestic worker or retired.</td></tr>
<tr><td colspan="4">Father’s occupation

One participants’ father is a Minister that is in human science closest to nursing. None of the father worked in healthcare but various other occupation’s such as engineering, policeman, farmer, builder inspector, businessman.</td></tr>
<tr><td rowspan="2">Religion</td><td>Christian</td><td>22</td><td>88.0%</td></tr>
<tr><td>Roman Catholic</td><td>1</td><td>4.0%</td></tr>
<tr><td></td><td>Total</td><td></td><td>100%</td></tr>
<tr><td>Healthcare role models in family</td><td colspan="3">Aunt a professor in nursing, grandmother a midwife, mother, sister, niece is a nurse</td></tr>
<tr><td>What prompted you to take up nursing as a career?</td><td colspan="3">• New from primary school/small/ young age
• In my blood; was a decision at school
• Passion for babies and children as a child and to help sick babies
• Passionate to helpless sick people/work with people
• Wanted to be a midwife
• Wants to make a difference and put a smile on someone’s face
• Wanted to care for people in need
• Wanted to study in a city and work with people
• Ability to care
• Army medic during 2-year national service at 1 Military hospital
• Cared for a family member as a child; Cared for a sick mother
• Exposed to nursing at a young age
• Motivated by my father
• Inspired by a neighbour who was a nurse in the nineties
• Low score for radiography at university, I opted nursing</td></tr>
</table>

Annexure J: Coding certificate

******Title: Guidelines for the development of a professional nursing identity in South Africa**

Qualitative Data Analysis

D Litt et Phil

Estelle Le Roux

THIS IS TO CERTIFY THAT

Dr. Annie Temane has co-coded the following qualitative data:

6 Individual Qualitative Interviews and 3 Focus Group Discussions

For the study:

THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

I declare that the candidate and I have reached consensus on the major categories, subcategories and codes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeated themes.

Annie Temane

M.A.Temane (D.Cur; Research Methodology)

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Annexure K: Verbatim quotes translated version (English)

Reference Chapter 3		Page	Code	Verbatim quotes Translated version (English) and original language (Afrikaans)
3.2.2	**Theme 1: Nursing characteristics**	**P62**	DW5	"… your identity as a person within the profession and for the profession as a whole, the collectively." "… jou identiteit as persoon binne die professie en vir die professie in geheel, die kollektiwiteit."
3.2.2	**Theme 1: Nursing characteristics**	**P63**	AM2	"... the identity is a huge problem and we are going to have to do something about it ..." "... die identiteit is ŉ enorme probleem en ons gaan van ons kant af iets daaraan moet doen..."
3.2.2.1	**Category: Personal characteristics**	**P65**	DW1	"It's my culture…" "Dit is my kultuur…"
3.2.2.1.1	Personal traits	**P65**	DW2	"... an immense decline of moral values and standards ..." "… ŉ geweldige agteruitgang van morele waardes en standaarde..."
3.2.2.1.1	Personal traits *Calling*	**P67**	AM1	"... I wanted to do it because it's my passion, and I thought I could achieve what Florence [SP] achieved ..." "... en dan in jou hart het jy hierdie ding van ek wou dit kon doen want dis my passie, en ek het gedink ek gaan dit kan regkry wat Florence [SP] reggekry het ..."
3.2.2.2.2	Integration of personal, professional and characteristics of a profession	**P72**	DW5	"Again, your identity as a person within the profession and for the profession as a whole, the collective". "Weereens, jou identiteit as persoon binne die professie en vir die professie in geheel, die kollektiwiteit."
3.2.2.2.2	Integration of personal, professional and characteristics of a profession	**P72**	DW45	"… the deep, deep inner of the identity of the profession, and fo the person, lies within the individual nurse. It works both ways – from the profession to the individual and vice versa. Much more should be done to [expand] the inner development of the nurse." "… die diep, diep innerlike van die identiteit van die professie, en vir jou is, lê by individuele verpleegkundiges. Dit werk twee kante toe – uit die professie na die individu toe en weer terug. ... daar moet baie meer gedoen word aan die innerlike ontwikkeling van die verpleegkundige."
3.2.2.2.2	Integration of personal, professional and profession identity	**P73**	DW1	"... if someone wants to nurse, do not come up with the story," It's my culture and that's my culture and I'm not doing it like that. "You're going to nursing and nursing is supposed to be a subculture and by definition it's just as similar to any other culture ..." "… as iemand wil gaan verpleeg, moet jy nie kom met die storie, "Dit is my kultuur en dat is my kultuur en ek doen nie sus nie en ek doen nie so nie." Jy gaan na verpleging toe en verpleging is veronderstel om ŉ subkultuur te wees en per definisie is dit net so gelyk soos enige ander kultuur.
3.2.2.2.2	Integration of personal, professional and profession identity	**P72**	DW1	"… to build your identity you have to put your emotions, your norms and value and the profession's norms and value with the scientific knowledge in your profession to build that identity ... another level of your identity lies on your personal level." "… om jou identiteit te bou moet jy jou emosies, jou norme en waarde en die professie se norme en waarde by die wetenskaplike kennis in jou professie sit om daai identiteit te bou. Die ander aspek is dat die identiteit...ŉ ander vlak van jou identiteit lê op jou persoonlike vlak."

