

THE PROFESSIONAL SELF-CONCEPT OF NURSES: A REVIEW OF THE LITERATURE FROM 1992-2006.

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ABSTRACT

Objective:

This paper will discuss some recent concerns about research in the area of the professional self-concept of nurses, and trace the development of the literature on professional self-concept of nurses over the last 14 years.

Primary argument:

Professional self-concept or how nurses feel about themselves as nurses is vital in examining current and future nursing practice and education, as it affects patient care.

Conclusion:

The essence of the paper is the identification of three streams of literature: 1) which has ‘emerged from the development of the Professional Self-Concept of Nurses instrument’; 2) literature which fails to consider recent or current research in the area; and 3) ‘well-conducted work in the topic area’. The implications for nurses, educators and students are presented.

INTRODUCTION

The issue of self-concept is a central issue in the study and practice of education and psychology. How self-concept translates into professional life or identity and how it impacts on an individual's professional performance is an issue, which several nurse authors have pursued (Arthur et al 2000; Arthur et al 1999; Arthur et al 1998; Arthur and Thorne 1998; Frahm and Hyland 1995). What professional self-concept is, how it is measured, how it is taught or passed on and how it impacts on a practice discipline like nursing (Arthur 1992; Arthur 1995; Beeken 1997; Burnard et al 2001) are questions frequently asked, suggesting the issues are important, and underscoring the existence of professional self-concept as a discipline area of nursing.

This paper will examine two groups of research articles in the area which have emerged: they are articles that pursue the topic with research rigour and those that pursue the topic without research rigour. Research rigour in this sense refers to research which critically synthesises proven work. Research without rigour pursues research questions with research rigour but without building on, acknowledging or incorporating previous research, to the detriment of the topic. This results in a ‘dumbing down’ of this important topic.

Fourteen years after a critical review of the measurement of the professional self-concept of nurses (Arthur 1992), some valuable research (Cowin 2006; Cowin 2001; Randle 2000) exists. However, several studies have been conducted which slow down the pursuit of better understanding of the concepts and how they translate to practice.

This paper traces the development of the professional self-concept of nurses over the last 14 years, and uses the developments to highlight some critical issues in the development of nursing knowledge, using professional self-concept as an example of how other discipline areas may be being under-served.

LITERATURE REVIEW

Search methods

A CINAHL, Medline and British Nursing Index search was conducted of literature published between 1990 and 2006 using the key words ‘self esteem’, ‘self-concept’ and ‘professional self’ in the title. Papers which focussed on self esteem or self-concept of patients or clinical samples were screened so that those reviewed addressed nurses as their subject.

Global self-concept and domain specific professional self-concept

Global self-concept and domain specific professional self-concept has been of concern to scholars from various disciplines for over 100 years (James 1890; Harter 1999). Prior to reviews on studies examining professional self-concept, it is important to examine its relationship with a person's global self-concept and its existence as something that can be measured to provide a new look at what has gone on before and developments in this area in order to provide new insight.

When examining the theory 'the professional self-concept', several classic issues emerge that scholars historically identified. James (1890) distinguished between the I-self and the me-self thus differentiating between the private and public self and the reciprocal nature of the relationship between the two elements of the self-concept. He also paved the way for contemporary models in which the self-concept is viewed as multidimensional, hierarchical and cognitively constructed. Harter (1999) brings a contemporary focus on self-concept theory by portraying the self as dynamic and consisting of a variety of roles.

Global self-concept refers to the overall evaluation of one's worth or value as a person and is not a summary of self-evaluations across different domains, for instance the domains of being a mother or a nurse. Domain specific evaluations refer to one's worth as a mother, a nurse or of physical appearance and so forth. This allows us to address the issue of whether evaluations in some domains are more predictive of global self-concept than others.

The self-concept as a dynamic structure is also important to our work as it legitimises why self-concept changes, although it is acknowledged that it is likely that maturity allows us to 'buffer' potentially transient and disparate views, and thus have a relatively stable self-concept. Our work also relies on the assumptions of the symbolic interactionists such as Cooley (1902) and Mead (1934) who place emphasis on the interactive processes shaping the developing self-concept. What this means for the professional self-concept, is that it is established and developed as a consequence of nurses adopting the generalised perspective of other nurses. Given that there are many changes evident in health care which create many demands on the professional self-concept across a variety of social contexts, it appears that the professional self-concept is complex and cannot be isolated from the context in which nursing practice occurs.