Annexure L: Example of coding and data analysis

Theme	Category	Sub-category	Code	Description
Nursing characteristic	Personal characteristics	Caring	GH19	Picture of being holy, pure, discipline, respect and status. So, in caring, we've lost that. We've lost that picture. We've lost the symbol of a nurse caring.
Nursing characteristic	Personal characteristics	Caring	GH15	Excuses for not caring, too much work, too much paperwork, too busy, too many projects, too many checklists, too many audits.
Nursing characteristic	Personal characteristics	Calling	G1 [1]	I still think it's a calling. There has to be, TO a more or lesser extent, there must be a calling. You cannot nurse if you … it's not just a job. Unfortunately, in today's circumstances, we do take people off the street and make them nurses and I think that's one of the big problems in nursing, but I still think that it's a calling.
Nursing characteristic	Personal characteristics	Professional etiquette	DW2	Basic value [is politeness] (in this context the key informant referred to good [professional] etiquette (goeie maniere) [attributes]
Nursing characteristic	Personal characteristics	Self-caring traits	GH36	Touch the heart of the nurse, she will care, she will understand herself. The hearts of the nurse are so hidden, you cannot touch it, but if you touch the heart, you unlock the nurse. What happens with the religious sectors they touch the heart and the soul. Look at the churches, it says you have a task, to serve, to care, to touch to experience, to cry, to love, to develop relationships.
Nursing characteristic	Personal characteristics	Self-caring traits	GH21	Explore the self-first that I'm thinking is there's a need for the self to develop in the nursing education process to socialise with the profession's identity. But in that process, there's a self-discovery. There's a self-evaluation. If we don't get the nurse in that socialisation process to self-discover and self-evaluate, and set a goal, will there be development? The self has become a means of service for self. Dis reg. So, it's become a means for the self-serving the self-first before I serve others.Part with that socialisation has to be the self-discovery before I can identify with you or any other body of work.
Nursing characteristic	Professional nurse characteristics	Unique traits of a professional nurse	DW38	Art is the connection between you and the aesthetics.
Nursing characteristic	Professional nurse characteristics	Unique traits	DW40	Art is that connection between you and the aesthetics, but of course there is another level of aesthetics and that is the whole issue of human amazement.
Nursing characteristic	Professional nurse characteristics	Unique traits		Internalise caring, deep inner man and belief in good people, to do good will give meaning.
Nursing characteristic	Characteristics of the profession	Traits of the profession	DW6	History of nursing is important to establish an identity. SA legends and their work, e.g. Prof Searle, Kotze, etc.
Nursing characteristic	Characteristics of the profession	In relation to other professions	DW4	Responsibility within the nursing identity in relation to other professions. Ninethy-nine per cent of success is the post op care [Responsibility towards other professions].
Image of Nursing	Level of qualification		GH10	We don't just have the professional nurse; we also have lower qualification which affects the image of nursing.

Theme	Category	Sub-category	Code	Description
Image	Professional characteristic	Well-rounded individual	SV12	I come with my own value system into nursing, then I'm interfacing now with the nursing value system because that's what they teaching me all the time, and at some point I've got to emerge with having had these both integrated so that I become a a well-rounded individual as well as a great nurse and that's what we're expecting and I don't know firstly whether our programmes are addressing those things.
Image	Role models		DW6	Learn from role models in practise and from historical role models [prof Human, Searle]
Image	Role models		VM6	Role modelling next to the bed and making beds and changing linen - that has taught me a big lesson to say that if you want to know your clients or your patients you do the basics. That has not made me to disrespect her. What she was doing has not made me to underestimate her. Instead, so many decades later, I still value that as nursing.
Image	Role models		DW2	You don't need role models to transfer basic values such as politeness.
Image	Role models		DW2	Learn from role models in practise and from historical role models [prof Human, Searle etc.] 'Nurses of distinction' book from Prof Human and Kie.
Image	Nursing Symbols	Uniforms	G2[9]	In the hospitals we all used to wear uniforms, the nursing staff we've got the epaulettes, but now you know we get the kitchen people, you get the care workers, the ENAs, they all wear … we all wear the same thing … uniform.
Image	Symbols	Distinguishing devices	SV5	Various symbols we have in nursing, be it the distinguishing devices, be it our badges, our training badges, our bags, our uniform, there's various things that you can use to give you an identity, but I always believe that that remains a symbol. It's for the greater good of the community.
Image	Symbols	Distinguishing devices	DW11	Distinguish between ranks [bars and epaulette].
Image	Symbols	Nurse's Pledge of Service	NG10	The Nurse's Pledge of Service must give meaning, must not be a meaningless ritual.
Image	Symbols	Nurse's Pledge of Service	G4[6]	I think the identity will come if only we practice what the Nurse's Pledge of Service says.
Image	Symbols	The lamp	VM9	Profession, Florence Nightingale, lady with a lamp, it's a big…even when nurses graduate there's still light the lamps and when they're doing their Nurse's Pledge of Service that is a big symbol because it is associated with you bringing light in darkness, it's associated with you…irrespective of the conditions around you, you are still this lamp that lights the darkness and gives hope to those who are in need of help. So, there are so many things that sometimes when…during debates in nursing you find that there are people who want to do away with this or that, but I know that the lamp they will never take away. The lamp will always be there because it's very strong. It's very strong. It's a good symbol. I don't know if I've said enough on that.
Image	Symbols	The lamp	NG10	The lamp and the oil and the light - it's an inspiring symbol.
Image	Professional nurse traits	Physical appearance	G1[9]	Make sure that we neat and tidy, make sure that our nails are short, make sure that the hair doesn't fall all over the show if you work aseptic technique.
Image	Professional nurse traits	Physical appearance	AM1	How nurses portray the image of nursing 1. Appearance 2. walk up straight 3. knowledgeable [scientific knowledge] 4. Energy levels. What the public see is fat and lazy, drag their feet. That is not what nursing is.

Annexure M: Questionnaire: professional nursing identity

PROFESSIONAL NURSING IDENTITY

QUESTIONNAIRE INSTRUCTIONS

1. Please **read every question carefully** before indicating your response.
2. Answer each question by indicating your interpretation of the chosen option with **a tick (√) in the appropriate block** OR **fill in** the information asked in the provided space.
3. Your completion of this questionnaire indicates your **consent** to participate in this study.
4. Data will be treated **confidentially** and reported in group format, so that individuals cannot be identified.
5. The questionnaire consists of six (6) sections and you are required to **complete ALL the questions**.
   - Demographic data
   - Nursing characteristics
   - Image of nursing
   - Institutional and organisational culture
   - Nursing education
   - Corporate governance
6. You are requested to answer the questions according to the **rating scale** provided with the questions.
7. **Explanation of the rating scale**
   The scales below reflect your perception about the question asked.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

- Strongly disagree with the statement or question tick on the left *Strongly disagree*.
- Disagree with the statement or question tick *Disagree*.
- Neither agree nor disagree tick *Neither agree nor disagree*.
- Agree with the statement or question tick *Agree*.
- Strongly agree with the statement or question tick *Strongly agree* on the right.