Leaving this aside, we can then turn to the issue of why study of the professional self-concept should be of continuing concern. As the self-concept is the largest determinant of behaviour, then it could be implied that the professional self-concept, that is: how nurses feel about themselves as nurses, is vital in examining current and future nursing practice.

Nurses with a healthy self-concept are likely to affect patient care in a positive direction. Conversely, those nurses who have poor self-concept are likely to affect patient care in a negative manner. Previous studies have demonstrated the relationship between those nurses with a healthy self-concept and the positive delivery of patient care. Having a healthy professional self-concept means that nurses feel good about themselves, and as people become more positive about themselves, they generally become more positive about others (Andersson 1993). It is argued that educators and nurses themselves can facilitate the development of a healthy professional self-concept and thus affect patient care in a positive direction.

Professional self-concept research fourteen years on

A paper published by Arthur (1992) on professional self-concept of nurses highlighted that if we are serious about the issue of the professional self-concept of nurses, we need to develop and refine instruments which are valid and developed with homogeneous nursing samples. At that time there were no instruments available apart from those developed for measuring global self-concept (the terms self-esteem and self-concept are used synonymously here) such as the Tennessee self-concept scale (TSCS) and Rosenberg's self-esteem scale.

Arthur (1992) was influenced by the work of Dagneis and Meleis (1982) who used an instrument developed for NASA employees, and some shaping work by educational psychologists who developed an instrument for teachers. The comments which arose from this paper were that new measures needed to be developed, samples needed to be larger, replication is necessary, and studies using tools measuring global self-concept that purport to measure domain specific self-concept, should not be used in isolation.

The Professional Self-concept of Nurses Instrument (PSCNI) was developed by Arthur in 1990 (Arthur 1992) with the expressed purpose of exploring how nurses viewed themselves as professionals. Since that paper was published, if the refereed literature is to be our guide, three streams of research have emerged. The first stream has emerged from the development of the Professional Self-concept of Nurses Instrument as advocated in Arthur's work (1992); the second stream of literature fails to consider nor acknowledge recent or current research in the area and in that sense is not conducted with research rigour; the third stream is well-conducted work in the topic area presenting sound, disciplined and rigorous research. Research rigour refers to work which is critically based, examining the strengths and weaknesses of previous work, proceeding with a rationale based on a synthesis of previous work in this discipline of the professional self-concept of nurses.

First stream: emerged from the development of the Professional Self-Concept of Nurses Instrument (PSCNI) in nursing branches and different cultures

Several studies (Arthur et al 1999; Arthur et al 1998; Arthur and Thorne 1995) that cluster in the first stream develop norms from samples of nurses in different branches of nursing and in different countries using the PSCNI and develops associations between professional self-concept and caring attributes and technological influences (Arthur et al 1999; Arthur et al 2002; Noh et al 2003). Likert scale type questionnaires have been the predominant method used and have taken the form of self-report instruments.

The PSCNI (Arthur 1995) is an elaborated questionnaire and has been extensively used. The questionnaire consists of 27 likert style statements. The internal consistency of the instrument has repeatedly been shown to be high and factor analysis in several studies has supported a five sub-scale structure with items clustering under the subscales of: leadership, flexibility, skill, communication and satisfaction (Arthur and Thorne 1998; Arthur et al 1998; Arthur 1995).

The well-established advantage of this questionnaire method is that researchers can collect large amounts of data in a relatively short space of time. For instance, Arthur et al (1999) were able to collect data on a large sample of nurses from 12 countries and make comments about the different levels of professional self-concept which had interesting demographic features, such as the younger age of nurses in Asian countries compared to European countries.

Additionally, with a sensitive topic area such as self-concept the anonymity of participants can be assured and a normative data-base developed for nurses which includes their race, gender, education levels and experience. Norms have also been developed for nurses from different branches for example some useful insights into the differences between Korean and Hong Kong psychiatric nurses and Asian nurses and European nurses have emerged (Arthur, Pang and Wong et al 1998). The PSCNI was also used in a descriptive study by Frahm and Hyland (1995) and Randle (2000).

Stream 2: Literature which fails to consider recent and current research

Arthur's original review in 1992 identified studies that are conceptually weak and instruments used that do not necessarily match the presented conceptual framework. Such studies are still evident in recent literature and it appears there is a lack of replication and neither development of norms, meta-analysis nor critical review of the discipline area is evident. Studies have been flawed by small sample size, non-random samples and weak sampling techniques.