DEMOGRAPHIC DATA

In this section your demographic information is required.

1 Age

Indicate your age.

Years	

2 Gender

Indicate your gender.

Male	
Female	

3 Marital status

Indicate your marital status.

Married	
Divorced	
Widowed	
Separated	
Never been married	
A member of an unmarried couple	

4 Education

What is the highest school grade you completed?

Grade 10	
Grade 11	
Grade 12	

5 Registered with South African Nursing Council (SANC)?

Yes	
No	

6 Employment status

State your dominant position at work.

Professional nurse in practice	
Educator	
Manager	
Other	

7 Institution or organisation

State the institution or organisation that you are working for.

Private	
Government	
University	
Other	

8 Work experience	**Years**
How many years have you been active in nursing as a (registered) professional nurse?	

9 Nursing qualifications

State your nursing qualifications.

General nursing	
Midwifery	
Community health	
Psychiatry	
Administration	
Education	
Other clinical specialities (name them), e.g. Critical Care.	

10a What is your highest academic qualification after school?

Diploma in Nursing	
Baccalaureus Degree in Nursing	
Honours Degree in Nursing	
Master's Degree in Nursing	
Doctorate Degree in Nursing	

10b Are you a member of the Nursing Colleague Facebook group?

Yes	
No	

NURSING CHARACTERISTICS

Nursing characteristics involve the personal- and professional characteristics of a nurse, and the characteristics of the nursing profession.

A. Career choice

11 To what extent did the following role models that influenced your decision to choose nursing as a career?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Mother					
Father					
Grandparent					
Brother/Sister					
Cousin/nephew/niece					
Aunt/uncle					
Friend					
Historical nursing figures					
Acquaintance in nursing					
Exposure to Nurse(s) in hospital/clinic					
Any other role models? (please specify below and rate) ______________________					

Comments regarding items 11:

12	The reason(s) for choosing nursing as a career?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I needed a job					
The positive image of nursing					
Idyllic view of nursing, e.g. 'seeing them as kind, compassionate people etc.'					
I was interested in the science and art of nursing					
I wanted to help sick people					
Nursing fits my personality					
I wanted to work in a hospital/clinic environment					
I had a role model					
Career expo marketing					
Scholarly course experience					
Varied opportunities in nursing					
Other reasons (please specify and rate)					

Comments regarding item 12:

B. Self-image and professional image

Below is a list of statements related to general feelings about yourself **(self-image)**.

13	I regard myself as a person of worth. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
14	I am satisfied with myself. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
15	I feel useless at times. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
16	I show compassion towards myself when encountering personal shortcomings, rather than hurting myself with self-criticism. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Comments regarding items 13-16:

Below is a list of statements dealing with your feelings about your value and self-worth as a professional nurse **(professional image)**.

18	Nursing as a profession has the attributes that fulfils my ideal profession. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
19	The nursing profession today appears prestigious. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
20	I find my profession to be suitable for my personality characteristics. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
21	I choose the nursing profession because nursing satisfied my personal needs to nurse. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Comments regarding items 17:21:

C.	Integration of the professional nurse into the nursing profession
22	My personal identity (who I am) and professional identity (what I do) are integrated and therefore, I can present myself favourably in both personal and professional worlds. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
23	My personal values (honesty, important believes etc.) are in line with the values of the nursing profession (Code of Ethics for nursing, Acts or omissions). Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 22-23:	

D.	Identify with the nursing profession
24	I consider it important to be associated with the nursing profession. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
25	I want to be associated with the nursing profession. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
26	I identify with the distinctive characteristics of the nursing profession such as empathy. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
27	I regard registered professional nurses as a unique professional group as opposed to other nursing groups such as enrolled nurses. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 24-27:	

E.	Professional etiquette of the professional nurse
28	It is important that I introduce myself with confidence to patients and families. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
29	It is important that I ask patients with a different culture than mine, how they prefer me to greet them. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
30	I should be aware that I project a particular initial impression when meeting patients, families and doctors. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 28-30:	

F.	Moral development and maturity of the professional nurse
33	I do my work to gain the approval and acceptance of others. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
34	I uphold the laws, rules and the obligations of my duties of the profession. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
35	In clinical practice I will turn a fragile patient at the end of a shift, even if I don't feel like it. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 31-35:	

G.	Role after working hours
36	I represent the image of the nursing profession after working hours to maintain a professional image. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
37	The profession has the right to hold me accountable for inappropriate behaviour after working hours that brought the profession's reputation into disrepute. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 36-37:	

H.	Professional boundaries Professional boundaries keep the nurse-patient relationship safe and respected.
38	I cross professional boundaries when I provide a patient with personal information about myself that has non-therapeutic value. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
39	I cross professional boundaries when I am speaking negatively about colleagues or my employment setting with the patient and/or family. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
40	I cross professional boundaries when I accept a gift from an appreciative patient. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 38-40:	

I.	Professionalism
41	Professionalism requires scientific knowledge and skills about nursing. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
42	Professionalism requires unique communication skills (art of nursing), e.g. intuition Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
43	The non-verbal presence of the professional nurse should radiate professionalism. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
44	The physical appearance of the professional nurse in her uniform should radiate professionalism. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
45	The manner in which a professional nurse addresses a patient verbally should radiate professionalism. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 41-45:	

J. **Nursing profession in relation to other professional groups** The nursing profession's level of status compared to other health professions.						
46	The nursing profession level of status:	Much lower	Lower	Same	Higher	Much higher
	a. Medical specialist					
	b. Physiotherapist					
	c. Pharmacist					
	d. Dietitian					
	e. Paramedic					
	f. Dentist					
	g. General practitioner					
	h. Orthotists and prosthetists					
	i. Optometrist					
	j. Speech therapist					
47	The nursing profession is being oppressed by the medical profession. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree					
48	The nursing profession is valued in society. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree					
49	In nursing practice there is role blurring between professional nurses, enrolled nurses and enrolled nursing auxiliary in the caring of a patient. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree					
Comments regarding items 46-49:						

IMAGE OF NURSING

K. **Public image of nursing**	
50	The public image of nursing is influenced by the fact that professional nurses with scientific knowledge, spend too little time at the patient's bedside to the detriment of the nursing image. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
51	The public image of nursing is influenced by the fact that the bedside nurses with less scientific knowledge spend more time at the patient's bedside to the detriment of the nursing image. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 50-51:	

L. Nursing symbols Professions all over the world wear distinctive uniforms, e.g. advocates and attorneys in High Court (black robe, coat, wig), chefs (hat, white coat), and priests (stoles, attire, cassock) amongst others.	
52	In my view professional nurses must wear a uniform that distinguishes them from any other workers in the workplace. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
53	Epaulettes give nurses a specific professional identity. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
54	Nursing symbols bind professional nurses together as a professional group. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
55	When I wear my epaulettes, I feel empowered. a. At work Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree b. In public Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
56	When I wear my epaulettes, it makes me feel proud. a. At work Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree b. In public Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
57	The lamp gives nursing a professional identity. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 52-57:	

M. Bedside nursing	
58	I find it inferior to perform basic nursing care, e.g. mouth care, bed baths amongst others. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
59	Professional nurses at the bedside influence the image of the nursing profession. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
60	The public cannot distinguish between professional nurses and other workers in the workplace. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
61	I apply affective (heart-warming) communication to humanise the technical aspects of nursing, e.g. to a patient on a ventilator. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 58-61:	