A CINAHL post 1992 search for the terms self-concept and self-esteem again revealed hundreds of clinically focused studies but only 24 studies of either 'self-concept

of a sample of nurses' or 'professional self-concept of nurses' research. Five were Doctoral or Master's thesis (Kineavy 1994; Frahm and Hyland 1995) and 20 were descriptive studies using non-random samples, many of small size (Fothergill et al 2000; Holroyd et al 2002). Most (15) examined self-concept or self-esteem as measured by instruments such as The Culture Free Self-Esteem Inventory (n=2); the Tennessee Self-Concept Scale (n=2); the Rosenberg Self-Esteem Scale (n=8); Coopersmith's Self-Esteem Inventory (n=1); The Perlow Self-Esteem Scale (n=1); or qualitative methods. Two were longitudinal studies, only one of which looked at nurses' professional self specifically (Lo 2002; Randle 2000). Only one of these, a master's thesis, replicated the PSCNI (Frahm and Hyland 1995).

Authors have persisted in examining the professional self-concept in a way that does not build on previous research, which is methodologically flawed and which is not contributing to the issue in clinical practice. One study which stands out amongst these is that of Takase et al (2001) who published a paper examining a non-random sample of 80 registered nurses in Western Australia using the Porter Nursing Image Scale, work satisfaction and nursing performance. Despite a well argued conceptual framework the instrument, which was reported once in 1991, does not clearly fit the conceptual direction of the study. This study had a return rate of less than 25% and ignored the recent work reported in stream one. At best this is an example of methodologically weak research, or at worst an example of conveniently ignoring current, relevant research in the area. One of their research questions seeks to understand the relationship between certain variables and 'nurses' self-concept' and a literature search would have revealed many papers in the area which were not mentioned by the authors.

Stream 3: Breaths of fresh air

The third theme is that of outstanding studies by virtue of their rigour and/or method. Cowin (2001) developed a new instrument to measure nurses' self-concept based on a rigorous review of the literature and a growing body of evidence on how discrete the domains within self-concept become in adulthood. This was part of a PhD thesis which used expert panels and rigorous psychometric analysis and reviews. Additionally a pilot study was conducted and there was a large random sample (n=1034). A 36 item, six sub-scale instrument emerged which examined the effects of a positive nursing self-concept on multiple dimensions of nurse' job satisfaction and retention plans.

Cowin (2006) explored the development of multiple dimensions of nursing self-concept and examined their relationship to graduate nurse retention plans. Graduate nurse attrition is an increasing phenomenon within a world of decreasing nursing numbers. The newly developed professional self-concept for nurses provides an indicator for predicting nurse retention. A descriptive correlation survey design with repeated measures was utilised to assess nurse self-concept and retention plans.

The survey method was used to elicit responses initially from graduating nursing students at three points in time throughout their graduate nursing year. Participants were students who had just completed their undergraduate nursing degree at a major university in Australia. One hundred and eighty seven students agreed to complete the self-concept and retention survey. From the initial pool of 187; 83 graduate nurses agreed to participate in the second phase of the study. The attrition rate from the study could be related to the high mobility of the new graduate workforce exercising their right to withdraw from the study. The implications of the study were that monitoring of self-concept throughout the transitional period for new nurses can lead to early detection and appropriate intervention strategies thereby improving retention rates for nurses.

Another advance was by Randle (2000) who developed our understanding of nurses' self-concept using a mixed method in a longitudinal study of 56 nurses who studied a Diploma of Nursing program. The main method of data collection and analysis used a grounded theory approach. Personal accounts were elicited through interviews at the start and end of students' three-year course; these were responsive to the unique nature of professional self-concept as perceived by each individual.

The author was able to access extremely sensitive material from student nurses studying in the United Kingdom. Each interview lasted between 30 and 90 minutes and was recorded on audiotape. Overall the interviews demonstrated that students wished to quickly identify with the professional self-concept, although the realities of this caused confusion and anxieties. This resulted as some events they witnessed which involved their role-models, qualified nurses, were incongruent with their previous images of professional nurses. The same students were interviewed toward the end of their course. At this point, students appeared to have completely assimilated the professional self-concept and this was to the detriment of themselves and others.