N.	Marketing and media
62	Positive public visibility of professional nurses projected through the media for marketing the nursing profession such as TV- and radio talks, magazines articles is essential. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
63	It is essential to market the requirements (subjects) for obtaining a nursing qualification to attract prospective students. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
64	Marketing of the nursing profession should start at;
a.	pre-school level ☐
b.	primary school level (grade 1-7) ☐
c.	secondary school level (grade 8-12) ☐
d.	other levels (mention them): ____
Comments regarding items 62-64:	

INSTITUTIONAL AND ORGANISATIONAL CULTURE

O.	**Internal and external motivation** External drivers originate from the milieu of the institution and organisation and internal drivers originate from within oneself which influence how professional nurses do their work.
65	I find that a professional nursing dress code motivates me to do my work. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
66	Nursing administration tasks motivates me to do my work, e.g. quality audits. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
67	Money motivates me to do my work. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
68	Promotion opportunities in the profession motivate me to do my work. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
69	I apply for promotion because of the status. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
70	I apply for promotion because of the money. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
71	My desire for unselfish service to others motivates me to do my work (altruism). Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
72	I reacted to a calling which motivating me to do my work. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 65-72:	

NURSING EDUCATION

P.	**Nursing education process**
73	As a school lever and prospective nursing student, I was prepared about the demands of the nursing profession, e.g. night duty, working public holidays amongst others. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
74	The selection criteria are sufficient to allow the correct type of personality one would like into the profession. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
75	Recruiters select the type of personality one would like to allow into the profession. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
76	Novice nurses (students) struggle to find, clarify, develop and instil their personal identity and value system. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
77	Novice nurses (students) (a) Novice nurses struggle to integrate their personal- and professional values. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree (b) a preparation programme is essential prior entering the nursing profession Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 73-77:	

CORPORATE GOVERNANCE

Q.	Advocacy and autonomy
78	When I have the opportunity, I have the courage to advocate for patients to the treating doctor. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
79	In my work environment, I am allowed to make decisions in accordance with my professional knowledge (autonomy) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
80	In my work environment I am not allowed to practise basic nursing care independently and therefore plan my nursing care based on doctors' orders (autonomy) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Comments regarding items 78-80:	

Thank you for your participation.

Annexure N: Information letter and consent to appraise the proposed guidelines

13 Toscantia
230 Isie Smuts Street
Constantia Park
Pretoria
0181
July 2020

Enquiries: Estelle le Roux
Cellular: 082 413 6814
E-mail: estelle@worldonline.co.za

Dear Colleague

REQUEST TO APPRAISE THE PROPOSED GUIDELINES FOR PROFESSIONAL NURSES TO FACILITATE THE PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

Primary researcher: Estelle le Roux

Promoter: Professor GH van Rensburg (UNISA)

Kindly consider assisting me with the final stage of my research, which entails an appraisal of proposed guidelines for professional nurses to facilitate the professional nursing identity in South Africa.

The attached proposed guidelines are the result of an integration of literature, qualitative and quantitative data obtained from nurse leaders and professional nurses. The purpose of this appraisal is to obtain your expert opinion on the newly developed guidelines. An exploratory sequential mixed methods design was followed to develop these guidelines. Qualitative data were generated from the perceptions and experience of nurse leaders with an understanding and insight of the profession and from professional nurses with a degree or diploma in nursing registered at the South African Nursing Council. This evidence was used to obtain quantitative data from professional nurses practicing in South Africa. A final set of 18 guidelines were developed to support professional nurses to facilitate the professional nursing identity in Gauteng in South Africa.

Your participation will enhance the validity of the guidelines. A positive professional nursing identity is important to allow a professional nurse to function at a high level and to render quality service as a competent healthcare practitioner and to be recognised as such by the community. Therefore, nursing as a profession might benefit from the implementation of these guidelines to enhance the professional identity and nursing image.