The professional self-concept arose from a social and cultural phenomenon, namely professional socialisation. This affected professional self-concept through the assimilation of professional norms. The context in which students began to identify with and develop their professional self-concept was central to any developments in self-concept theory. Becoming a nurse and the subsequent feelings associated with how they felt about themselves as would-be-nurses, were greatly influenced by how students were treated by nurses in clinical areas. Social control was imposed through largely negative experiences for both students and the patients they cared for. A hierarchy existed in that having power over someone or something became integral to their self-concept. The descriptions students offered during interviewing shows an undermining of self-concept so students became powerless to act therapeutically or positively to others.

The quantitative data, collected by the Tennessee Self-Concept Scale (Roid and Fitts 1988) produced results which corroborate the qualitative findings in that deterioration in self-concept was found. It was argued that whilst professional self-concept remained stable over the training period, student nurses were able to project a positive professional self-concept in order to 'save face'.

The work of Randle contributes to our understanding of professional self-concept as it integrated qualitative and quantitative approaches to uncover processes which occur at both individualised and organisational levels. It also acknowledged that although questionnaires have been the most common research tools for the investigation of self-concept to date and have certainly played an influential part in identifying the problem, to uncover the full story, researchers may have to take a more integrative approach.

The debate over objective and subjective data collection is not new in this field. Researchers in the field also disagree about the reliability and validity of self-reports on the part of the individual; that is the inside perspective on the phenomenon of the nurse. This study offered a systematic study of professional self-concept in its social context. From Randle's study it would appear that the climate of organisation and culture can have a strong influence on the ways professional self-concept is defined, identified and assessed.

The debate indicates the need to explore the issue of professional self-concept at different levels, from individual to organisational. There are subjective and objective aspects to be taken account of, as well as individual, social and cultural aspects.

CONCLUSION

An examination of the last 14 years of research in the area of professional self-concept of nurses has helped highlight not only developments in the area, but also raises questions about the strengths and weaknesses of nursing research. Firstly we need to ask ourselves is our research disciplined or undisciplined. There is a concerning trend in the literature that some nurse researchers are ignoring previous valuable research. We have argued that the resulting material in the context of building a discipline on the domain professional self-concept of nurses or the global self-concept of nurses is flawed. Is this reflection on the pressure with which nurses have to produce research? Is it a reflection on the quality of supervision provided for research students? Is it a reflection on the quality of the review process in nursing journals or is it combinations of these?

Clearly some researchers have produced disciplined works as both Randle (2000) and Cowin (2001) have provided new insights both qualitative and quantitative, and both have recognised the limitations of the PSCNI and its previous uses. Interestingly the PSCNI was found not sensitive to the changes revealed through interview

and with the TSCS in Randle's sample, yet in a study of Korean psychiatric nurses (Arthur, Sohng and Noh 1998) there was a correlation between the PSCNI and the Rosenberg self-esteem scale.

Rigorous scholarship is important and those who intend to publish in the area must conduct a sound literature review, both broad and deep, and critique the research in the area. For example it is not sufficient just to search for 'self-esteem' when working in this area, as a large body of material lies under the title 'self-concept'.

Research supervisors need to encourage their students to develop a strong argument for the use of an instrument and ensure this is achieved through a critical review of all instruments in the area. This would culminate in a rationale which supports the use of an instrument based on the research questions; the conceptual framework; and the reliability and validity of the instrument. Further research is needed in which replication of instruments and methods, and congruent and concurrent validity testing of instruments, is pursued.

Secondly it appears that material not appearing in the refereed literature, is mounting. Since 1992 informal communication between the author of the PSCNI and many colleagues have resulted in the instrument being translated into several languages, European and Asian, and permission has been given for the instrument to be used in numerous studies which, unfortunately the author has not been able to track. However, the evidence in the literature is not convincing. Research is being conducted but not published and this is biasing the discipline as only four of the numerous communications have resulted in material being published in the refereed literature.

Finally, the matter of application of this research to practice needs to be considered. In an environment with mounting pressure for the use of evidence-based practice and randomised controlled trials, the luxury of examining ourselves as a profession and professionals is diminishing. Despite this it seems the profession is still keen to pursue self-concept, but unfortunately this is still at a descriptive level. If researchers are keen to write and research on professional self-concept, it is time to translate the descriptive studies and their findings into practice.

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