Attached is an appraisal form that must be completed regarding the proposed guidelines. The assessment criteria concerned are, clarity, comprehensiveness, applicability, adaptability, credibility and validity of the guidelines. You may add any comments should you with to. Your participation in this appraisal is totally voluntarily and you have the right to withdraw at any stage without providing a reason for your decision. The researcher foresees no physical or psychological discomfort. Unfortunately, no financial compensation will be given.

All information obtained is strictly confidential none of the information will be, lined to your name during the finalization of the appraisal or when it is reported in the theses or scientific journals. There is no conflict of interest that may influence the validation of these guidelines or the publication of the results.

The Research and Ethics Committee of the Department of Health Studies at Unisa approved the study proposal in 2016.

As agreed, you are kindly requested to give feedback within one week. For your convenience, a reminder will be sent via email, WhatsApp, SMS or phoned.

The researcher, Me Estelle le Roux can be contacted on the above mobile number or email address. The study promoter Professor GH van Rensburg can be contacted during office hours at Tel (012) 429 6514.

Kind regards

Estelle le Roux
Researcher

INFORMED CONSENT

I hereby, confirm that I have been adequately informed by the researcher about the nature, conduct, benefits and risks of the appraisal. I have also received, read and understood the above written information. I am aware that the results of the study will be anonymously processed into the research report. I understand that my participation is voluntary and that I may, at any stage, without prejudice, withdraw my consent and participation in the appraisal. I had sufficient opportunity to ask questions and of my own free will declare myself prepared to validate these guidelines.

Participant's signature: ____

Date: _____________________

Researcher's name: Me Estelle le Roux

Researcher's signature: ____

Date: _____________________

Estelle le Roux

Annexure O: Personal reflection

Estelle le Roux
University of South Africa
Student Number: 04523490

INTRODUCTION

Phenomenal leaders who inspired me to complete this thesis.

"Nursing s an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation as any painter's or sculptor's work."

Florence Nightingale 1820-1910

"I was taught that the way of progress is neither swift nor easy".

"You cannot hope to build a better world without improving the individuals. To that end, each of us must work for our own improvement'"

Marie Skłodowska Curie 1867-1920

It always seems impossible until it's done."

Nelson Mandela 1918-2013

The above quotes inspired me to complete this thesis through this remarkable but challenging journey. My lifelong dream and the dedication of all my professional effort over my career of 43 years were to contribute to the growth and maturation of professional nurses and the nursing profession. The nursing profession as a science and art requires members with a professional orientation that conforms to its own professional norms (rules of behaviour) and values (desired behaviour) within an ethical-legal and nursing framework. The philosophical thinking, established ideas, experience and whatever difficulties this may have caused. I believe that the time I spend and the effort that it required will ensure that this thesis will add value and leave a legacy for the future development of the profession. As my journey started, my supervisor and mentor's willingness to support myself as an experienced professional and my chosen topic, inspired the impetus I needed to endure in spite of challenges and obstacles.

SELECTING A RESEARCH TOPIC AND LITERATURE CONTROL

As I matured in my career, selecting a topic became easy. Throughout my career I was inspired by the idea of marrying the philosophical and academic into an art. I knew that the challenges that professional nurses and the profession face would increase as we move from the Industrial technological age to a full artificial intelligence era. Professional identity is a core foundation of the nursing profession, exemplified by Nightingale as she provided care to soldiers during the Crimean Ware (Brewington & Godfrey 2020:201). Professional identity is the nurse's concept of nursing and affects how it is practiced (Fagermoen 1997:434; Goodolf & Godfrey 2020:1).

Because of the nature of the study topic, I had to read literature from many disciplines, including sociology, psychology, anthropology and organisation studies to broaden my knowledge base. I was aware of the academic debates in nursing and could identify and align with the arguments, and I was convinced that this study would add an important perspective and to the scientific knowledge base to further enrich the nursing profession. This work is a synergistic product of many minds. I am forever grateful for the inspiration and wisdom of those who contributed to this thesis.

The valuable lessons will serve me well to assist me in dealing with the professional identity challenge, and to motivate and put me in a powerful position to dedicate and implement the essence of this thesis message.

METHODOLOGY AND PRESENTING OF DATA

I found learning to understand the concepts of ontology, epistemology and methodology fascinating and then seeing how applying my own world view philosophy, presented the appropriate methodology for the study as described by Creswell & Plano Clark 2018:1 most valuable. This allowed me to implement an appropriate design, which eventually led to collecting appropriate data. Even though I was clear what I wanted to do, the mixed methods study design was new to me and I found it innovative and it allowed me to address the research problem from different perspectives and enrich the outcome of the study. In the exploratory sequential mixed methods design, qualitative databases are analysed separately, and the findings obtained from the initial exploratory database built into quantitative data (Creswell & Plano Clark 2018:84) worked well. I feel privileged to have been able to interview educated leaders in top managerial, leadership and academic positions in South Africa who can play a vital role with the implementation of the guidelines. Initially I found it challenging to integrate the two sets of data whereby conclusions were drawn that formed the basis for the formulation of the guidelines, and the validation thereof, but later appreciated the value in following the process. I learned so much by working with field experts and leadership from complimentary disciplines who validated the guidelines. The formulation of the guidelines was most interesting, satisfying and challenging because of the high level of input required to ensure a product that will guide leaders in various settings.

DEVELOPMENT NEEDS

It was a transformative process for me, a self-discovery experience of how much I could persevere to accomplish something I consider worthwhile. I came to learn and appreciate interviewing professional nurses as a powerful research tool to gather rich information. I found it challenging not to project my own understanding and to reflect the data as offered by participants. This developed my objectivity which I have seen benefitting my general management practice in the workplace.

This journey changed me. I emerged humbled and wiser to the broader theme. The resilience to persevere after each setback in the journey made my dream a reality and equipped me to aspire to achieve more. Reflecting on my experience, this PhD journey inspired by a long-standing passion for the profession, colleagues and the chosen topic, supported me to complete a successful personal, professional and academic journey.

It is my deep desire that this contribution will influence leadership, academics and professional nurses to look differently at processes that lead to career choice, training, selection of prospective learners and appropriate nursing candidates, the development of professional nurses throughout their career and changes in public perceptions.

This completed thesis opens doors to adjust my career focus to support the industry in implementing and further developing of the ideas included in the guidelines.

References

Creswell, JW & Plano Clark, VL. 2018. *Designing and conducting mixed methods research*. 3rd edition. Thousand Oaks (CA): SAGE.

Brewington, J & Godfrey, N. 2020. Headlines From: National League for Nursing. The professional identity in nursing initiative. *Nursing Education Perspective* 41(3):201.

Benner, P, Sutphen, M & Day, LB. 2010. *Educating nurses: A call for radical transformation,* in Goodolf, DM & Godfrey, N. 2020. A think tank in action: Building new knowledge about professional identity in nursing. *Journal of Professional Nursing*.

Annexure P: Statistician's letter

****** Title: Guidelines for the development of a professional nursing identity in South Africa**

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13 November 2020

TO WHO IT MAY CONCERN

This letter is to confirm that I, Dion van Zyl, provided statistical analysis assistance to Estelle le Roux as part of her doctoral research project titled: The development of a Professional Nursing Identity in South Africa. The research project formed part of the requirements for completion of a doctoral degree (DLitt et Phil) in the Department of Health Studies at the University of South Africa (UNISA). The statistical analysis was conducted according to the data analysis plan presented by the researcher.

Dion van Zyl
BCom (Statistics), BCom Hon (Econometrics), MBL, PhD (Marketing Management)

Annexure Q: Language editor's letter

Language Editing Certificate

For

ESTELLE LE ROUX

for the degree of

DOCTOR OF PHILOSOPHY

For the study

GUIDELINES FOR THE DEVELOPMENT OF A PROFESSIONAL NURSING IDENTITY IN SOUTH AFRICA

This is to certify that

Dr EM Solomon edited the above thesis

____

Dr E.M. Solomon

16th November 2020

Annexure R: Originality turnitin report

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